

6 DETAILS

Name of Individual	Address of Individual
Name of organisation or school (at which the Individual is enrolled, employed, or works as a volunteer, if any):	
Signature of the Individual (if over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)	Date / /
Signature of the parent or guardian (required if the Individual is under 18 years of age)	Date / /
Name of signing parent or guardian	Address of signing parent or guardian

7 NOTE

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority or ability of a person to provide consent.

If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact:

Nicola White, Programs and Events Officer

Community Engagement and Partnerships

Department of Education and Training

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