

AGE 16 TO 17 INDEPENDENT ATTENDANCE CONSENT FORM

This form is only required where a student aged 16 to 17 is attending a public first aid course independently.

This form is not required where the student is accompanied by a parent/guardian or appropriate adult supervisor for the full course, or is attending as part of a private, corporate, school, workplace, traineeship, apprenticeship, work placement or community group booking where supervision and permissions are managed by the booking organisation.

Age Requirements

Age	Requirement
14 to 15 years	May attend with a parent/guardian or appropriate adult supervisor for the full course. Written consent alone is not sufficient.
16 to 17 years	May attend independently with written parent/guardian consent, or with a parent/guardian or appropriate adult supervisor.
18 years and above	Considered adults.

Entry may be denied if the required consent or supervision arrangements cannot be confirmed before the course commences.

Student Details

Name of minor: _____

Date of birth: ____ / ____ / ____ (DD/MM/YYYY)

Age: _____

Course date: ____ / ____ / ____ (DD/MM/YYYY)

Parent/Guardian Consent

I, _____, confirm that I am the parent/guardian of the student named above.

I consent to the student attending independently and participating in the St John WA first aid course they are enrolled in.

I understand that the course includes practical first aid activities, which may include CPR practice, physical movement, kneeling, and participation in simulated first aid scenarios.

I understand that St John WA may contact me if required before or during the course. St John WA is committed to providing a safe environment for all students. Any concerns relating to student safety or wellbeing will be managed in accordance with St John WA policies and applicable child safety obligations.

Full name of parent/guardian: _____

Relationship to student: _____

Contact number: _____

Signature: _____

Date: ____ / ____ / ____ (DD/MM/YYYY)

Trainer and Assessor Use Only (Office Use)

Consent received by:

- Completed above paper form
- Completed digital form
- Email from parent/guardian
- Text message from parent/guardian
- Phone call with parent/guardian

Where consent was provided by email, text message or phone call, the TAF must complete the record below.

Consent received date: ____ / ____ / _____ Consent received time: _____

Name of person providing consent: _____

Relationship to student: _____

Phone number or email used: _____

TAF is reasonably satisfied that consent was provided by the parent/guardian: Yes No

If Consent or Supervision Cannot Be Confirmed

Entry denied: Yes No

Student instructed to contact parent/guardian/responsible adult: Yes No

Student confirmed they could leave safely: Yes No

Escalated to Trainer Operations or line manager: Yes No Not required

TAF notes, if required:

TAF name: _____

Signature: _____ Date: ____ / ____ / _____(DD/MM/YYYY)

Consent record submitted with attendance sheet and assessment materials: Yes No