

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

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Country of destination _____	Departure <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	M	M	Y	Y
M	M	Y	Y		
Duration 3 months _____	Return <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	M	M	Y	Y
M	M	Y	Y		

Photos	Attach one smiling photo here
<input type="checkbox"/> Attach one smiling photo in the box provided. <input type="checkbox"/> Include an additional 2 passport-sized photos. Don't forget to put your name on the back of each photo.	

Personal Details							
Last Name <i>(as per passport)</i> _____							
First Name <i>(as per passport)</i> _____							
Preferred Name <i>(if applicable)</i> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Date of Birth <table border="1"><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	Age now _____
D	D	M	M	Y	Y		
Permanent Residential Address _____							
Suburb _____							
State _____	Postcode _____						
Permanent Mailing Address <i>(if different from residential)</i> _____							
Suburb _____							
Home Phone () _____	Fax () _____						
Applicant's Mobile _____							
Applicant's Personal Email <i>(Not school email)</i> _____							
City and Country of Birth _____							
Country of Citizenship <i>(as per passport)</i> _____							
Other Citizenships <i>(if any)</i> _____							
Heritage _____							
Passport No. _____							
Passport Expiry Date <table border="1"><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	
D	D	M	M	Y	Y		
<input type="checkbox"/> Attach a copy of identification page of Passport to this application							
Nearest City for departure							
- if from Australia: Nearest Capital City is: _____							
- if from New Zealand: <input type="checkbox"/> Auckland <input type="checkbox"/> Wellington <input type="checkbox"/> Christchurch							

Parent 1	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Parent 2	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Guardian	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Family Status <i>(Tick all that apply)</i>	
Parent 1: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Parent 2: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
I live with: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	
<input type="checkbox"/> Other <i>(please give details):</i> _____	
Guardian/s: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	
<input type="checkbox"/> Other <i>(please give details):</i> _____	
Preferred contact person for correspondence relating to this application:	
<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other <i>(please give details):</i> _____	
Contact person in case of emergency: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other	



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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"/> Handicrafts | <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 concerts |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Martial arts | <input type="checkbox"/> Camping | <input type="checkbox"/> Playing indoor games | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Chess or backgammon | <input type="checkbox"/> Gaming |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Debating | <input type="checkbox"/> Cooking | <input type="checkbox"/> Listening to 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"/> Scuba diving, snorkeling |

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 yes, please list: _____

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Student Information



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List here any activities or interests 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: (Please remember you are not a tourist)

List languages, other than English, that you speak or that you have studied and for how long you have studied them:

Why did you decide to become an exchange student?

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What are your usual household responsibilities?

What personal qualities do you possess that would help you adjust to a host family that may have a different economic/religious and/or cultural background to your own?

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.

Student Exchange Australia New Zealand

How did you hear about Student Exchange Australia New Zealand?

Dietary needs

Do you have any special dietary needs? Yes No

Please be aware that finding a family to host a vegetarian, vegan or person with gluten intolerance etc may take longer.

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

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:

Are you employed?

Are you employed during school holidays: Yes No If yes, hrs/wk:

Are you employed during the school term: Yes No If yes, hrs/wk:

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

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

Yes No If so, where and when?

CONTINUES OVERLEAF



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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: _____

A typical day: _____

Extra-curricular activities: _____

Meeting other young people

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

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

Please include at least 2 photographs. Attach the photos to the page overleaf, including names and descriptions under each photo.

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

CONTINUES OVERLEAF

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ATTACH PHOTO HERE

Description:

ATTACH PHOTO HERE

Description:

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



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

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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"/>
Relationship with adults	<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. _____

School Email _____

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 cooperate 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 YOUR SEMESTER 1 & 2 SCHOOL REPORTS FOR THE YEARS MENTIONED ABOVE

School Official - please sign



 SIGNATURE OF OFFICIAL

 TITLE

Official School Seal or Stamp

OFFICIAL SCHOOL SEAL OR STAMP

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TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 9** of 21

Student's Details							
Student's Name _____	Blood pressure: _____ Pulse: _____						
Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 20px;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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, please complete Health Addendum on page 9 & 10.	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No
Appendicitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Learning or Speech Defect <input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
Enuresis <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No
Headache (persistent, recurring) <input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Statement		
<p>I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination. I certify that all important medical information has been noted on this form and that nothing relevant has been omitted.</p>		
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Physician's Signature* _____ </p> <p>Physician's Name _____</p> <p>Date _____</p> <p>Physician's address _____</p> <p>_____</p> <p>Suburb _____ Postcode _____</p> <p>Provider number _____</p> <p><small>* Signing physician cannot be a family relation of the applicant.</small></p> </td> <td style="width:50%; vertical-align: middle; text-align: center; padding: 20px;"> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">PHYSICIAN SEAL OR STAMP</p> </td> </tr> </table>	<p>Physician's Signature* _____ </p> <p>Physician's Name _____</p> <p>Date _____</p> <p>Physician's address _____</p> <p>_____</p> <p>Suburb _____ Postcode _____</p> <p>Provider number _____</p> <p><small>* Signing physician cannot be a family relation of the applicant.</small></p>	<p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">PHYSICIAN SEAL OR STAMP</p>
<p>Physician's Signature* _____ </p> <p>Physician's Name _____</p> <p>Date _____</p> <p>Physician's address _____</p> <p>_____</p> <p>Suburb _____ Postcode _____</p> <p>Provider number _____</p> <p><small>* Signing physician cannot be a family relation of the applicant.</small></p>	<p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">PHYSICIAN SEAL OR STAMP</p>	

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TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 10** of 21

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 complete Health Addendum on page 9 & 10.

Has the student ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders? Yes No

If yes, please complete Health Addendum on page 9 & 10.

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.

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

VACCINE	DATE EACH DOSE WAS GIVEN (day/month/year)				
	1st (day/month/year)	2nd (day/month/year)	3rd (day/month/year)	4th (day/month/year)	Most recent (day/month/year)
DPT and/or TD					
Polio (TOPV)					
Hepatitis B					
	1st (day/month/year)	2nd (day/month/year)	3rd (day/month/year)	OR Date of illness (day/month/year)	
Measles (Rubeola - 10 day, red measles)					
Rubella (German measles - 3 day, measles)					
Mumps					
Chicken Pox (Varicella)					
Meningococcal					
HiB (Haemophilus influenzae B)					

Health Addendum



PLEASE COMPLETE THIS FORM ONLY IF THE STUDENT HAS A RECENT AND/OR ONGOING HEALTH CONDITION. **PAGE 11** of 21
TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT

Examples: Serious allergies (please also complete Allergy and Asthma Statement overleaf), recent surgery, diseases, recent illness, mental health conditions, etc.
(print in black ink)

Illness or Health Condition	
List name of illness or health condition. (If student has more than one, please copy and complete this form for each condition).	During the exchange program, will the student require ongoing medical treatment for this condition?
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
When was the student diagnosed with the condition?	
<hr/> <hr/>	
What are the specific symptoms of the student's condition?	Will the student need to take medication for this condition while on exchange? If yes, will they bring medication with them or need to acquire a prescription in the host country?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
How will the condition affect the student's daily life outside of their home country? Does the student monitor his/her condition independently?	What special accommodations would be requested of the host family to ensure student's health and safety?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
What treatments/medicines are currently prescribed to the student for this condition?	Please share any additional information you find helpful or pertinent regarding this student's condition:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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Allergy and Asthma Statement

PLEASE COMPLETE THIS FORM IF THE STUDENT ANSWERED 'YES' TO ALLERGIES OR ASTHMA.
TO BE COMPLETED BY THE **STUDENT'S PHYSICIAN**, WHO IS NOT RELATED TO THE APPLICANT

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Allergic Reactions

IMPORTANT: DOES THE STUDENT HAVE SEVERE OR LIFE-THREATENING

ALLERGIC REACTIONS? Yes No

What specific substance/s is the student allergic to?

What reactions are caused by contact?

Would you describe the reactions as:

Mild Strong Severe/Life threatening

Can these reactions be controlled with medication? Yes No

If yes, what medication and dosage?

Would you send this medication with the student? Yes No

What emergency procedures might be necessary if the student comes into contact with these substances?

In your professional opinion, would this student be able to endure, or control (through medication) his/her hayfever or allergy symptoms during the overseas stay? Yes No

Asthma

Does the student suffer asthma? Yes No

Would you describe the symptoms as: Mild Severe

What symptoms does the student present with when experiencing asthma?

Please list any medication the student is currently taking to relieve/prevent asthma:

Asthma plan provided? Yes No

Physician Statement

I, the undersigned, have reviewed the medical history of the applicant 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.

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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 Yes No

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?

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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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?

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

Sport Activities:

Social Activities:

Musical Instruments/Activities:

Recreational Activities:

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

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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 Address

Residential Address _____

State _____ Postcode _____ House Townhouse Apartment Other: _____

Host Parent 1

Full Name _____

Birthdate

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

Home Phone () _____

Work Phone () _____

Mobile _____

Email _____

Occupation _____

Hours of work and days _____

Host Parent 2

Full Name _____

Birthdate

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

Home Phone () _____

Work Phone () _____

Mobile _____

Email _____

Occupation _____

Hours of work and days _____

Children/Other persons 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?

Yes No If yes, please attach details: _____

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

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2WayExchange Experience
Host Family Profile



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Do members of your family smoke?

Yes No If yes, please give details below:

Name	How often	Cigarettes per day

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

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

Do members of your family drink alcohol?

Yes No If 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? Yes No

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?

Language

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

Pets

Do you have Pets? Yes No If 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?

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

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

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

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Host Family Home

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

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:

Religion

What is your family's religious affiliation?

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? Yes No

Please note that under compliance regulations all families must be police checked prior to hosting.

Have any family members travelled overseas?

Yes No If yes, please list which members and what countries?

Have you hosted an international student before?

Yes No If yes, please give details including name, age, gender,

country, year, length of time.

References

Please provide us with the names and contact details of three non-family referees. At least two of the referees must be familiar with your home environment.

REFERENCE 1:

Phone

Email

REFERENCE 2:

Phone

Email

REFERENCE 3:

Phone

Email

Signature of Parent/Guardian who completed this form

Signature

Name



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

Please include at least 2 photographs. Attach the photos to the page overleaf, including names and descriptions under each photo.

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

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Host Family Photos



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

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ATTACH PHOTO HERE

Description:

Description:

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

1. Student Qualifications

The student must be between 15 and 18 years old when the program commences (exceptions may be made for 14 and 19 year olds). 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.

2. Acceptance into Program

Consideration of the student's application will only be made after receipt of the fully completed application form and payment of the \$150 deposit. The student will be accepted into the program only after Student Exchange Australia New Zealand has determined that the student meets all suitability and eligibility requirements. Participation is also dependent on availability of places in the selected program and approval by the overseas host organisation.

3. Matching and Confirmation of Acceptance

Matching or 'pairing' of students is carried out by experienced staff taking into 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 Student Exchange Australia New Zealand Ltd are dependent on finding a suitable 'pairing' from amongst student applicants overseas. If, in our sole opinion, we are unable to match you with a suitable exchange partner overseas, you are refunded in full. We will provide you with confirmation of your application status 6 weeks after the published application deadline.

4. Included in the Program

Personal interview; pre-departure orientation (student's participation in pre-departure orientation (PDO) and arrival orientation is mandatory); round-trip economy class air transport 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 (if requested or available); 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's overseas host organisation; 24/7 emergency phone service; medical/accident, travel, baggage, cancellation and public liability insurance; visa processing assistance where needed.

5. Not Included in the Program

Round trip transportation to your departure city; passport and visa fees, flight chaperone (unless specified on travel assisted programs); all items of a personal nature; expenses for extra-curricular school or elective activities; sports programs; entertainment; meals away from host home including school canteen costs; transportation to and from school; any subject, textbook or uniform fees at school overseas; additional excursions; camps; specific placement requests; any fuel charge where applicable. Convalidation of grades or approval of school year is the student's responsibility. The student understands and agrees that participation in the program does not guarantee any credit, graduation, or diploma from an overseas secondary school.

6. Program Duration

You will host your exchange partner for 90 days. Your 2WayExchange experience overseas will have a duration of 90 days

7. 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 returned to their home country at natural parent/guardian's expense.

- While in the host country, students must obey all the laws of the host government, including laws covering immigration, sexual relations, all State and Local government laws, as well as the rules set by the host school, the host family, the overseas host organisation and Student Exchange Australia New Zealand.
- School attendance is compulsory. Students must attend school and follow school policies with regard to absence, homework and exams. Students must demonstrate a determined effort at school and maintain "C" average or higher in all courses at the host school.
- Students must not travel independently and must comply with all Student Exchange Australia New Zealand and overseas host organisation release conditions and procedures.
- Students must not drive or purchase any motorised vehicle (eg, car, van, ute, truck, motorcycle, moped, scooter, tractor, quad bike) which requires a licence except when supervised by legally qualified instructors as part of the student's school experience. USA: driving is permitted with an instructor of an official driver's education course, and only during class hours; Australia: driving 'quads' can be allowed if provided by the host family and additional insurance is arranged and must only be driven on private premises, not on public roads.
- Students must not smoke or use any prohibited substance during the program period. Students who indicate that they do not smoke on their application may not smoke during the program period. Be aware that in some countries or states it is forbidden by law for students under a certain age to smoke or possess tobacco. Possession, purchase or use of non-medically prescribed drugs is prohibited. Consumption of alcohol is prohibited. Exceptions regarding alcohol may be allowed ONLY in countries where local law allows it and ONLY when offered, and consumed, by and together with the host parents in the host home and never to excess.
- Students must demonstrate a genuine commitment to assimilate with their host community and host family by following host family rules, participating in host family everyday life and by integrating into the host family community. Students must act respectfully and always keep their host family aware of their whereabouts. The use of phone and/or other social media to contact home should be limited to help to avoid homesickness.
- Students may not participate in hazardous activities without prior written approval by natural parents/guardians, host family and Student Exchange Australia New Zealand on the Hazardous Activities Release Form. Approval is required regardless of whether or not the hazardous activity is covered by insurance.
- The following actions/behaviour are not permitted:
 - Hitch-hiking,
 - Shooting, possessing, or handling firearms or other weapons
 - Sexting, that is, the sending or sharing of sexually explicit digital images, videos, text messages or emails.
 - Becoming pregnant or causing somebody else's pregnancy.
 - Life-changing decisions: marriage; changing sex or gender identity; changing religion; changing nationality; tattoos; piercings.
 - Students are not allowed to take official employment outside their host homes in the host country except in Australia and New Zealand

Any student breaking the above rules will be returned to their home country immediately at the natural parent's expenses. Be aware that local laws (in the host country) may differ to laws in the home country and

that violations of the above rules may have serious consequences and/or may result in the cancellation of a student's participation in the program.

Rules are made to ensure the students' safety and successful completion of the program. Student Exchange Australia New Zealand takes responsibility to help the student to successfully complete their program, and therefore has processes for handling situations where students break the rules. The process may involve "round table discussions", "positive action plan" and a "final warning". It will usually involve the student, host family, local coordinator and overseas host organisation program staff. For appropriate rule breaches, it may highlight when a student is not following the rules, what remedial actions are required, as well as potential consequences if not remedied. Extremely serious rule breaches will of course not involve such a process, but will cause the student to be immediately returned to their home country.

Natural parents/guardians are advised not to contact the overseas host organisation unless approved by the sending organisation. To ensure proper management and control of a student's program, all contact from the natural parent's should be with Student Exchange Australia New Zealand.

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

As indicated above, Student Exchange Australia New Zealand and the overseas host organisations 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 the natural parent/guardian's expense.

8. Expenses During the Program

Students must have at least AU\$500/NZ\$650 available to them upon arrival in the destination country plus a minimum of AU\$350/NZ\$450 per month to cover costs not included in the program.

9. Passport and Visa

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

10. 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 generally non-paid volunteers. Placement of students with families is generally based upon material contained in the application. Student Exchange Australia New Zealand 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 will make all reasonable endeavours to facilitate a replacement family. However, an administration charge may be levied and all transportation costs associated with the move will be the financial responsibility of the natural parent/guardian. Students must accept placement with a host family of any race, creed or colour. The student must live as a member of the host family, respect the rules and customs of the host family. Students can be placed in more than one host family during the duration of the program.

11. Inoculations

Each country has its own requirements for inoculations. Students should consult with their family physician, local health authority or Student Exchange Australia New Zealand for the latest requirements in the host country. The results of a recent medical examination and immunisation history are part of the application and may be required for the student's safety, visa application and school enrolment.

12. Insurance

Students are provided with personal accident and medical coverage, as well as travel, baggage, cancellation and public liability insurance while participating in the program. Natural parents/guardians should review the policy to ensure the cover is adequate for the student. Some exclusions for special or pre-existing conditions apply. Natural parents/guardians shall promptly pay all medical expenses incurred in respect of the student during the program. Insurance claims made in respect of medical expenses may only be made after natural parents/guardians have made such payment. Natural parents/guardians agree to promptly reimburse Student Exchange Australia New Zealand, its overseas affiliates and any host family for any medical expenses incurred by them in respect of the student (although Student Exchange Australia New Zealand, its overseas affiliates and any host family shall have no obligation to make any such expenditure.)

13. 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:

- If a student is not accepted on to the program by Student Exchange Australia New Zealand Ltd – Full refund
- If a student is not accepted by the overseas partner – Full refund
- If Student Exchange Australia New Zealand Ltd cancels a program at any time prior to departure – Full refund
- If a student withdraws from the program:
 - Before interview – Full refund
 - After interview but before formal acceptance – Full refund less \$150
 - After formal acceptance.
 - If your program requires you to host your exchange partner first:
 1. Before July 1 – Full refund less \$2100
 2. After July 1 but more than 14 days before scheduled departure – Full refund less \$3700
 3. Less than 14 days prior to scheduled departure – No refund
 4. Failure of student to depart on flight – No refund
 5. Student voluntarily leaves or is dismissed from program – No refund
 - After formal acceptance. If your program requires you to travel overseas first.
 1. 75 days or more prior to scheduled departure – Full refund less \$1500 –
 2. Less than 75 days prior to scheduled departure – 50% of program fee
 3. Less than 14 days prior to scheduled departure – No refund
 4. Failure of student to depart on flight – No refund
 5. Student voluntarily leaves or is dismissed from program – No refund
 - If the student's natural family withdraw from the hosting leg of the program prior to the student travelling overseas then they will be deemed to have cancelled the program in accordance with the terms detailed above. If the student's natural family withdraw from the hosting leg of the program after the student has been overseas a further \$1000 becomes immediately due (representing the hosting discount on the program fee).
 - 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.
 - 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. The student's natural family are still obliged to complete the hosting leg of the program if the student has returned home early

CONTINUES OVERLEAF

2WayExchange Experience

Terms & Conditions



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

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14. Price Guarantee
Student Exchange Australia New Zealand 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 \$150 have been received by Student Exchange Australia New Zealand.

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

16. Responsibility
Student Exchange Australia New Zealand, its overseas host organisations, 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, its overseas host organisations, 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 Guarantee Act 1993 (if applicable).

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

18. 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.

19. Travel Authority
We, the parents or legal guardians of the student, hereby authorise Student Exchange Australia New Zealand, its overseas representatives and the host family 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 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 host 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. That is, independent day travel [except travel to and from school] without consent of the host family is not allowed, and never allowed outside the host country. Independent overnight travel can be allowed, to visit a relative or friend of the student, who is over the age of 25 and is approved by the natural parents and authorised through a release form. Travel is allowed together with: host family; school representative; tour operator approved by receiving organisation; sports club or other youth organisation with adult supervision. Before exiting the host country with the host family, the student must always check their visa regulations/conditions to ensure that the student will be allowed to re-enter.
Returning temporarily to the home country is discouraged, but can be allowed if applied for well in advance before the trip, with release form signed by natural parents. Such trips cannot involve absence from school. (Exceptions apply for emergencies, e.g. death of a family member, or medical emergency that has to be treated in home country). Fees may apply.
Parents and guardians are discouraged from visiting exchange students. If parents do visit, the visit should occur towards the end of the program or during major holidays (for a maximum of 7 days) and be approved in advance by both the sending and host organisations. The student is under no circumstances allowed to be absent from school. Host family is not obligated to provide accommodation to the natural parents/guardians. For programs shorter than 3 months, natural parent/guardian visits are not allowed during the program.
Natural parents/guardians agree to pay for any additional travel expenses incurred by Student Exchange Australia New Zealand as a result of an early return.
The natural parents/guardian and the student have read the above travel authority and agree that the student will only travel in accordance with these authorised travel arrangements whilst participating in the Student Exchange Australia New Zealand program.

20. Medical and General Authority
We, the natural parents or legal guardians of the student grant Student Exchange Australia New Zealand, its employees and overseas partners, the school where the student may be assigned, and the host 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, 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 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 of any material changes to the medical condition of the student. Any and all current, and historical, physical or psychological medical conditions must be communicated to the sending organisation in full prior to program start. If the student develops a serious physical or psychological medical condition during the program period, the student must be diagnosed by a doctor and returned home.

If reasonably required by Student Exchange Australia New Zealand during the program we will authorise the release of medical information concerning the student to Student Exchange Australia New Zealand.
We grant Student Exchange Australia New Zealand, its employees and overseas representatives and the host 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 program in which the student is participating.

21. Acceptance
We, the natural parents/guardian and the student acknowledge and agree that:
• We have read, understood and accept these above terms and conditions.
• We renounce any claim we may otherwise have against Student Exchange Australia New Zealand, its partners, employees or coordinators where such claim relates to force majeure.
• We grant Student Exchange Australia New Zealand permission to use any photographs, video, comments or any other type of material submitted to Student Exchange Australia New Zealand 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. We understand that the images, videos or comments may be used in print publications, online publications, presentations, websites, and social media. We also understand that any photos or videos submitted to Student Exchange Australia New Zealand will need to have the approval of all individuals included and that no royalty, fee or other compensation shall become payable to us by reason of such use.
• 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 Student Exchange Australia New Zealand to terminate the student's participation in the program.
• Student Exchange Australia New Zealand has a contractual agreement with the natural parents/guardians, and obligations toward natural parents/guardians are the same for students who are under 18, who are 18 upon arrival and/or who turn 18 during the program. All students are subject to the Program Rules in their entirety.

We hereby agree to the above terms and conditions and agree that the student must follow the above rules

X _____
Signature of student _____ Date _____

X _____
Signature of legal guardian _____ Date _____

X _____
Signature of legal guardian _____ Date _____

Student Exchange Australia New Zealand is registered with all Australian state/territory and New Zealand regulatory authorities at the time of publication.

22. Payment Schedule & Credit Card Authority
Full payment must be received prior to departure.
Please complete credit card details below:
I/We authorise and request Student Exchange Australia New Zealand to debit my/our credit card (details provided below) with the \$150 deposit when the application is submitted, followed by the balance of the program fee in 3 x monthly instalments commencing when our son/daughter is formally accepted onto the Student Exchange Australia New Zealand program.

VISA MASTERCARD

Expiry Date (Month/Year)

Account Number

Cardholder Name/s _____

X _____
Signature(s) _____ Date _____

X _____
Signature(s) _____ 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.