

Parent / Guardian Consent

Essential for persons under 18 years of age

Applicant details

Surname Given name/s:

Date of Birth

Consent

I, _____ being the parent/guardian of the above named person, consent to
Print full name of parent/guardian

_____ joining the NSW State Emergency Service Cadet Program.
Print full name of applicant

Signature: _____

Date: _____

Name: _____

Witness Signature: _____

Date: _____

Witness Name: _____

Please return completed form to the applicant's School