

INDUSTRY TRAINING DECLARATION AND INDEMNITY



STUDENT DETAILS

Family Name	<input type="text"/>	Student ID	<input type="text"/>
Given Name	<input type="text"/>	Email	<input type="text"/>
Current address	<input type="text"/>	Mobile No.	<input type="text"/>

DECLARATION AND INDEMNITY

- 1 I understand that while on Industry Training I may be exposed to activities that could result in loss of my personal items, injury to me or even loss of my life
- 2 I release the International College of Management, Sydney and all of its employees, officers, agents and representatives from any, and all liability arising from my participation in the work place activity, including any liability for injury to myself, loss of my life, loss of my personal items or any other loss that I may suffer
- 3 I indemnify the International College of Management, Sydney and all of its employees, officers, agents and representatives against any liability or loss suffered by them, including as a result of any claim made against them, relating to my participation in the work place activity
- 4 I understand that it is my responsibility to make enquiries as to the safety of the work place that I am entering and with full knowledge of the risks involved in participating in the work place activity
- 5 I agree to participate in the work place activity and acknowledge that International College of Management, Sydney is not involved in the operation of the work place that I will be attending
- 6 I am legally permitted to work in Australia or in the country of my Industry Training placement for the duration of my placement
- 7 I have provided my tax file number to the Industry Training Department

Y	N
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Signature:
(or guardian if under 18)

Date
(dd/mm/yyyy):

Note: If the participant is under 18 years of age, the parent/guardian of the participant must sign this form and by doing so provides the above agreements and releases for and on behalf of the participant

OFFICE USE ONLY

Student's visa and work permission sighted by	<input type="text"/>	Copy of Visa attached	Y	N
Tax File Number	<input type="text"/>	TFN Attached?	Y	N