# 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 |  |