



## ORIENTATION CHECKLIST FORM

### Student Details

Student ID:		Date:	DD / MM / YYYY
Student Name			
Date of Birth:			
Phone:			
Email:			
Street Address:			
Overseas Address:			
Passport no:		Passport Validity:	
USI:			
Local Emergency Contact Name & Number:		Relationship:	
OSHC Provider and Membership Number			
Additional Details:			

- I consent for the use of my orientation photos and videos for marketing purposes.
- I have read the policies and processes in the student handbook, and I understand them.

Student's Signature:		Date:	DD / MM / YYYY
		Name:	

### For Office Use Only

Concerned Staff member:			
Position:			
Signature:			
Date:	DD / MM / YYYY		
Remarks:			