

Registration Form

Student Information			
Centre:			
Full Name:		Preferred Name	
Address:		Gender	
Town & Postcode:		Date of Birth	
Email Address:		Mobile No.	
Emergency Contact Name:		Emergency Contact No.	
Do you have a disability ? If so, please specify:			
Do you have a pre-existing injury or medical condition that staff need to be aware of? If so, please provide details:			
Are you of Aboriginal or Torres Strait Islander heritage?			
Does your family speak another language other than English at home? If so, please specify:			
What is the highest level of education you have completed?			
Working Status. Please tick all that apply:	Parenting responsibilities	Part-time employment	Not employed in paid work at present
	Carer responsibilities	Casual employment	Other domestic duties
	Full-time employment	Self employed	Retiree
How did you hear about the CUC?			

Course Information			
University			
Course Name			
Student ID Number		USI	
Type of Study		Mode of Study	
Level of Study		Year Level of Study	
Current Subjects			
Expected Date of Graduation			

I, (full name) _____ wish to re-register for use of _____ .			
All of the information I have provided is true and correct.			
I have read, understood and agree to:			
The Terms of Use Policy	The Network Use Policy	Commonwealth Department declaration	
The Swipe Card use Policy	The Privacy Collection Statement		
Receiving marketing material and communication	Receiving information on local employment opportunities		
I, _____ agree to the use of this information as well as photos, quotes and information obtained by students use of the Centre and its associated events by CUC for the purposes of research, statistical analysis, internal management purposes, and for use in media (internal and external) to promote the CUC and its services to the community.			
Signature:		Date:	