

Office Use Only

Student ID:

Swipe Card No:

Registration Expiry:



CUC Goulburn Registration Form 2018

Student Information

Full Name		Preferred Name	
Address		F/M/Other	
Town & Post Code		Date of Birth	
Email Address		Mobile No.	
Emergency Contact Name		Emergency Contact No.	
Do you have a pre-existing injury or medical condition/disability that CUC Goulburn staff need to be aware of? If so, please provide details:			
Are you of Aboriginal or Torres Strait Islander heritage? Please circle.		No. Yes. Torres Strait Islander. Yes. Aboriginal. Yes. Both.	
Does your family speak another language other than English at home? If so, please specify:			
Has any member of your immediate family completed a University degree?			
What is the highest level of education you have completed?			

Course Information

University			
Course			
Level of Study	Undergraduate / Postgraduate	Full Time / Part Time	
Student ID Number			
Current Subjects <i>E.g. Researching Agricultural Statistics</i>			

I, (full name) _____ wish to register for use of CUC Goulburn. All of the information I have provided to CUC Goulburn is true and correct.

I have read, understood and agree to:

- the Terms of Use Policy
 the Network Use Policy
 the Swipe Card Use Policy
 the Privacy Collection Statement
 receiving marketing material and communication from CUC Goulburn

I, _____ agree to the use of this information as well as photos, quotes and information obtained by students use of the centre and its associated events by CUC Goulburn for the purposes of research, statistical analysis, internal management purposes, and for use in media (internal and external) to promote the CUC Goulburn and its services to the community.

Signature: _____

Date: _____