

Under 18 Parental/Guardian Consent Form

Please be aware in accordance with First Aid Certification and Trainings Policies and Procedures and South Australian Legislation any students under the age of 18 are considered a minor.

Students under the age of 18 will be required to provide a parental or guardian consent to attend all courses provided by First Aid Certification and Training (FACT Adelaide) on the day of training. All participants who attend training conducted by FACT Adelaide are required to follow a strict Code of Conduct in relation to appropriate behaviours in the presence of all students including any minors. All FACT Adelaide team members have current Police Clearances and Working with Children Screenings to ensure the safety of all students including minors undertaking any training at our location.

Student details

Family name:		Given names/s:	
Date of Birth:		Course Type:	
Course Date:			

Parent/Guardian details

Family name:		Given names/s:	
Date of Birth:		Relationship to the student:	
Address:		Contact Number:	
Email:		Type of ID Provided:	
		ID Number:	

I _____, as the parent/guardian give consent for _____ to participate in the training as listed on this form. I verify that the information on the application is correct, and I am the legal parent and/or guardian of the enrolling student. I understand that failure to supply truthful information on this form may result in non-acceptance or cancellation of enrolment at any time by FACT Adelaide.

On behalf of the student I have read, understood & accept all of FACT Adelaide's Terms & Conditions and understand they will apply to the student, and I have ensured that the above listed student has also read, understood & accepted the FACT Adelaide's Conditions.

I acknowledge that the personal information is subject to FACT Adelaide's Privacy Policy.

I understand that failure to complete this form and provide an emailed or hard copy of my ID will mean the student above will not be permitted to complete the training on that day.

Parent/Guardian Signature: _____ Date: ____/____/____

FACT Adelaide Staff Member: _____ Date ____/____/____