

Multiplex Jump Start Program

Participant Details

Full Name	
School Name	
School Year in 2023	
Contact Number	
Email Address	
Dietary Requirements	

What career path are you considering pursuing when you finish school?

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What is your perception of the construction industry?

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What would you like to learn more about during this program?

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Parent/Carer Consent

I, _____, of _____
[name of student] [school or address]

agree that whilst attending any of the workshops, site visits, panel discussions, and any other activities during the course of the Jump Start program (**Activities**) I will abide by the following:

- 1 I will follow the directions of all Multiplex personnel;
- 2 I will wear appropriate personal protective equipment as provided by Multiplex;
- 3 I have arranged appropriate transportation home from each location where the Activities are being held and understand that Multiplex are not responsible for my care outside of these hours;
- 4 I consent to any photos and video footage captured by Multiplex during the Jump Start program being shared externally, including (without limitation) on its website and all social media platforms without prior written notice;
- 5 I understand that external media companies may be present at any point during the Jump Start program and I consent to any photos and video footage captured by such companies to be shared externally without prior written notice;
- 6 I understand that as part of the Activities, there may be an opportunity to answer surveys, or provide feedback or other information to Multiplex relating to or arising from the Activities. You consent to any information or feedback provided being shared externally without prior written notice.
- 7 I have obtained the consent of a parent or adult guardian, whose signature is below;
- 8 I understand that Multiplex reserves the right to remove any person who does not comply with any directions given by Multiplex personnel from any location at which the Activities are being hosted.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Emergency contact number: _____