

# 2WayExchange Experience



student exchange  
AUSTRALIA NEW ZEALAND

TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

PAGE 1 of 18

Choose your country of destination  FRANCE  CANADA  ITALY

Duration in months \_\_\_\_\_

Departure

Return

**Photos**

Attach one smiling passport-sized photo in the box provided.

Include an additional two passport-sized photos in your application in a clearly marked envelope. Don't forget to put your name on the back of each additional photo.

Attach one smiling passport-sized photo here

**Personal Details**

Last Name (as per passport) \_\_\_\_\_

First Name (as per passport) \_\_\_\_\_

Nick Name (if applicable) \_\_\_\_\_  Male  Female

Age now \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Permanent Mailing Address (if different from residential) \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Mobile \_\_\_\_\_

Applicant's Email \_\_\_\_\_

City and Country of Birth \_\_\_\_\_

Country of Citizenship (as per passport) \_\_\_\_\_

Other Citizenships (if any) \_\_\_\_\_

Heritage \_\_\_\_\_

Passport No. \_\_\_\_\_

Passport Expiry Date

Attach a copy of identification page of Passport to this application

**Nearest City for Departure**

- if from mainland Australia: Nearest Capital City is: \_\_\_\_\_

- if from Tasmania:  Launceston  Hobart

**Smoking**

Do you smoke?  No  Yes

Could you live in a home where others smoke?  No  Yes

*Please be aware that smoking is very common in many host countries.*

**Alcohol**

Do you drink alcohol?  No  Yes

I understand, the drinking of alcohol whilst on program is prohibited.

**Dietary Needs**

Are you a vegetarian or do you have any special dietary needs?  No  Yes

If yes, please give details and specify foods you absolutely are unwilling to eat: \_\_\_\_\_

*Please be aware that finding a family to host a vegetarian/vegan may take longer.*

**Religion**

What is your religious affiliation? \_\_\_\_\_

How often do you participate?  Weekly  Occasionally  Never

Other: \_\_\_\_\_

Would you be comfortable with a family of a different religion?  No  Yes

**Family Status** (Tick all that apply)

Mother:  Living  Deceased      Father:  Living  Deceased

I live with my:  Mother & Father  Mother only  Father only

Other (please give details): \_\_\_\_\_

Guardian/s:  Mother & Father  Mother only  Father only

Other (please give details): \_\_\_\_\_

Preferred contact person for correspondence relating to this application:

Mother  Father  Other (please give details): \_\_\_\_\_

Contact person in case of emergency:  Mother  Father  Other

CONTINUES OVERLEAF



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

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**Personality Traits:** Place a tick in front of the following words which best describe you

- |                                      |   |                                      |                                   |                                  |
|--------------------------------------|---|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Polite      | <input type="checkbox"/> Traditional    | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Formal   | <input type="checkbox"/> Shy     |
| <input type="checkbox"/> Sensitive   | <input type="checkbox"/> Optimistic     | <input type="checkbox"/> Independent | <input type="checkbox"/> Open     | <input type="checkbox"/> Active  |
| <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Calm        | <input type="checkbox"/> Informal | <input type="checkbox"/> Quiet   |
| <input type="checkbox"/> Serious     | <input type="checkbox"/> Adaptable      | <input type="checkbox"/> Casual      | <input type="checkbox"/> Friendly | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Reserved       | <input type="checkbox"/> Emotional   | <input type="checkbox"/> Neat     |                                  |

**Interests:** Place a tick in front of all the activities you enjoy

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Reading         | <input type="checkbox"/> Horse riding        | <input type="checkbox"/> Sailing             | <input type="checkbox"/> Soccer                     | <input type="checkbox"/> Visiting museums      |
| <input type="checkbox"/> Watching TV     | <input type="checkbox"/> Sewing              | <input type="checkbox"/> Cycling             | <input type="checkbox"/> Basketball                 | <input type="checkbox"/> Attending theatre     |
| <input type="checkbox"/> Watching sports | <input type="checkbox"/> Drama               | <input type="checkbox"/> Hiking, backpacking | <input type="checkbox"/> Discussing current events  | <input type="checkbox"/> Attending symphony    |
| <input type="checkbox"/> Photography     | <input type="checkbox"/> Martial arts        | <input type="checkbox"/> Camping             | <input type="checkbox"/> Playing indoor games       | <input type="checkbox"/> Ballet dancing        |
| <input type="checkbox"/> Swimming        | <input type="checkbox"/> Volleyball          | <input type="checkbox"/> Windsurfing         | <input type="checkbox"/> Chess or backgammon        | <input type="checkbox"/> Modern dancing        |
| <input type="checkbox"/> Computers       | <input type="checkbox"/> Debating            | <input type="checkbox"/> Cooking             | <input type="checkbox"/> Listening to popular music | <input type="checkbox"/> Team sports           |
| <input type="checkbox"/> Skiing (snow)   | <input type="checkbox"/> Going to the movies | <input type="checkbox"/> Dating              | <input type="checkbox"/> Tennis                     | <input type="checkbox"/> Individual sports     |
| <input type="checkbox"/> Fishing         | <input type="checkbox"/> Playing cards       | <input type="checkbox"/> Baseball            | <input type="checkbox"/> Painting, drawing          | <input type="checkbox"/> Listening to classics |

Collecting (please list):

Singing in organised group (list the group):

Playing musical instruments (list the instrument/s):

Other (please list):

**Now, go back over the above list and circle the tick of the five activities that occupy most of your time**

**Awards and Achievements**

Have you received any awards, or do you have any outstanding achievements, in the activities you ticked above?  No  Yes, please list:

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Please estimate the hours per week you do the following activities

Time with family:  hrs/wk    Time with friends:  hrs/wk    Internet/Chat:  hrs/wk    Homework:  hrs/wk    Shopping:  hrs/wk

List the languages that you have studied

Language: _____	Time Studied: _____	Please indicate your fluency: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Language: _____	Time Studied: _____	Please indicate your fluency: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Language: _____	Time Studied: _____	Please indicate your fluency: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

CONTINUES OVERLEAF

List here any activities you would especially like to pursue while on exchange

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List here any activities you would especially like to enjoy with your host family

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Why did you decide to become an exchange student?

Write a paragraph outlining what motivated you to apply for this exchange:

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What are your usual household responsibilities?

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How do you think you would adjust to living with a family of a different economic status?

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Have you participated in previous exchanges?

No  Yes, list destination and length of the exchange:

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Have you visited other countries in the last 3 years?

No  Yes, list destination, year and duration:

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Are you employed?

Are you employed during school holidays:  No  Yes, hours/week:

Are you employed during the summer:  No  Yes, hours/week:

**YOU MUST NOT BE EMPLOYED DURING THE HOSTING PERIOD**

While hosting your partner, he/she must be your **FIRST PRIORITY** before other interests (e.g. teams, job, boyfriend/girlfriend)

CONTINUES OVERLEAF



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

### Travel to/from school?

How do you travel to/from school: \_\_\_\_\_ Kilometres from home to school: \_\_\_\_\_ Travel time one way: \_\_\_\_\_

### Describe your school

Number of students: \_\_\_\_\_

Facilities: \_\_\_\_\_

Courses offered: \_\_\_\_\_

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### Meeting other young people

What opportunities and venues are there to meet other young people : \_\_\_\_\_

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### Please provide some photos of yourself, your family and your school

Please include at least 2 photographs.

These photos are sent to your host family. **This is a very important part of the profile.**

Please attach the photos to the page overleaf, including names and descriptions under each photo.

CONTINUES OVERLEAF



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

**PAGE 5** of 18

ATTACH PHOTO HERE

Description:

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ATTACH PHOTO HERE

Description:

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PLEASE ATTACH ADDITIONAL PAGES IF YOU WISH TO INCLUDE MORE PHOTOS. CONTINUES OVERLEAF

# Your Exchange Partner



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

### My Exchange Partner

My Exchange Partner can be:  Boy or Girl  Only a Boy  Only a Girl

### My Exchange Partner's Room

My exchange partner will have his/her own room  No  Yes

If no, who will he/she share with? \_\_\_\_\_

Briefly describe the person your partner will share with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your exchange partner MUST have his/her own bed.*

### Household Chores

What chores would you expect your exchange student to do? \_\_\_\_\_

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### Your Ideal Exchange Partner

Write a paragraph describing your ideal exchange partner. Include personality, qualities, values and interests. Is it important that he/she be like you? \_\_\_\_\_

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TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

Activities you plan to do with your exchange partner

While your exchange partner is staying with you, what regular or special activities do you plan to do with him/her in your free time and/or weekends and holidays?

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List other activities your partner would have access to at home, at school or in your community

**Athletic Activities:**

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**Social Activities:**

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**Musical Instruments/Activities:**

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**Recreational Activities:**

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Are you and your parents/guardians willing to assist your partner with transport to the above activities?  No  Yes

CONTINUES OVERLEAF

# Letter to your Exchange Partner



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

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Write a letter to your exchange partner

Describe your personality, qualities, values and goals. Write about the members of your family, family life, as well as social activities on weekends and holidays. If possible, try not to repeat information you have provided elsewhere in this application. Close by welcoming your new partner into your home.

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Looking forward to hearing from you soon

My email: \_\_\_\_\_ My phone number: \_\_\_\_\_

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CONTINUES OVERLEAF



TO BE COMPLETED BY THE **SCHOOL OFFICIAL** AT THE APPLICANT'S SCHOOL (print in black ink)

Please comment in detail on the character, motivation and study habits of the student.  
 Does the student co-operate with teachers and interact well with other students?  
 In your opinion, is the student mature enough to handle the challenges of studying overseas?

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Please list your grading scale next to the corresponding grades listed on the left:

Excellent	A	_____	_____
Very Good	B	_____	_____
Average	C	_____	_____
Poor	D	_____	_____
Fail	E	_____	_____

In the boxes below, list the courses taken in the last 3 years:

<b>Current Year:</b>			<b>Last Year:</b>			<b>Year Before:</b>		
Year Level Courses	1/2 Yr Grade	Final Yr Grade	Year Level Courses	1/2 Yr Grade	Final Yr Grade	Year Level Courses	1/2 Yr Grade	Final Yr Grade

**PLEASE ATTACH A COPY OF EACH SCHOOL REPORT MENTIONED ABOVE**

School Official - please sign

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**X**


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SIGNATURE OF OFFICIAL

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TITLE

Official School Seal or Stamp



OFFICIAL SCHOOL SEAL OR STAMP

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CONTINUES OVERLEAF



TO BE COMPLETED BY THE **SCHOOL OFFICIAL** AT THE APPLICANT'S SCHOOL (print in black ink)

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Student's Name: \_\_\_\_\_

Please consider the applicant in relation to others in his/her age group and then tick the appropriate box for each item below:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skill and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**School Official - please sign**

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FULL NAME & TITLE OF SCHOOL OFFICIAL COMPLETING THIS FORM

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**X**

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SIGNATURE OF OFFICIAL

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DATE

**School - please print clearly**

Name of School \_\_\_\_\_

\_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No. \_\_\_\_\_

CONTINUES OVERLEAF

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TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 11** of 18

Student's Details							
Student's Name _____	Blood pressure: _____ Pulse: _____						
Birthdate <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table> _____	D	D	M	M	Y	Y	Give your opinion of the general state of the student's health: _____
D	D	M	M	Y	Y		
Height (cm): _____	Weight (kg): _____						
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor							

Does the student now have, or has s/he ever had any of the following? (If yes, attach detailed information regarding impairment)					
Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Mental Health condition <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Measles <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Diabetes Melitis <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Enuresis <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Poliomyelitis <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Anorexia Nervosa / Bulimia <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Learning or Speech Defects <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Alcoholism <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Other: _____ Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	M	M	Y	Y	Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No
M	M	Y	Y		
Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	*Allergies (If yes fill out statement below* completely) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	**Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>** (If yes, please attach details of severity and any treatment management)</i>					

*Allergy Statement: to be completed if answered "Yes" to allergies above	
<b>DOES THE STUDENT SUFFER FROM ALLERGIES?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, ATTACH A STATEMENT THAT ADDRESSES THE FOLLOWING 7 QUESTIONS:</b>	
1. What specific substances is the student allergic to? 2. What reactions are caused by contact? 3. Would you describe the reactions as: Mild, Strong or Severe / life threatening 4. Can these reactions be controlled with medication?	5. If yes, what medication and dosage? 6. Would you send this medication with the student? 7. What emergency procedures might be necessary if the student comes in contact with these substances?
In your professional opinion, would this student be able to endure, or control (though medication) his/her hayfever or allergy symptoms during the overseas stay? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IMPORTANT:</b> <b>DOES THE STUDENT HAVE SEVERE OR LIFE-THREATENING ALLERGIC REACTIONS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Statement	
I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.	
Physician's Signature* _____ <span style="font-size: 2em; float: right;">X</span> Physician's Name _____ Date _____ Physician's address _____ _____ Suburb _____ Postcode _____ Provider number _____	PHYSICIAN SEAL OR STAMP
* Signing physician cannot be a family relation of the applicant.	



TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 12** of 18

## Medical History

Has the student ever been hospitalised?  Yes  No

If yes, please give details:

Has the student ever been advised to have surgery that has not been done?

Yes  No If yes, please give details:

Is the student presently taking any medication or injections?

Yes  No If yes, please give details:

Has the student ever suffered from any mental health condition, eg. depression, anxiety, eating disorder and/or had counselling?  Yes  No

If yes, please attach details.

Are there any restrictions on the student's participation in physical education

activities?  Yes  No If yes, please give details:

How long has this student been your patient?

What diseases/ailments has the student had in the last 12 months?

Please indicate any other pertinent medical information that may have been omitted:

## Immunisation Records

Please provide a record of the immunisations/vaccinations you have received to date, by inserting all individual dates in the table below.

VACCINE	DATE EACH DOSE WAS GIVEN (day/month/year)				
	1st	2nd	3rd	4th	5th
Polio (TOPV)					
DPT and/or TD (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)					
Measles (rubeola - 10 day, red measles)			If no immunisation, give date student had measles		
Rubella (German measles - 3 day, measles)			If no immunisation, give date student had rubella		
Mumps			If no immunisation, give date student had mumps		
Hepatitis B					
Meningococcal					
Tuberculin Skin Test <input type="checkbox"/> + <input type="checkbox"/> - Date of Test:					
If positive, report of negative X-ray and copy required. Chest X-Ray <input type="checkbox"/> + <input type="checkbox"/> - Date of X-Ray:					
Has student received BCG? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Test:					

PLEASE NOTE: You may be required to have additional immunisations/vaccinations for your host country. Please check with your Program Manager.

CONTINUES OVERLEAF

# Host Family Profile

TO BE COMPLETED BY THE **HOST PARENT/GUARDIAN** (print in black ink)

This form will be sent to your exchange partner's parents.

**Host Family Personal Details**

Family Surname \_\_\_\_\_

Name (Parent 1): \_\_\_\_\_

Birthdate

Name (Parent 2): \_\_\_\_\_

Birthdate

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

House  Townhouse  Apartment  Other: \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Fax (      ) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Work Details (Parent 1)**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Hours of work and days \_\_\_\_\_

Work Phone (      ) \_\_\_\_\_

Work Fax (      ) \_\_\_\_\_

Work Email \_\_\_\_\_

**Work Details (Parent 2)**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Hours of work and days \_\_\_\_\_

Work Phone (      ) \_\_\_\_\_

Work Fax (      ) \_\_\_\_\_

Work Email \_\_\_\_\_

**Children/Other persons in family living at the above address**

Name	Age	Gender	Relationship	Living at Home	Occupation

**Does any member of your family have a serious illness or disability?**

No  Yes, please attach details: \_\_\_\_\_

Is this likely to affect your family's ability to host a student?  No  Yes

CONTINUES OVERLEAF

FEB 2017 - WEB

# Host Family Profile



TO BE COMPLETED BY THE **HOST PARENT/GUARDIAN** (print in black ink)

### Do members of your family smoke?

No  Yes, please give details below:

Name	How often	Cigarettes per day

Would you be willing to host a partner who smokes?  No  Yes

If yes, would the student be allowed to smoke in the house?  No  Yes

### Do members of your family drink alcohol?

No  Yes, please give details below:

Name	How often	Standard drinks/day

Would you allow your student to drink a moderate amount of alcohol

(only in your presence) while in your care?  No  Yes

### What activities do members of your family enjoy?

Describe your family way of life. Include any clubs or sports your family participates in. What are the preferred topics of discussion at home?

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### Language

What other languages (if any) are spoken by family members?

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### Pets

Do you have Pets?  No  Yes, please give details:

Indoor only  Outdoor only  Both

### Household Chores and Rules

How particular about housekeeping is your family?

Very Particular  Somewhat  Not Particular

What chores or duties do children/teenagers have responsibility for in your home?

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What are the basic rules and responsibilities for teenagers in your home?

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What are the basic rules and responsibilities for younger children in your home?

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CONTINUES OVERLEAF

# 2WayExchange Experience Host Family Profile

TO BE COMPLETED BY THE **HOST PARENT/GUARDIAN** (print in black ink)

PAGE 15 of 18

## Host Family Home

Please describe your home, including number of rooms, bathrooms, entertainment areas and garden etc.

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Indicate the nature of your home community:

Large City  Small City  Suburb  Town  Rural

If rural, please give distance to closest town:

Population of your community:

Briefly describe your local community:

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## Religion

What is your family's religious affiliation?

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Which best describes your involvement in religious activities?

Often  Weekly  Occasionally  Rarely  Never

## Police Check

Would members of the family be willing to undergo a police check?  No  Yes

Have any family members travelled overseas?

No  Yes, please list which members and what countries?

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Have you hosted an international student before?

No  Yes

If yes, please give details including name, age, gender, country, year, length of time

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Signature of Parent/Guardian who completed this form

Signature

Name

X

Please provide some photos of your family, your home/garden and exchange partner's room

Please include at least 2 photographs.

These photos are sent to your partner and his/her parents overseas. **This is a very important part of the profile.**

Please attach the photos to the page overleaf, including names and descriptions under each photo.

CONTINUES OVERLEAF

# Host Family Photos



TO BE COMPLETED BY THE **HOST PARENT/GUARDIAN** (print in black ink)

**PAGE 16** of 18

ATTACH PHOTO HERE

Description:

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ATTACH PHOTO HERE

Description:

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PLEASE ATTACH ADDITIONAL PAGES IF YOU WISH TO INCLUDE MORE PHOTOS. CONTINUES OVERLEAF





## Student Qualifications

The student must be at least 15 years old at the start of the program but not more than 17 at completion, unless approved in advance for some programs by Student Exchange Australia New Zealand Ltd. The applicant must be a serious student of at least average ability, have a very strong desire to participate in the program, be socially adaptable, emotionally stable and have no major disabilities that will prevent normal participation in school, home and travel activities.

## Acceptance into Program

The student will be accepted into the program only after Student Exchange Australia New Zealand Ltd has determined that they meet all suitability & eligibility requirements. These requirements include eligibility and suitability to act as a host family for your exchange partner. Consideration of the student's application will only be made after receipt of the fully completed application form and payment of the \$500 deposit. Acceptance of the student by Student Exchange Australia New Zealand Ltd is also subject to the availability of places in the selected program.

## Matching and Confirmation of Acceptance

Matching or 'pairing' of students is carried out by experienced staff taking in to account: 1. sporting and cultural interests, 2. family background, 3. age & gender, 4. academic interests. The aim is to achieve a match, as close as reasonably possible, from within the pool of available student applications. Host families are unpaid, volunteer families. Student Exchange Australia New Zealand Ltd cannot guarantee placements in any specific area, or with host families of specific criteria. The socio-economic profile of host families may differ significantly from that which students are used to. Please note there is no guarantee of acceptance because we are dependent on finding a suitable 'pairing' from amongst student applicants in France/Canada/Italy. If, in our sole opinion, we are unable to match you with a suitable exchange partner in France/Canada/Italy, you are refunded in full. We will provide you with confirmation of your application status by mid May for France/Canada and by mid June for Italy.

## Included in the Program

Personal interview; pre-departure orientation; round-trip economy class air transportation from your nearest state capital city to the host community; check-in assistance at major hubs for departure from Australia; accommodation where necessary for connecting schedules to the final destination overseas; meeting and greeting at the final destination; host family placement providing bed and board, placement in a local school, supervision throughout the program by Student Exchange Australia New Zealand Ltd's overseas partner, 24/7 emergency phone service, medical/accident, travel, cancellation and public liability insurance; visa processing assistance where needed.

## Not Included in the Program

Round trip transportation to your departure city; passport and visa fees; all items of a personal nature; expenses for extracurricular school or elective activities, sports programs, entertainment, meals away from home; transportation to and from school; any enrolment (you will not pay tuition fees), textbook or uniform fees at school overseas; any fuel surcharge where applicable.

## Program Duration

You will host your French or Canadian exchange partner from August to October (before you travel for your 2Way experience), or your Italian exchange partner from July to September (after you return from your 2Way experience). You will travel to France, Canada or Italy from November –January. The duration of your time in France, Canada or Italy may vary according to flight availability but will be a maximum of 12 weeks (90 days).

## Rules of the Program

While on the program, students must abide by these program rules. A student who does not comply with the program rules may have his or her participation in the program terminated and the student may be sent home to their home country at their own expense.

1. While in the host country students must obey all the laws of the host government, including laws covering immigration, all State and Local government laws, as well as the rules set by the host school, the host family and Student Exchange Australia New Zealand Ltd.
2. Students must demonstrate a determined effort at school and maintain full-time school attendance and academic results.
3. Students must not travel independently and must comply with all Student Exchange Australia New Zealand Ltd release conditions and procedures.
4. Students must not drive any motorised vehicle, except when supervised by legally qualified instructors as part of the student's school experience.
5. Students must not smoke any substance, drink alcohol or possess or use any non-prescription drug.
6. Students must demonstrate a genuine commitment to assimilate with their host family and comply with host family rules.

These rules must be read in conjunction with the Terms & Conditions of participation, Medical and General Authority, Travel Authorisation, and student and parent handbooks.

Student Exchange Australia New Zealand Ltd, their overseas partners and any school the student attends reserve the right to terminate the participation in the program of any student whose conduct is considered by them to be seriously in breach of program rules or detrimental to or incompatible with the program and in that event they may return that student home at their parents' expense.

## Expenses During the Program

Students must have available at least AU\$500 upon arrival in the destination country plus a minimum of AU\$350 per month to cover costs not included in the program.

## Passport and Visa

The student must have a current passport with a minimum validity of six months after the anticipated return date, and a visa for the country of destination, if required.

## Your Host Family

The matching of students and host families is solely at the discretion of Student Exchange Australia New Zealand Ltd and its overseas partner. Host families are unpaid volunteer families. Placement of students with families is generally based upon material contained in the student's application but Student Exchange Australia New Zealand Ltd cannot guarantee placements in any specific area, or with host families of specific criteria. Should a host family change be necessary because of the behaviour of the student, Student Exchange Australia New Zealand Ltd will make all reasonable endeavours to facilitate a replacement family.

## Inoculations

Each country has its own requirements for inoculations. You should consult with your family physician or local health authority for the latest requirements in your host country. The results of a recent medical examination and immunisation history are part of the application and are required for the student's safety and school enrolment.

## Insurance

Students are provided with personal accident and medical coverage, as well as travel, cancellation and public liability insurance while participating in the program. Parents should review the policy to ensure the cover is adequate for the student. Some exclusions for special or pre existing conditions apply.

## Program Cancellation

Cancellation will only be accepted in writing and will be effective at the date received by Student Exchange Australia New Zealand Ltd. Provided all fees due up to the date of cancellation have been paid, refunds will be made in accordance with the following schedule:

1. If a student is not accepted on to the program by Student Exchange Australia New Zealand Ltd – Full refund
2. If a student is not accepted by the overseas partner – Full refund
3. If Student Exchange Australia New Zealand Ltd cancels a program at any time prior to departure – Full refund
4. If a student withdraws from the program:
  - Before interview – Full refund less \$250
  - After interview but before formal acceptance – Full refund less \$500
  - After formal acceptance:
    - Before July 1 – Full refund less \$2100
    - After July 1 but more than 14 days before scheduled departure – Full refund less \$3700
    - Less than 14 days prior to scheduled departure – No refund
    - Failure of student to depart on flight – No refund
    - Student voluntarily leaves or is dismissed from program – No refund
5. If the student's natural family withdraw from the hosting leg of the program they will be deemed to have cancelled the program in accordance with the terms detailed above.
6. If a student refuses a pairing or matching we will use our best endeavours to find a suitable alternative in the available time but we cannot guarantee a departure. In those circumstances, the student will be deemed to have cancelled their program in accordance with the terms detailed above.
7. If a student has to return home after commencement of the program because of serious illness of the student or serious illness or death of a member of the immediate family \$100 refund will be paid for each complete remaining month of the program.

Nothing in these terms and conditions is intended to have the effect of contracting out of the provisions of the New Zealand Consumer Guarantees Act 1993 (if applicable).

## Price Guarantee

Student Exchange Australia New Zealand Ltd reserves the right to increase program prices at any time. However, applicants are protected from price increase once the completed application form and initial deposit of \$500 has been received by Student Exchange Australia New Zealand Ltd.

## Scholarships and Early Bird Discount

Scholarships and/or Early Bird Discounts are not available for this program.

## Responsibility

Student Exchange Australia New Zealand Ltd, its partners, employees or coordinators act only as customers to the various companies, owners, or providers of other services. All tickets, coupons, and orders are issued subject to any and all terms under which such services are offered or provided. The passage contract in use by the airline concerned, when issued, shall constitute the sole contract between the airline and the purchaser of these programs. The issuance and acceptance of such tickets, coupons and orders shall be deemed to be consent to the additional condition that to the maximum extent permitted by applicable law, Student Exchange Australia New Zealand Ltd, its partners, employees or coordinators shall not in any way be liable for injury, damage, loss or delay howsoever caused which derives from acts or omissions of airlines, shipping companies, and transportation providers in general, hotels, restaurants or any other service providers. Nothing in these terms and conditions is intended to have the effect of contracting out of the provisions of the New Zealand Consumer Guarantees Act 1993 (if applicable).

## Alterations to the Program

Student Exchange Australia New Zealand Ltd reserves the right to make such alterations or modifications to the program as may be deemed desirable by Student Exchange Australia New Zealand Ltd for the proper execution of the program. Student Exchange Australia New Zealand Ltd reserves the right to cancel any program and to decline to accept or retain any student at any time.

## Law of the Contract

This Contract is governed in all respects by the law of the State of New South Wales and any legal action arising under the Contract shall be litigated only in the appropriate Court having jurisdiction in that State. Notwithstanding the governing law of the contract, Student Exchange Australia New Zealand Ltd complies with the applicable New Zealand laws and regulations, including the Privacy Act 1993, Consumer Guarantees Act 1993, Unsolicited Electronic Messages Act 2007 and the Fair Trading Act 1986.

# 2WayExchange Experience

# Terms & Conditions



TO BE COMPLETED BY THE **STUDENT APPLICANT & PARENTS** (print & sign in black ink)

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## PAYMENT SCHEDULE & CREDIT CARD AUTHORITY

Tick applicable box  and complete credit card details below:

I/We authorise and request Student Exchange Australia New Zealand Ltd to debit my/our credit card (details provided below) with the \$500 deposit when the application is submitted, followed by the balance of the program fee in three monthly installments commencing when our son/daughter is formally accepted on to the Student Exchange Australia New Zealand Ltd program.

VISA  MASTERCARD Expiry Date (Month/Year)

Account Number

Cardholder Name \_\_\_\_\_

Signature(s) \_\_\_\_\_ X

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ X

Date \_\_\_\_\_

## MEDICAL RELEASE

We the parents or legal guardians of the student grant Student Exchange Australia New Zealand Ltd, its employees and overseas partners, the school where the student may be assigned, and the family or families with whom they may live permission at their discretion and, if necessary, at our cost to place our child in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available, to place them under the care of a local medical doctor for their treatment.

We also grant Student Exchange Australia New Zealand Ltd, its employees and overseas representatives, the school where the student may be assigned, and the family or families with whom our child may live, permission to act as legal guardians and in 'loco parentis' for the student in any situation, whether medical or other, where they may at their discretion determine it necessary or appropriate to so act. This authority extends to giving permission for surgical operations or any other treatment. With this application we also authorise Student Exchange Australia New Zealand Ltd and its overseas partners to return the student to his/her home country at our cost for medical treatment should they deem it necessary. We confirm that at the time of signing this document the student enjoys good health, that their health record enclosed herewith is true and complete, and that they may engage in any physical or sport activity. We also undertake to immediately notify Student Exchange Australia New Zealand Ltd of any material changes to the medical condition of the student.

We grant Student Exchange Australia New Zealand Ltd, its employees and overseas representatives and the family or families with whom the student may live, permission to act on our behalf in anything relating to police matters involving the student or to possible representation of the student before the local courts or authorities. This authorisation shall be valid for the entire duration of the Student Exchange Australia New Zealand Ltd program in which the student is participating.

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## ACCEPTANCE

- We have read, understood and accept the above terms and conditions.
- We renounce any claim we may otherwise have against Student Exchange Australia New Zealand Ltd, its partners, employees or coordinators where such claim relates to force majeure.
- We grant Student Exchange Australia New Zealand Ltd permission to use any photographic or any other type of material in which the student may appear or which the student may have created or written, for promotion or publicity of Student Exchange Australia New Zealand Ltd programs.
- We undertake to disclose in writing any material changes to the medical history of the applicant following submission of the application.

Signature of Student \_\_\_\_\_ X

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## TRAVEL AUTHORISATION

We, the parents or legal guardians of the student, hereby authorise Student Exchange Australia New Zealand Ltd, its overseas representatives and the family or families with whom our child may live, to make all decisions on our behalf concerning travel arrangements for our child for the duration of our child's participation in the Student Exchange Australia New Zealand Ltd program. This authorisation is given for all occasions when our child is travelling and supervised by a person approved by a host parent, a representative of the overseas organisation or by a representative of the school our child will be attending. We understand that our child may not travel unsupervised other than for local arrangements generally approved by one of the host parents. I have read the above travel authorisation and agree that I will only travel in accordance with these authorised travel arrangements whilst participating in the Student Exchange Australia New Zealand Ltd program.

Signature of Student \_\_\_\_\_ X

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ X

Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PRIVACY:** Student Exchange Australia New Zealand Ltd is collecting information about the applicant to assist in determining whether s/he is eligible for the program, to administer the application and to provide information to the overseas partner organisation and host family concerning the applicant. Student Exchange Australia New Zealand Ltd may not be able to process your application, or provide the program to you, if all the requested information is not provided. Information collected and held about you may be used from time to time for marketing other products and services for which we believe you are eligible. Information you provide may from time to time be disclosed to, and collected from overseas partner organisations, schools, host families and volunteer coordinators. Under the Australian Privacy Act 2000 amended March 2014 and the New Zealand Privacy Act 1993, individuals have rights of access to, and correction of, their personal information. Student Exchange Australia New Zealand Ltd will hold all information you give to us at Unit 7 - 9, 1 Mona Vale Road, Mona Vale, NSW, 2103, Australia. If you want to access your information, or change it, please contact us via info@studentexchange.org.au or info@studentexchange.org.nz. The applicant and their parent/guardian authorise Student Exchange Australia New Zealand Ltd to send the applicant commercial electronic messages for any of the purposes set out in this clause.