



# Australian College of Culinary and Management

RTO Provider no-45886 – CRICOS Provider no-04038J

## EXCURSION FORM

Trainer's Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Details: \_\_\_\_\_

Trainer's Contact Details: \_\_\_\_\_

Place of Excursion: \_\_\_\_\_

Related Units: \_\_\_\_\_

### Students Declaration:

I agree to attend any activity scheduled for excursion. I am aware that an excursion may involve day attendance and that I could be expected to organise transport, to pay for my ticket and to attend in my own time. Further, in the event of accident or illness. I authorise the staff member in charge to consent, where it is impracticable to communicate with me, to receive such medical or surgical treatment as may be deemed necessary by a qualified medical practitioner. I acknowledge that Australian College of Culinary and Management Pty Ltd (ACCM) will not be liable for any accident or injury, which occurs during the excursions, and I indemnify the ACCM for any loss or damage caused through any act of negligence of myself.

You visit for more information: <https://www.accm.vic.edu.au/policies>

Students ID	Name	Mobile No	Signature
CNY3000			