



THE PROFESSIONAL CHOICE

VITAL FIRST AID TRAINING SERVICES

Pty Ltd ABN 29 079 610 325 Registered Training Organisation 90531

Parent / Guardian Consent – for students under 18 years of age

The parent / guardian should read this notice and complete the declaration below. This form should be brought to the course by the student, if no consent is provided the student will not be permitted to attend the course. The parent / guardian should also be aware that there are “physical requirements” of the course and that the student must be able to meet these requirements in order to achieve a satisfactory result. Details are available by consulting the specific course information on our website or by contacting our office.

Privacy Notice

Please Read:

Under the Data Provision Requirements that Vital First Aid Training Services Pty Ltd are required to comply to, personal information about the student is collected and disclosed to the National Centre for Vocational Education Research (NCVER) for statistical, regulatory and research purposes.

Vital First Aid may disclose the student’s personal information for these purposes to third parties, including:

- School the student is attending
- Employer – if the student is enrolled in a training paid by his/her employer
- Commonwealth and State or Territory government departments and authorised agencies
- NCVER - NCVER complies with the Privacy Act 1988

Parent / Guardian Declaration

Student Full Name (as per ID and USI application)

Student Date of Birth

Student USI

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A valid USI is required to be able to receive a certificate/statement of attainment. Apply for a USI at www.usi.gov.au

Name of the course the student is enrolled in

I, the parent / guardian of the student named above, understand that by signing this form, I am declaring that:

- I have read the Privacy Notice above, and consent to the collection, use and disclosure of personal information in accordance with the Privacy Notice; and,
- I give permission for the student to attend the course they are enrolled in, and undertake all requirements of the course

Parent / Guardian Name

Parent / Guardian Contact

Parent / Guardian signature