

Parent / Legal Guardian Consent Form: 2020/21 Harvest

I,

› _____

(Full Legal Name of Parent or Legal Guardian)

Of

› _____

(Address)

Give Permission for

› _____

(Full Legal Name of Child)

To apply for employment with GrainCorp during the upcoming harvest period at › _____ (insert site)
GrainCorp site.

Signature

› _____

› ____/____/____

Date

GrainCorp Limited

Level 28, 175 Liverpool Street, Sydney NSW 2000 Australia PO Box A268, Sydney South NSW 1235 **T** +61 2 9325 9100 **F** +61 2 9325 9180 **W** graincorp.com.au
ABN 60 057 186 035