

Australian College of Culinary and Management (ACCM)

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

EXCURSION FORM

Trainer's Name	Date	
Contact No Class Details		
Place of Excursion		
AGREEMENT: I agree to attend any activity scheduled for the year. 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

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