MyDay Registration Form

MyDay Orange

Tuesday 11 April 2017, 9:30am – 2:30pm

Please either scan and email or fax the completed Registration Form by 4 April 2017 to:

Fax: 02 6338 6011
Email infoevents@csu.edu.au

Student details

First Name:_____ Surname:_____

Date of Birth: _____/_____/_____

Phone Number: _____

*Email address: _____
(*This is a required field)

School Name:_____ School Suburb/Town/City: _____

School Year: 12 ☐ 11 ☐

Please indicate your area of interest in order of preference (1-4)

Clinical Science	☐
Dental Science	☐
Pharmacy	☐
Physiotherapy	☐

Please note that closed in footwear is a requirement for the day for participation in activities and entry into laboratories.

Do you have a medical condition that we need to be aware of? Yes ☐ No ☐

If yes please provide details _____

Parent/Carer Information Sessions

We will be conducting information sessions on the day for parents/carers.
Please indicate if a parent/carer would like to participate in the sessions.

Attending parent session No ☐ Yes ☐ If **Yes** how many will be attending _____