

Parent/Guardian VET Permission Notice

PRIVATE AND CONFIDENTIAL

Please return to the School VET Coordinator.

Student Name _____ DOB _____

Parent/Guardians Name _____ Phone Number _____

School _____

Is there a medical condition that may affect this child while participating in the VET program? (please circle) **Yes** **No**

If yes, details will be requested by the Registered Training Organisation upon enrolment.

Name of VET program _____

Classes will be held at Horsham College, Federation University, or Longerenong College.
Classes will run from February to October each year.

I understand that the student named above will be undertaking classes away from the school site as part of the VET Delivered to Secondary Students program.

1. I give permission for the student named to attend the above-mentioned classes.
2. I am aware students will not be supervised by school staff when undertaking classes at the premises of the external provider, or travelling to and from the provider.
3. I am aware that no responsibility is accepted by the Principal and staff of the school for the loss, theft or damage of personal property belonging to, or in the possession of, the student named.
4. I understand that I will be notified as soon as possible in the event of illness or accident to the student named, but where it is impracticable to communicate with me, I authorise the person in charge, (or their nominee), at the external provider to administer first aid, and to consent to the student named receiving such medical and surgical treatment, (including the administration of an anesthetic), as may be deemed necessary by a legally qualified medical practitioner. I accept full responsibility for the payment of fees incurred should the student named require such treatment.
5. I understand that in the case of an accident or emergency, an ambulance may be called, and I will be liable for any costs incurred. I give permission for relevant medical and emergency information to be provided to the training provider.

The student named has consulted me about their involvement in the VET program.

1. I have read the relevant information about the program and I understand the commitment required by the student named and agree to their participation.
2. I agree to pay costs of materials used as specified in the course details outlined by the training provider, if required.

Please select by circling for the statements below

I give permission I do not give permission for the student named to leave the RTO site at lunch time, and when not in class

I give permission I do not give permission for photographic, video, audio or any other form of electronic recording of the named student to be used in the promotion or publicity of VET.

Signed parent/guardian _____ Date _____

PLEASE RETURN COMPLETED FORMS TO YOUR SCHOOL VET COORDINATOR



Department
of Education

WIMMERA
SOUTHERN
MALLEE
LLEN

