

PARENT/GUARDIAN CONSENT FORM
PLEASE PRINT IN BLOCK LETTERS

I, _____, certify that I am the parent or legal guardian of _____, who is currently ____ years old and will not be 18 years of age until ____ / ____ / ____.

I hereby give my consent for him/her to reside at;

- International House Darwin (IHD)**
- Katherine Student Accommodation (KSA)**
- Alice Springs Student Accommodation (ASSA)**

Check in date: _____ Check out date: _____

I confirm that my child will be attending Charles Darwin University for the above period for the purpose of:

- Undertaking diploma or degree studies. The course is _____
- Undertaking training as part of an apprenticeship. His/her employer is _____

By completing this document:

- I understand and accept that I am responsible for the actions of my child while he/she is residing at Charles Darwin University's (CDU) Student Accommodation.
- I further understand that as a resident of Charles Darwin University's Student Accommodation, he/she is required to abide by all policies, rules and by-laws as stated in the University's publications and materials.
- In consideration of Charles Darwin University allowing my child to reside at the student accommodation, I hereby release and hold harmless Charles Darwin University, its officers, employees and agents against loss (including reasonable legal fees) from any and all claims or causes of action for all known and unknown, foreseen and unforeseen, bodily injuries, damages to property and consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's residence at the Student Accommodation. In addition, I agree to take full responsibility for any damage done to University property by my child during his/her stay at CDU Student Accommodation.
- If my child should suffer an injury or illness during his/her stay, I authorise the employees of CDU Student Accommodation to treat him/her or to use their discretion to transport, or to have my child transported, to any medical facility and hereby give consent in my absence to have my child treated by CDU Student Accommodation or at any medical facility and I take full responsibility for that action.

Parent or Legal Guardian Name: _____

Address: _____ Postcode: _____

Telephone: (____) _____ Mobile: _____

Signature: _____ Date: ____ / ____ / ____

To be completed and signed by the applicant's employer and the Dean, Faculty or Course Coordinator of Charles Darwin University.

The above named applicant is an apprentice currently employed by _____
and is enrolled in _____ course of study and is required to attend classes at
Charles Darwin University, _____ campus for the period ___ / ___ / ___ to ___ / ___ / ___ inclusive.

Signature: _____

Date: ___ / ___ / ___

As the Dean, Faculty or Course Coordinator, I agree to take responsibility for the above mentioned student while residing at CDU's student accommodation and will make myself contactable to the student and CDU Student Accommodation throughout the duration of the students stay.

Dean, Faculty or Course Coordinator: _____ Faculty: _____

A/H Telephone: _____

Signature: _____

Date: ___ / ___ / ___