



## MSN 2020 Educational Scholarships Program

### Parent or Guardian Consent Form

Please only complete if the award recipient is under 18 years of age

I am the parent or legal guardian of

\_\_\_\_\_.

I consent to the Mentor Support Network:

1. Collecting personal information about me and my child for the purpose of administering the Award;
2. Disclosing personal information about me and my child to third parties who provide services and support to the Award, including members of the Mentor Support Network and my child's school; and
3. Using personal information about me and my child for the purpose of evaluating the scholarship program, and related purposes.

I consent to Mentor Support Network members utilising photographs of my child taken during his/her involvement in the program and waive all rights of compensation.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## MSN 2020 Educational Scholarships Program

### Consent Form

Please only complete if the award recipient is over 18 years of age

I consent to the Mentor Support Network:

1. Collecting personal information about me for the purpose of administering the Award;
2. Disclosing personal information about me to third parties who provide services and support to the Award, including members of the Mentor Support Network and my school or education institution; and
3. Using personal information about me for the purpose of evaluating the scholarship program, and related purposes.

I consent to Mentor Support Network members utilising photographs of me taken during my involvement in the program, and waive all rights of compensation.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_