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| **STUDENT / VOLUNTEER DETAILS FORM** Version 4 (May 2018) |

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| **EDUCATOR’S NAME:** |  |
| **EDUCATOR’S ADDRESS / RESIDENCE WHERE PLACEMENT IS:** |  |
| **DATE / DATES OF PLACEMENT:** |  |

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| **STUDENT / VOLUNTEER’S FULL NAME:** |  |
| **STUDENT / VOLUNTEER’S ADDRESS:** |  |
| **STUDENT / VOLUNTEER’S CONTACT NUMBER:** |  |

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| **STUDENT / VOLUNTEER’S WORKING WITH CHILDREN CHECK DETAILS:** |  |
| **STUDENTS TAFE/ COLLEGE / SCHOOL CONTACT DETAILS:** |  |
| **PARENT / GUARDIAN / NEXT OF KIN****NAME AND CONTACT DETAILS:** |  |

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| **STUDENT / VOLUNTEER SIGNATURE:** |  |
| **EDUCATOR’S SIGNATURE:** |  |
| **FIELD CONSULTANT’S NAME / SIGNATURE:** |  |

**PARENT PERMISSION**

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student / Volunteer) undertaking practicum at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Educators) Service.

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| **Child’s Name** | **Parent / Guardian Name** | **Parent / Guardian Signature** |
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