



**Student Employment Scheme
Expression of Interest Form**

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate.

STUDENT DETAILS

Surname/Family Name: _____ First Name: _____
Student ID Number: _____ Enrolled Degree _____
Mobile: _____ Email: _____
Emergency Contact Name: _____ Phone Number: _____
Relationship to you: _____

HEALTH AND WELLBEING

Do you have any medical condition you would like to disclose, so that we may support you if required – e.g. if you are unable to do any heavy lifting, require breaks from standing for long periods?

Please inform your supervisor if you incur any injury during the semester, or if you have a pre-existing condition.

AREA OF INTEREST

Please tick the boxes below, to indicate what areas you would be interested to assist

- Event setting-up & packing-down Front Counter Food preparation
- Hospitality Data Entry/Filing High School Visits
- Student Panel for an Information Session Library

SUPPORTING DOCUMENTATION

- Resume First Aid Certificate (if required) RSA Certificate (if required)
- WWC Card (if required) Other please indicate

 Referee - Please provide contact details for an Employer / Academic referee – for example an academic member of staff who has taught you, your Course Coordinator, or an Employer.

AVAILABILITY

Indicate days of availability (e.g. days-am/pm or blocks of availability)

Please note that your studies are a priority and must be given first preference over any work offered, especially when assignments and exams are due. It is your responsibility to manage your workload and to refuse an offer of work if it will negatively impact your studies. By refusing an offer of work you will not be disadvantaged in relation to receiving other offers of work.

DECLARATION

I declare that the information I have given is true and correct:

Signature: _____ Date: _____

Please email the completed form to staffing@nd.edu.au

OFFICE USE

Interviewed Reference Checked Approved: Yes No

Name of Interviewing Officer _____

Signature _____

Dated _____

PRIVACY STATEMENT

Any personal information provided to the University by individuals will only be used for the purpose for which it is provided, or in accordance with the individual's specific consent. The University will not disclose personal information to a third party unless required to or permitted by law or where an individual has consented to the disclosure. Information relating to how the University collects, uses or discloses personal information and how a complaint may be made about the University's handling of your personal information is contained in the University's [Privacy Policy](#).

Individuals have a right to access their personal information that the University holds about them and to seek its correction. If you wish to access your personal information or inquire about the handling of your personal information, please contact the relevant Campus Registrar via email Fremantle.Registrar@nd.edu.au (for Broome / Fremantle Students), or Sydney.Registrar@nd.edu.au (for Sydney Students).