**Off-Campus Activity Student Information and Permission Form**

Information for Students

As part of your course you will take part in a planned program of off-campus activities / excursions. These activities will provide you with opportunities to visit services that are available in the community and help you to develop skills that will prepare you for employment. Your teacher will explain the arrangements for each activity during class time.

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| **Details of Activity Program** |
| Description of off-campus activity |  |
| Reason for off-campus activities |  |
| Destinations of off-campus activities |  |
| External organisations involved in activity |  |
| Additional activity details |  |
| **Dates and times of activities** |  |
| **Travel arrangement** |  |
| **Supervision arrangements** |  |
| **Cost to students** |  |
| **Contact phone at Victoria University Polytechnic** |  |
| **A Victoria University Polytechnic Medical Information Form must be returned to the organising teacher** |  |

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| **Student Endorsement** |
| I would like to participate in this excursion and commit to the following while not on campus:* Obeying teacher instructions
* Behaving in a manner that is consistent with the VU Student Charter.
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| **Name of Student** |  |
| **Signature** |  |
| **Date** |  |
| **Student mobile phone number** |  |

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|  **Under 18 Students only** |
| I give permission for ………………………………………………………………...to participate in this program of off- campus activities. I understand that I will be provided with the dates and times of each activity and that I am to be contactable over the period of the activity. |
| **Name of parent / guardian** |  |
| **Signature** |  |
| **Date** |  |