Under 18 Supervision Program
Activity Permission Form

Once completed please lodge this form via: https://unihub.qut.edu.au/Form.aspx?id=5509588

QUT Student Services – Under 18 Supervision Program

Email: U18SP@qut.edu.au **Web:** www.qut.edu.au **Phone:** +61 7 3138 2019 **Address:** Victoria Park Road, Kelvin Grove Qld 4059

TEQSA PRV12079 | CRICOS No. 00213J | ABN 83 791 724 622

STUDENT DETAILS

Title: _____ Family name: _____ First name: _____

Date of birth: _____ Student ID: _____ Mobile: _____

STUDENT REQUEST

I request to (Provide details);

- ☐ Go on a trip or travel outside Brisbane
- ☐ Participate in a sporting event
- ☐ Stayover with family / legal guardian
- ☐ Work while studying (within Student Visa conditions)
  - ☐ Employer's contact details_____

Details of activity: _____

Duration: From (date & time) _____ to Return (date & time) _____

PARENT / LEGAL GUARDIAN DETAILS

Title: _____ Family name:_____ First name: _____

Relationship: _____ Email: _____ Phone: _____

Country: _____Suburb/town:_____ 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 their 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: _____

Parent / Legal guardian signature:_____ Date: / /