# Workplace Learning Consent Form

## TS100102

**NOTE: All students are required to sign this form and parental consent is also required if the student is under 18 years of age.**

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| **STUDENT DETAILS** | | | | | | |
| Student Name |  | | | | | |
| Address |  | | | | | |
| Date of Birth |  | | | | | |
|  | | | | | | |
| **EMERGENCY CONTACT** | | | | | | |
| 1st Contact Name |  | | Relationship | |  | |
| Contact Number |  | | | | | |
| 2nd Contact Name |  | | Relationship | |  | |
| Contact Number |  | | | | | |
|  | | | | | | |
| **DISABILITIES/MEDICATIONS (INCLUDING ASTHMA)** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| South Metropolitan TAFE Campus | |  | | | | |
| Course | |  | | | | |
| Unit | |  | | | | |
|  | | | | | | |
| **PROPOSED WORKPLACE LEARNING HOST** | | | | | | |
| Duration | From: |  | | To: | |  |
| Employer Company Name: | |  | | | | |
| Employer Representative: | |  | | | | |

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| --- | --- |
| **STUDENT CONSENT (all students must sign)** | |
| I have read and understand the information contained in this form and I agree to participate in workplace learning between the dates listed. | |
| Student Name (full name) |  |
| Signature |  |
| Date |  |
| Contact Phone Number |  |
| Note: If you are under 18 years of age your parent/guardian must sign the consent statement below. | |

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| **PARENTAL CONSENT (only required for students under the age of 18)** | |
| Workplaces are adult environments and workers will not necessarily have completed criminal screening or Working with Children checks, unless these clearances are required for workers in that industry.  I have read and understand the above information and I give consent for my child to participate in workplace learning as described. | |
| Parent/Guardian (full name) |  |
| Signature |  |
| Date |  |
| Contact Phone Number |  |