

**AUTHORITY FOR ACADEMIC PROGRESS TO BE
SHARED BETWEEN
CHARLES STURT UNIVERSITY AND YOUR EMPLOYER**
(updated 18 February 2014)

Trainee's full name: _____

CSU student number: _____ Work phone: _____

Mobile: _____ Email: _____

During my employment as a NSW Health Trainee I hereby authorise staff at Charles Sturt University to communicate information about my Academic Progress to my workplace at _____ Local Health District. I also authorise the University to discuss my Academic Progress which may include attendance and participation during residential schools or concerns/issues that may impact on my academic progression. I am also aware I am required to abide by the relevant codes of conduct.

Authorised Charles Sturt University staff from the Djirruwang Program include (Academic) Program Director, Clinical Coordinator, Subject Coordinator, Administrative Coordinator and (Indigenous Student Support Services) the Team Leader, Indigenous Student Support Services at Ngungilanna, for 'Away from Base' and 'Indigenous Tutorial Assistance Scheme' purposes.

Line Manager's work details:

Name:		Fax:	
Title:		Phone:	
Address:		Mobile:	
Email:			

Aboriginal Mental Health Clinical Leader work details: (or relevant MHS support staff)

Name:		Fax:	
Title:		Phone:	
Address:		Mobile:	
Email:			

I understand that this authority is a condition of my employment and will remain in place until I leave NSW Health's employment or graduate from the Charles Sturt University Bachelor of Health Science (Mental Health) Course. If the above details change I agree to provide a signed updated form.

Trainee's signature _____ Date _____

- * When completed your Line manager/Clinical Leader will return this completed form to Director, Djirruwang Program at CSU by scanned email: djirruwang@csu.edu.au
- * A copy must also be sent to State-wide Coordinator Aboriginal Mental Health Workforce Program by scanned email: Thomas.Brideson@health.nsw.gov.au or fax: 02 6362 0295.