



STUDENT ORIENTATION / INFORMATION SHEET

Student Name: _____

Address: _____

Email Address: _____

Date of Birth: _____ Country of Birth: _____

Phone Number: Home: _____ Work: _____

Mobile: _____

Next of Kin / Emergency Contact: _____

Are you of Aboriginal or Torres Strait Islander background? No Aboriginal Torres Strait Islander

Health Restrictions: _____

Skills, Hobbies, Interests: _____

Explained, Read and Understood	Date:	Signature:
Philosophy of Service		
Dispute & Grievance Policy		
Involvement with Consumer Outside Work Hours		
Duty of Care Policy		
Code of Behaviour for Employees & Volunteers		
Conflict of Interest Policy		
Drug & Alcohol Policy		
Policy for workers providing Personal Assistance		
Disability Service Standards		

I have read and understood the Duty of Care Booklet, 'Who's Responsible'.

Signature: _____ Date: _____

I have read and understood the Service Delivery Policies.

Signature: _____ Date: _____

University / Tafe attended: _____

Year of Course: _____

University / Tafe Supervisor: _____ Phone No: _____

Student Supervision Sessions:

Orientation conducted on: _____ Date: _____

1st Supervision Session on: _____ Date: _____

2nd Supervision Session on: _____ Date: _____

3rd Supervision Session on: _____ Date: _____

4th Supervision Session on: _____ Date: _____

5th Supervision Session on: _____ Date: _____

6th Supervision Session on: _____ Date: _____

7th Supervision Session on: _____ Date: _____

8th Supervision Session on: _____ Date: _____