



Biostatistics Collaboration of Australia

STUDENT CONTACT & CONFIDENTIALITY FORM

Please complete this form *immediately* and return it with your Choice of Units of Study form.

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: If you wish to make changes to your enrolment, or your contact details change, please inform the university, notify (email) current unit coordinators, and the BCA coordinating office. BCA office contact details can be found at the bottom of this form.

Name (please include title and middle name, eg Dr Jane Alexandra Smith): <i>(block letters please - if handwriting)</i>			
Postal Address: (for mailing materials)			
State:		Postcode:	Country:
Is this your home or work address?	<input type="checkbox"/> home	<input type="checkbox"/> work	
Local or international fee status:	<input type="checkbox"/> Australian citizen or permanent resident	<input type="checkbox"/> international student	
Employer (if applicable)			
Email:			
Telephone:	Home:	Business:	
Mobile and fax:	Mobile:	Fax:	
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 subjects		
My academic background (undergraduate, or postgraduate where applicable) is:			
medical, epidemiological, or other health area <input type="checkbox"/>	mathematics and/or statistics <input type="checkbox"/>	social sciences <input type="checkbox"/>	Other - please specify: <input type="checkbox"/>
I agree that my marks and progress can be made available to BCA unit coordinators and members of the BCA Board of Examiners			
Signed:		Date:	
<p><i>Please sign and return this form (with your completed Choice of Units of Study form) to:</i></p> <p>Postgraduate Student Administration Unit Phone: (02) 9351 5470 Faculty of Medicine, Edward Ford Building A27 Fax: (02) 9351 8529 University of Sydney NSW 2006 Email: info@med.usyd.edu.au</p> <p><i>After approval of your unit of study selections, both forms will be forwarded to the BCA Coordinating Office.</i></p>			

Please direct any queries about the use of this information or the national coordination of the BCA program to:

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C/- NHMRC Clinical Trials Centre
Locked Bag 77 CAMPERDOWN NSW 1450

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