

STUDENT CONTACT & CONFIDENTIALITY FORM

Please complete this form *immediately* and return it with your *Choice of Units of Study* form to the address listed below.

To assist in the coordination of this national program, the BCA needs to collect your contact details. All information provided on this release form will be treated as private and confidential. Access will only be given to teaching staff and your unit of study (subject) coordinators, who will use the information to contact you during the semester and to forward all your study materials. Unit coordinators may make available marks for particular units to other BCA coordinators.

Please note: changes to your personal details should be registered at **both** the University of Sydney **and** the BCA Office.

- To advise the University of Sydney of any change to your contact details, please go to www.sydney.edu.au and update personal details in your MyUni site.
- To advise the BCA of any change to your contact details, please send this information via email to bca@ctc.usyd.edu.au.

title:	first name/s:	family name:	commonly used first name (eg Chris):
<input type="checkbox"/> male <input type="checkbox"/> female		date of birth (dd/mm/yyyy) : / / <small>(DOB is needed for online learning access clearance)</small>	
postal address: (for mailing materials)			
		state:	postcode: country:
<input type="checkbox"/> this is my home address		<input type="checkbox"/> this is my work address	
<input type="checkbox"/> I am an Australian citizen or permanent resident		<input type="checkbox"/> I am an international student	
employer (if applicable)			
email:			
mobile/home phone:		business phone:	
I am enrolled or about to enrol in: <i>(please tick one)</i>			
<input type="checkbox"/> Master of Biostatistics		<input type="checkbox"/> Graduate Diploma in Biostatistics	
<input type="checkbox"/> Graduate Certificate in Biostatistics		<input type="checkbox"/> non-award / other: _____	
my academic background is (undergraduate, or postgraduate where applicable):			
<input type="checkbox"/> Medical, epidemiological, or other health area		<input type="checkbox"/> Mathematics and/or statistics	<input type="checkbox"/> Social sciences
<input type="checkbox"/> Other - please specify: _____			

Declaration and Signature

I agree that my marks and progress can be made available to BCA unit coordinators and members of the BCA Board of Examiners:

Student Signature: _____ Date: _____

Please sign and return this form (along with your completed Choice of Units of Study form) **to:**

Student Services

phone: (02) 9351 3132

Sydney Medical School, Edward Ford Building A27

email: medicine.info@sydney.edu.au

The University of Sydney NSW 2006

fax: (02) 9351 3196

After approval of your unit of study selections, both forms will be forwarded to the BCA Coordinating Office.

You can direct queries about the use of this information or the national coordination of the BCA program to:

Biostatistics Collaboration of Australia at (02) 9562 5324/5076 / bca@ctc.usyd.edu.au