

Community Champions Grant Parental or Guardian Consent for a Minor



PURPOSE

This form provides parental or guardian consent for the Applicant to lodge a Town of Port Hedland Community Champions Grant on behalf of minor children.

APPLICANT

Name of club or organisation lodging this application: _____

CHILD/CHILDREN DETAILS

Full Name	Date of Birth	Residential Address

PARENT OR GUARDIAN DETAILS

Full name of parent or guardian: _____

Relationship to child/children: _____

Contact number: _____

Contact address: _____

PARENT OR GUARDIAN CONSENT

I _____ (parent or guardian full name), give permission for the Applicant to lodge an application on behalf of my child/children listed above.

I understand this information will be used solely for the purpose of processing the application and will be handled in accordance with the Town of Port Hedland's Privacy Policy

<https://www.porthedland.wa.gov.au/documents/4471/1031-privacy-policy>).

Additionally, I consent to the Town of Port Hedland publishing the name and age of the above child/children in their publications as well as for use in promotion of the Town of Port Hedland's grant program.

- Yes, name and age
- Yes, name only
- Yes, age only
- No, I do not provide consent for any name or age to be published

Signature of parent or guardian: _____ Date: _____