|  |  |
| --- | --- |
| Logo.jpg | **Under 18 Supervision Program**  **Activity Permission Form** |

|  |
| --- |
| **Please return form to:** |
| **International QUT Student Services – Under 18 Supervision Program**  Email: [U18SP@qut.edu.au](mailto:U18SP@qut.edu.au) Phone: +61 7 3138 2019  Web: [www.qut.edu.au](http://www.qut.edu.au) Address: Victoria Park Road, Kelvin Grove Qld 4059  CRICOS No. 00213J ABN 83 791 724 622 |

**STUDENT DETAILS**

Title: Mr / Miss / Ms / Mrs / Others Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_­ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT REQUEST**

I request to (Provide details);

* Go on a trip or travel outside Brisbane
* Stayover with friends and/or family
* Participate in a sporting event
* Work while studying (within Student Visa conditions)
  + Employer’s contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of activity: From (date and time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (return date & time) \_\_\_\_\_\_\_\_\_\_\_

* I declare that the information I have provided in this form is true and correct.
* I understand, I must seek permission for this request from my parent(s)/legal guardian and the University.
* I understand that I must submit this form for approval **at least 5 working days** before my activity.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: DD / MM / YY

**- Student’s parent / legal guardian to complete the next section/page -**

**PARENT / LEGAL GUARDIAN DETAILS**

Title: Mr / Miss / Ms / Mrs / Others Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TICK (All boxes) TO CONFIRM**

* I give permission for my child to undertake the requested activity.
* I hereby release QUT, its staff, and other assistants/volunteers from any liability whatsoever arising from any loss, injury or damage which may suffer or incur, directly or indirectly as a result of his/her actions and I agree to refrain from instituting any action, suit, claim, or demand whatsoever in respect of any loss, injury or damage which may suffer or incur.
* I release and will release the University from all claims, demands and proceedings including liability for personal injury, death or property damage which may arise due to any negligent act or omission or otherwise.

***I hereby give consent for my child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ detailed above to work while studying at QUT and accept the final decision from QUT Under 18 Supervision Program.***

Parent / Legal guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD / MM / YY

**APPROVED / REJECTED BY – QUT U18SP STAFF (Office Use)**

U18SP Guidance Officer (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD / MM / YY