



Training and Development Provider

Course Excursion Form

Permission to leave _____ premises.
(Name of Venue)

As part of the Inner Northern Adelaide Partnership courses, students have the opportunity to take part in an industry visit. This visit will allow students to see how an establishment works and look behind the scenes of their course industry.

Please complete this form to provide your consent.

I _____ give permission,
(Parent/Caregiver)

For _____ Course _____
(Student Name)

To attend an industry visit to _____

Address _____

On _____ Date _____
(Day) (Date/ Month/ Year)

All students are to meet _____ Name of person taking excursion)

At _____ Time _____

Students are to be picked up from _____ at: _____
(Time)

VET Coordinator Signature

Parent/Guardian Signature

HAS INAP BEEN ADVISED OF THESE EXCURSION DETAILS? YES/NO

Name of School _____

Trainers Name _____

Emergency Contact Number _____ or _____

Please return the completed form to the course trainer as soon as possible

*If you have any further queries, please do not hesitate to contact
INAP on 8342 6381 or 8342 0841*