Buderim Private Hospital

EXPERIENCE – Thursday 9 August 2018

UnitingCare Health

2018 Student Consent

Please download, print out, have all details completed neatly and relevant sections signed (student, parent, teacher), scan to your computer and then upload to your online application

***Please note**: All fields to be completed unless marked optional*

STUDENT DETAILS

First Name: _____ Surname: _____

School: _____ Class: _____

Student Email: _____ Mobile: _____

PHOTOGRAPHIC CONSENT: (Note: This is not a condition for selection)

I give consent to make use of and/or retain an image or recording that may identify my child or an individual for whom I have authorised, substituted decision making responsibility.
Subject to any conditions/limitations, I understand that by giving consent, Buderim Private Hospital can use the image or recording to promote activities. Buderim Private Hospital may reproduce the image or recording in any form, in whole or in part, and distribute the works by any medium including the internet, CD-ROM, or other multimedia.

I understand that Buderim Private Hospital:

- Will not pay me for giving this consent or for the use of my image or recording;
- May keep the image or recording on record until I revoke my consent;
- Will return or destroy images or recordings if I withdraw this consent, with the exception of those already published;
- May use the image or recording in the future, unless I specify limitations for its use; and will not infringe the rights of any third party by exercising its rights giving this consent.

I understand that I can withdraw or modify my consent at any time in writing.

Student's Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____

Relationship to student: _____ Date: _____

PARENT/GUARDIAN CONSENT

I give consent for my child to participate in the Buderim Private Hospital Industry Tour program and I *(please circle)* allow / do not allow, my child _____, for whom I have authorised, substituted decision-making responsibility, to have images or recordings reproduced of them during the program which may be used under the above conditions.

Parent/Guardian Name: _____ Signature: _____

Relationship to student: _____ Date: _____

My consent is subject to the following limitation (optional):

_____

_____

Parent/Guardian Home Address (optional – only if different to student address above)

_____

Parent/Guardian Daytime Telephone (For emergency/concern – all communication is via email): _____

Parent/Guardian Email: _____

SCHOOL CONFIRMATION to support your application (Note – All fields to be completed)

For supervision purposes, the school in signing below, agrees to accompany the student to the event.

School Contact Name: _____ Signature: _____

School Contact's Position: _____ Phone: _____

School Contact Email: _____ Date: _____