



# Travel in Private Vehicles Form

Training and Development Provider

www.inap.org.au

Any student who is intending to travel with a driver under the age of 18 or drive other student(s) to and/or from a VET related location must complete this form with the necessary parent/guardian consent and be returned to the **trainer** at the commencement of the course.

<b>Driver Details</b>			
Full Name:	_____		School: _____
VET Course Name:	_____		
Year level:	Date of Birth: ____/____/____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Contact Number:	_____ or _____		

### Driver to complete ONLY

I, \_\_\_\_\_, hold a current drivers licence, will be driving a registered and safe vehicle, will be driving a vehicle covered by insurance for my passengers and myself, agree to ensure seat belts will be used by all passengers in the vehicle and am aware that INAP Training and Development Provider will take no responsibility for damage or injury caused as the result of an accident.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Caregiver of Driver

I give permission for the above student to drive other student(s) to and/or from INAP VET course locations as per the INAP Semester 1, 2012 course schedule, and agree with the conditions mentioned above including that INAP Training and Development Provider will take no responsibility for damage or injury caused as the result of an accident.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number: \_\_\_\_\_ or \_\_\_\_\_

### Passenger to complete ONLY

Name: \_\_\_\_\_ School: \_\_\_\_\_

Year level: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Contact Number: \_\_\_\_\_ or \_\_\_\_\_

### Parent/Caregiver of Passenger

I give permission for the above passenger to be driven to and/or from INAP VET course locations as per the INAP Semester 1, 2012 course schedule by the above mentioned driver. I accept that INAP Training and Development Provider will take no responsibility for damage or injury caused as the result of an accident.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number: \_\_\_\_\_ or \_\_\_\_\_