

Under 18 Supervision Program Activity Permission Form

Please return form to:

International Student Services - Victoria Park Road, Kelvin Grove Qld 4059.

Phone: +61 7 3138 3963, Fax: +61 7 3138 3349 www.qut.edu.au .

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: _____ Homestay address: _____

STUDENT REQUEST

I request to (Provide details);

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

Details of activity: _____

Duration 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 that if this information changes prior to my release I must seek permission for this request from my parent(s)/legal guardian and the University.

Student signature: _____ Date: DD / MM / YY

PARENT / LEGAL GUARDIAN DETAILS

Title: Mr / Miss / Ms / Mrs / Others Family name: _____ First name: _____

Relationship to student: _____ Email address: _____

Phone: _____ Mailing address: _____

Country: _____ Suburb/town: _____ State: _____ Postcode: _____

Tick 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 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: _____ **Digital signature – by ticking this box**

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

U18SP Guidance Officer (Name): _____ Signature: _____

QUT Under 18 Supervision Program - Activity Permission Form (APF).docx

HOMESTAY COORDINATOR ACKNOWLEDGEMENT & SUPPORT

I acknowledge and support the notification of the application for the student to work while staying with QUT Homestay Family.

Name: _____ Signature: _____ Date: DD / MM / YY