

T: 08 8959 5295

E: alicesprings.accommodation@cdu.edu.au

W: cdu.edu.au

PARENT/GUARDIAN CONSENT FORM

I hereby 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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | International House Darwin (IHD) |
| <input type="checkbox"/> | Katherine Student Accommodation (KSA) |
| <input type="checkbox"/> | Alice Springs Student Accommodation (ASSA) |

Dates applicable: _____ to (suggest 18 birthday)

I confirm that he/she will be attending Charles Darwin University (CDU) for the above period for the purpose of undertaking the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | pre-university study/orientation organised by:
_____ |
| <input type="checkbox"/> | CDU Course:
_____ |
| <input type="checkbox"/> | apprenticeship training – employer:
_____ |

By completing this document:

- I understand and accept that I am responsible for the actions of my child while they are residing at CDU's Student Accommodation.
- I understand that as a resident of CDU's Student Accommodation, my child is required to abide by all policies, rules and by-laws as stated on the University's website and in its publications and materials.

Charles Darwin University, Alice Springs Campus, 10 Grevillea Drive (P.O. Box 795) Alice Springs NT 0871

CRICOS Provider No. 00300K (NT/VIC) | 03286A (NSW) RTO Provider No. 0373
TEQSA Provider ID PRV12069 | ABN 54 093 513 649

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- I hereby release CDU and hold its employees and agents harmless against all loss (including legal fees) resulting from any claims or causes of action related to the stay of my child in CDU accommodation, whether sustained by my child or myself when connected with my child's actions.
- If my child should suffer an injury or illness during their stay at a CDU accommodation facility, I authorise the employees of CDU Student Accommodation to give First Aid or to use their discretion to have my child transported to a medical facility. I hereby give consent for my child to be treated at any medical facility and accept responsibility for that decision.
- I agree to take full responsibility for any damage done to University property by my child during their stay at CDU Student Accommodation.

Name of Parent/Legal Guardian: _____

Address: _____ Postcode: _____

Telephone: (____) _____ Mobile: _____

Signature: _____

Date: _____

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Name of underage resident: _____

This section is to be completed and signed by the applicant's employer if the employer is responsible for the financial account related to the stay of the underage student at CDU:

The above-named is an apprentice currently employed by _____ and is enrolled in a course of study at CDU related to their apprenticeship.

They are required to attend classes at CDU, for the period _____ to _____ inclusive.

As a representative of the employer, I confirm that the employer will be responsible for the account of this apprentice and any charges that they may incur on that account during their stay at CDU.

Signature: _____

Date: _____

Telephone: _____

This section is to be completed and signed by the applicant's CDU Course Coordinator or local affiliated institution representative.

The above named applicant is enrolled in and required to attend classes at CDU in the following course of study: _____ for the period ____ / ____ to ____ / ____ / 20____.

As the Course or Group Coordinator, I acknowledge that the student is underage and will make myself or my nominated delegate contactable to the student and CDU Student Accommodation throughout the duration of the student's stay at CDU.

Name of Course or Group Coordinator: _____

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Position:

–

Signature: _____

Date:

The following staff member is to be contacted if the student's welfare is of concern:

_____ Position:

Work Telephone:

After Hours Telephone: