

EMERGENCY INFORMATION

(All Sections must be completed)

PERSONAL DETAILS

Family Name: _____ Given Names: _____

College: _____ Room No: _____ Student ID: _____

Date of Birth: _____ Gender: Male Female

Mobile Phone No: _____ Course: _____

Details of Vehicle: Make/Model: _____ Reg No: _____

- Would you like your Parent(s) / Guardian contacted in an emergency? Yes No
- In an emergency which hospital would you like to be taken to? St Vincent's (Private)
Toowoomba Base Hospital (Public)

Resident's Designated Doctor:

USQ / Uniplaza Doctor Other Private Doctor (In Toowoomba) Name: _____

Address: _____

Phone No: _____

DETAILS OF PARENT(S) / GUARDIAN

Father:

Name: _____

Address: _____

Phone No: (Home) _____

(Work) _____

(Mobile) _____

Email: _____

Mother:

Name: _____

Address: _____

Phone No: (Home) _____

(Work) _____

(Mobile) _____

Email: _____

Other/Guardian:

Name: _____

Address: _____

Phone No: (Home) _____

(Work) _____

(Mobile) _____

Email: _____

For Australian Students ONLY:

Medicare Number: _____

Valid to: _____

Private Health Cover:- Yes No

Name: _____

Number: _____

For Overseas Students ONLY:

OSHC Policy No.: _____

Valid to: _____

Other Relevant Information:

Medical Conditions: _____

Allergies: _____

Medications: _____

Other Information: _____

PLEASE INFORM THE OFFICE OF ANY CHANGES TO THIS FORM

USQ collects personal information to assist the University in providing tertiary education and related ancillary services and to be able to contact you regarding enrolment, assessment and associated USQ services. The information may be made available to Commonwealth and State agencies and the ESOS Assurance Fund Manager pursuant to obligations under the Education Services for Overseas Students Act 2000 and National Code or other legislative requirements. Personal information will not be disclosed to third parties other than a USQ approved agent, partner or any organisation who provides sponsorship to you for your studies, without your consent unless required by law. CRICOS Institution Code: CRICOS Provider No. 00244B QLD | 02225M NSW

Office Use Only

Starcom ID Number _____ Date Entered _____ Initials _____