

Parental Consent & Healthcare Information Form

Master Builders Association of Victoria

Please complete the information as requested below.

Parent/Guardian Permission:

I, (please print name) _____ give permission for my child,
(please print name) _____ DOB: _____ to participate in a Master
Builders training program/course that: (please tick the boxes to confirm)

- Will be conducted in a class of adult learners;
- Training will be offered at <location> _____;
- Will attract material fees from the training provider; and
- Will have a timetable that extends beyond normal school hours.

1. Provide any medical conditions that the trainer or training provider should be aware of.

2. Please list medications and if required, ensure child has with them during provision of training.

3. Does your child have a disability or condition that will impact on his/her ability to undertake any theoretical or practical study in this program/course? Yes No
4. If yes, please specify _____
5. I give permission for the trainer or training provider to administer first aid and/or arrange an ambulance for my child if it is necessary for his/her health or welfare: Yes No
6. I give permission for my child to receive assistance in setting up their Unique Student Identifier.
7. I give permission for my child to access on-line training material and other internet or electronic applications as required by the training provider and under the policies and procedures of the training provider.

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- 8. I understand that my child will be unsupervised during morning tea and lunch breaks.
- 9. I understand that I will notify Master Builders of any change of circumstances that may impact my child's ability to continue studies.
- 10. I understand that the training provider is required to pass my child's details to relevant Government agencies to fulfil Master Builders RTO compliance and data reporting requirements.

In the unlikely event of an incident or emergency I / we can be contacted on the below:

Parent/Guardian 1: M: _____ W: _____ E: _____

Parent/Guardian 2: M: _____ W: _____ E: _____

Parent/Guardian	<i>Signature</i>	Date:	DD/MM/YYYY
Signature:			

Please sign/date and return to Master Builders Training Department.

For Office Use			
Does the student require an interview? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, contact parent to arrange interview to take place with parent and child and record details below:			
Date & Time:		Telephone:	
Venue:			
Master Builders Delegate:		Position:	
Interview Comments:			
Master Builders Delegate Signature:	<i>Signature</i>	Date:	DD/MM/YYYY

IS YOUR BUILDER A MASTER BUILDER?

