

Application Checklist

PLEASE NOTE: If you are applying for the USA you must contact us for a specific USA application form.

IMPORTANT HINTS TO HELP YOU COMPLETE THE PAGES OF THIS APPLICATION FORM:

Student Information - Page 1-4

- TO BE COMPLETED BY STUDENT APPLICANT** - printed in black ink
- PASSPORT SIZE PHOTOS** - Please provide five standard passport photographs.
- DUAL NATIONALITY** - If you are an Australian and have dual nationality and are entitled to an Australian passport please enter "Australian" as your country of citizenship. If you are a New Zealander and have dual nationality and are entitled to a New Zealand passport please enter "New Zealand" as your country of citizenship. It is sometimes easier for visa purposes to use your other passport.
- ANOTHER NAME** - If either of your parents are known by another name other than their official name (eg "Bill" instead of "William") please put that in brackets after writing their official name on the front page. Also include their work phone and email address.
- Don't forget to write in the country you want to go to and the length of your program.
- DEPARTURE CITY** - In the area marked "Nearest city for departure": this is required for us to make your travel booking. This should be your nearest Australian state capital (if from Australia) or Auckland, Wellington or Christchurch (if from New Zealand). For students from Tasmania, please indicate either Hobart or Launceston. All students must note the additional expense of getting between your home and your departure city.
- SMOKING & ALCOHOL** - If you mark that you don't smoke, remember that it will not be acceptable for you to smoke at any time whilst you are on the exchange program. It can be difficult to obtain host family placements for students who smoke. If you mark that you do drink alcohol please indicate that you understand that the drinking of alcohol whilst on program is prohibited.

Academic History - Page 5 & 6

- TO BE COMPLETED BY THE SCHOOL OFFICIAL AT THE APPLICANT'S SCHOOL**
- Put this in a protective cover when you take it to school and clearly mark your name and year level so your teacher knows who it belongs to.
- Check that all sections have been completed before including it with your application.
- Note that you must include a copy of each school report from three years ago onwards with your application.
- At the foot of page 6, check that the school stamp has been included as well as the official signature and title.

Medical Statement - Page 7 & 8

- TO BE COMPLETED BY THE STUDENT'S DOCTOR**
- It is necessary for all students to have a medical examination and for all immunisations to be up to date. Students applying to go to the USA and Canada must also have a TB skin test done before they can be enrolled at school. Some students may need to have a BCG vaccination prior to acceptance by the overseas partner. Call us for clarification.
- If your doctor has not done all your previous immunisations, take along any records you have for their information. You may need to have updated immunisations at your appointment.

IMPORTANT ADDITIONAL ITEMS WHICH MUST BE SUPPLIED WITH YOUR COMPLETED FORM:

Student's Letter to Host Family

- TO BE COMPLETED BY STUDENT APPLICANT** - This letter may be typed, or clearly printed in black ink, and must be presented on A4 paper. Your letter is the most important part of the application. Here you will have the opportunity to reveal your true personality. Your host family will want to know why you want to come, what you want to enjoy doing with them and the new friends you will make, and what you are like with your family and friends in your home country. Include information about your favourite school subjects, sports, etc, and what makes you interesting. What do you think you can contribute to your host family and host community? Make your letter as friendly and personal as possible.
- ALL STUDENTS NOTE** - In your letter, show interest in the culture of your host country and avoid giving the impression that you see the exchange as a travel jaunt. You will probably get the opportunity to travel, but remember the exchange is primarily a cultural and educational program. Make sure you thank your family for deciding to host you and remember to sign the letter.
- JAPAN, ITALY, FRANCE, OR GERMANY** - If you are applying to go to Japan, Italy, France, or Germany, it is advisable to write this letter in the language of that country, as well as in English. If you have not studied the language, please contact us to see if it is still possible to go without prior language knowledge. It is quite acceptable to have a teacher check your letter for grammatical errors, etc., but make sure that the letter is still written in language that you are familiar with. If your language skills are not strong, you can write a letter in English and then a shorter letter to the best of your ability in the second language. It does not need to be a direct translation of your English letter. Online translations are not appropriate.

Parent Letter to Host Family

- TO BE COMPLETED BY STUDENT'S PARENTS** - This letter may be typed, or clearly printed in black ink, and must be presented on A4 paper. Your letter is one of the most important parts of the application. The letter should provide personal information that will help the host family understand your child's personality, background, lifestyle and habits. We ask that you comment on your child's strengths and weaknesses, concentrating on the positives. Remember you are writing to another parent.

Family Photos

- TO BE COMPLETED BY STUDENT**
- Include a minimum of 4 photos scanned and placed into a 1-2 page A4 word document. The more the better. Under each photo, write a brief description of the image.
- Photos should show you with your family and friends in places you live or frequently go, doing the things you usually do or like to do. This is for your host family so that they can understand the way you live. You should have at least one showing your family members. Others can include more family shots, pets, musical instruments, school friends, etc. Aim to have a good variety of clear photographs.
- Do not include any photos showing smoking or alcohol. Keep in mind your potential family needs to see photos that show your normal way of life.

Early Bird Discounts & Scholarships

- To obtain the discount or scholarship, the application and \$500* deposit must be received by the relevant deadline and you must authorise Student Exchange Australia New Zealand Ltd to deduct the balance of the fee as per the conditions detailed in the Early Bird Discount and Scholarship section on page 10. *No deposit required for Indigenous Scholarships.

IMPORTANT CHECKLIST: ALL ITEMS LISTED BELOW MUST BE COMPLETE & INCLUDED WITH YOUR APPLICATION

- Have you completed all pages?
- Have you and your parent/s read and signed pages 9 & 10?
- Have you included copies of all school reports from three years ago onwards?
- Have you included your passport photos & a copy of the i.d. page of your passport?
- Have you included your student letter to the host family?
- Have you included your parent letter to the host family?
- Have you included your family photo album pages?
- Have you completed and signed credit card authority on page 10?

We look forward to working with you towards a successful exchange experience!

If you have any queries please contact us in Australia on 1300 135 331 or 0800-440079 in New Zealand

Student Information

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

PAGE 1 of 10

Country of destination	Departure	M	M	Y	Y
Duration	Return	M	M	Y	Y

Photos

Attach one smiling photo in the box provided.

Include an additional five 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 photo here

Personal Details

Last Name *(as per passport)*

First Name *(as per passport)*

Nick Name *(if applicable)* Male Female

Birthdate

D	D	M	M	Y	Y
---	---	---	---	---	---

 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

D	D	M	M	Y	Y
---	---	---	---	---	---

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

- if from New Zealand: Auckland Wellington Christchurch

Parent 1

Name

Gender

Age

Occupation

Mailing Address

Suburb

Postcode

Business Phone ()

Mobile

E-Mail

Parent 2

Name

Gender

Age

Occupation

Mailing Address

Suburb

Postcode

Business Phone ()

Mobile

E-Mail

Guardian

Name

Gender

Age

Occupation

Mailing Address

Suburb

Postcode

Business Phone ()

Mobile

E-Mail

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

Student Information



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

Siblings

Please provide the age and occupation of your siblings so that your host family may learn more about your natural family. Providing this information as part of your application is optional. However, once placed with a host family, they will be keen to learn more about your natural family.

Name	Age	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ticks of the five activities that occupy most of your time

Have you received any awards, or do you have any outstanding achievements, in the activities you ticked above?

Yes No If so, please list: _____

CONTINUES OVERLEAF

Student Information



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

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

Exchange students may be placed with a host family anywhere in the host country and families come in all shapes and sizes. We can't guarantee a particular type of family, area or activities. However, please list those activities you would especially like to enjoy with your host family:

List the languages that you have studied and for how long you have studied them:

Why did you decide to become an exchange student?

CONTINUES OVERLEAF

Student Information



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

What are your usual household responsibilities?

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

Do you smoke?

Yes No Could you live in a home where others smoke? Yes No
Please be aware that smoking is very common in many host countries.

Do you drink alcohol?

Yes No 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? Yes No

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? Yes No

Pets/Animals

Do you have any pets/animals at home? Yes No

Do you have any allergies to animals that would prevent you living with them?

Yes No If yes, give details:

Student Exchange Australia New Zealand

How did you hear about Student Exchange Australia New Zealand?

Have you attended an information session or viewed one of our videos?

Yes No If so, where and when?

CONTINUES OVERLEAF

Academic History



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

Student's Name: _____

Student's Current Year Level: _____

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

FULL NAME & TITLE OF SCHOOL OFFICIAL COMPLETING THIS FORM

X

SIGNATURE OF OFFICIAL

DATE

School - please print clearly

Name of School _____

School Address _____

Suburb _____ Postcode _____

Phone No. _____

CONTINUES OVERLEAF

Academic History



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?

This section must be completed if your grading system is different.
Please list your grading scale next to the corresponding grades listed below.

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

In the boxes below, list the courses taken in the last 3 years. All subjects and grades must be individually inserted.

Current Year: 2 0 Y Y			Last Year: 2 0 Y Y			Year Before: 2 0 Y Y		
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

SIGNATURE OF OFFICIAL

TITLE

Official School Seal or Stamp

OFFICIAL SCHOOL SEAL OR STAMP

CONTINUES OVERLEAF

Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 7** of 10

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

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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>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				

** (If yes, please attach details of severity and any treatment management)

***Allergy Statement: to be completed if answered "Yes" to allergies above**

DOES THE STUDENT SUFFER FROM ALLERGIES? Yes No **IF YES, ATTACH A STATEMENT THAT ADDRESSES THE FOLLOWING 7 QUESTIONS:**


1. What specific substances is the student allergic to?	5. If yes, what medication and dosage?
2. What reactions are caused by contact?	6. Would you send this medication with the student?
3. Would you describe the reactions as: Mild, Strong or Severe / life threatening	7. What emergency procedures might be necessary if the student comes in contact with these substances?
4. Can these reactions be controlled with medication?	

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?
 Yes No

IMPORTANT: DOES THE STUDENT HAVE SEVERE OR LIFE-THREATENING ALLERGIC REACTIONS?
 Yes 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*  _____

Physician's Name _____

Date _____

Physician's address _____

Suburb _____ Postcode _____

Provider number _____

** Signing physician cannot be a family relation of the applicant.*

PHYSICIAN SEAL OR STAMP

CONTINUES OVERLEAF

Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 8** of 10

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.

Terms & Conditions

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

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Student Qualifications

The student must be at least 15 years old at the start of the program but not more than 19 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. 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.

Included in the Program

Personal interview; pre-departure orientation; round-trip economy class air transportation from your nearest state capital city (if from Australia) or Auckland, Wellington or Christchurch (if from New Zealand) to the host community; departure check-in assistance at major home country hubs; 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; flight chaperone; all items of a personal nature; expenses for extra-curricular school or elective activities; sports programs; entertainment; meals away from host home; transportation to and from school; any subject, textbook or uniform fees at school overseas; additional excursions; specific placement requests; any fuel charge where applicable.

Program Duration

Program durations vary according to country and school schedules. A 'semester' program can be from 4.5 – 6 months. A 'year' program can be from 9 – 12 months. 'Short' programs are from 3 – 12 weeks.

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/NZ\$650 upon arrival in the destination country plus a minimum of AU\$350/NZ\$450 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.

Host Family

Host family selection is solely at the discretion of the overseas partner of Student Exchange Australia New Zealand Ltd. Host families are generally non-paid volunteers. Placement of students with families is generally based upon material contained in the applications 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. However, an administrative charge may be levied and all transportation costs associated with the move will be the financial responsibility of the student and the natural parents.

Inoculations

Each country has its own requirements for inoculations. You should consult with your family physician, local health authority or SEANZ 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, visa application 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:
 - 75 days or more prior to scheduled departure – Full refund less \$1500
 - Less than 75 days prior to scheduled departure – 50% of program fee
 - 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 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 Discounts

Scholarships and discounts cannot be used in conjunction with one another. Only one scholarship or discount can be applied to the program fee. Unsuccessful scholarship applicants who advise us in writing that they will not proceed with their application on a fee paying basis will have their \$500 deposit refunded in full.

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.

CONTINUES OVERLEAF

Terms & Conditions

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

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PAYMENT SCHEDULE & CREDIT CARD AUTHORITY

Tick applicable box and complete credit card details below:

Early Bird and Scholarship Applicants

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 6 x monthly installments commencing when our son/daughter is formally accepted on to the Student Exchange Australia New Zealand Ltd program.

Other Applicants

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 3 x 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 _____

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 _____

MEDICAL AND GENERAL AUTHORITY

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. If reasonably required by SEANZ during the program we will authorise the release to SEANZ of medical information concerning 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.
- We have also read, understood and will comply with the Rules of the Program.
- We acknowledge that failure to comply with these Terms and Conditions will entitle SEANZ to terminate the student's participation in the 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.