

## PARENTAL/GUARDIAN CONSENT FORM

I/We give consent for \_\_\_\_\_ [*Participant's name*] to attend the Career Discovery programme hosted by Victoria University of Wellington from \_\_\_\_\_ [*insert date*] to \_\_\_\_\_ [*insert date*].

I/We acknowledge that consent is required until turns 18 years of age.

I/We understand that each Career Discovery workshop lasts five days. Participants are expected to be on time each day for the session start time in the morning. Lunch is not provided. During lunch break students can either remain in the university building and use the kitchen facilities to warm up food brought from home, or students can leave the building to go eat in the Cuba Street area independently. Participants are expected to return to the university building on time for session start after the lunch break.

I/We acknowledge and understand that \_\_\_\_\_ will not be supervised when he/she leaves the university building during lunch hour.

Signature of parent/guardian: \_\_\_\_\_

Date:

Guardian name:

Relationship to participant [mother/father/legal guardian]:

Contact phone number: \_\_\_\_\_ or \_\_\_\_\_

Street address:

City:

E-mail address:

**Email the signed form to [careerdiscovery@vuw.ac.nz](mailto:careerdiscovery@vuw.ac.nz) or post to:  
Career Discovery Programme, attn. Jeanne van Heerden, Wellington Faculty  
of Architecture and Design Innovation, PO Box 600, Wellington 6140**