

**La Trobe University Public Health Students' Association**

**Member Application Form**



Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: H: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Course: \_\_\_\_\_

Year: \_\_\_\_\_ Intended Graduating Year: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Employment interest areas: \_\_\_\_\_

Eg. Health promotion, community development, policy, environmental health.

**SRC Privacy Policy:**

This information is collected for the sole purpose of administration of the club or society mentioned above, regarding the activities and functions of this club or society. Your student number will be used for verification that you are a student of La Trobe University, and will be discarded after seven days of processing your application. You have the right to view and modify any information the La Trobe SRC holds regarding your membership of the club mentioned above on this form, as specified in the SRC privacy policy. We do not disclose any of your personal information to any party outside the SRC, including the University body. Your personal information will only be handled once by the club for data entry, then can only be retrieved by the Clubs and Societies Administration Officer. If you do not provide the necessary information, your application for membership of the above mentioned club or society may be denied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick, sign and date this box if you have read and agree to the above information.

**Note:** Failure to do so negates your request for club membership. For further information, please request a copy of the SRC Privacy Policy from the SRC, or access it at

[www.latrobe.edu.au/SRC](http://www.latrobe.edu.au/SRC)