

# Application Checklist

**PLEASE NOTE: If you are applying for the USA or the 2Way Exchange you must contact us for a specific 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 "Australia" 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). 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 unless that prohibition is waived.

### 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 and Health Addendum - Pages 7-10

- 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. Some students may need to have additional vaccinations 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, 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 \$150 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 12.

## 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 11 & 12?
- 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 12?

**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 12

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 _____	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 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)* \_\_\_\_\_

Preferred Name *(if applicable)* \_\_\_\_\_  Male  Female

Date of Birth 

D	D	M	M	Y	Y
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 Age now \_\_\_\_\_

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

Suburb \_\_\_\_\_

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

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

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

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

Applicant's Mobile \_\_\_\_\_

Applicant's Personal Email *(Not school 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
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 \_\_\_\_\_

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:  Auckland  Wellington  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** (Tick all that apply)

Parent 1:  Living  Deceased      Parent 2:  Living  Deceased

I live with:  Both parents  Parent 1  Parent 2

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

Guardian/s:  Both parents  Parent 1  Parent 2

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

**Preferred contact person for correspondence relating to this application:**

Parent 1  Parent 2  Other (please give details): \_\_\_\_\_

**Contact person in case of emergency:**  Parent 1  Parent 2  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"/> 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 so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUES OVERLEAF

# Student Information

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

**PAGE 3** of 12

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

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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)

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

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Why did you decide to become an exchange student?

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CONTINUES OVERLEAF

# Student Information



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

What are your usual household responsibilities?

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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?

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

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

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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:

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Student Exchange Australia New Zealand

How did you hear about Student Exchange Australia New Zealand?

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

Yes  No If so, where and when?

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CONTINUES OVERLEAF



Year Année : ..... Year Level Classe : ..... Year Année : ..... Year Level Classe : .....

Subject Matière	Résultats mi-année	Résultats finaux	Rang approx. dans la classe	Subject Matière	Résultats mi-année	Résultats finaux	Résultats mi-année

**Describe your school standards / assessment methods to enable the overseas school to determine equivalency**

*Décrivez les méthodes d'évaluation de votre établissement pour permettre à l'école étrangère de déterminer les équivalences :* .....

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**Please comment with regard to the character, motivation and study habits of the student** *Portez votre appréciation sur le caractère, la motivation*

*et les habitudes scolaires de l'étudiant :* .....

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**How well does the student cooperate with teachers and interact with other students?** *Quelles sont les facultés de l'étudiant à coopérer*

*avec les enseignants et interagir avec les autres étudiants ? :* .....

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**Is the student mature enough to handle the considerable difficulties of intercultural exchange?** *A votre avis, l'étudiant est-il suffisamment mûr*

*pour gérer les difficultés d'un échange international ? :* .....

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**Please consider the applicant in relation to his/her peers and then cross appropriate box for each item.**

**Prenez en compte la relation avec ses pairs, et portez votre jugement sur chaque item en cochant la case vous semblant la plus appropriée :**

	<b>EXCELLENT</b> <i>EXCELLENT</i>	<b>ABOVE AVERAGE</b> <i>BON</i>	<b>AVERAGE</b> <i>CORRECT</i>	<b>BELOW AVERAGE</b> <i>MEDIOCRE</i>	<b>POOR</b> <i>INSUFFISANT</i>
<b>Academic achievement</b> <i>Réussite scolaire</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading skill and interest</b> <i>Capacité en lecture et intérêt</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Written expression</b> <i>Expression écrite</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Oral Expression</b> <i>Expression orale</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional Stability</b> <i>Stabilité émotionnelle</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b> <i>Dépendance aux autres</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conduct</b> <i>Conduite</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concern for others</b> <i>Empathie pour les autres</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Warmth of Personality</b> <i>Chaleur de la personnalité</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Independence</b> <i>Indépendance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self discipline</b> <i>Auto discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaction to criticism</b> <i>Réaction aux critiques</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Common sense</b> <i>Sens pratique</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Curiosity</b> <i>Curiosité</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b> <i>Initiative</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sense of humour</b> <i>Sens de l'humour</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility</b> <i>Adaptabilité</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**How would you evaluate the applicant's knowledge of the relevant foreign language?**  
**Pouvez-vous évaluer les compétences dans la langue du pays choisi pour l'échange ?**

**Verbal knowledge**  
 Compétences orales

- Very Good** Très bien
- Good** Bien
- Average** Moyen
- Poor** Faible

**Written knowledge**  
 Compétences écrites

- Very Good** Très bien
- Good** Bien
- Average** Moyen
- Poor** Faible

**Comments** Commentaires : .....

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**How long have you known this applicant?** Depuis combien de temps connaissez-vous ce candidat ? .....

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**Please check one. SVP une seule réponse :**

- We/I recommend this applicant** - Je/nous recommandons ce candidat
- We/I do not recommend this applicant** - Je/nous ne recommandons pas ce candidat
- We/I have some reservations. Please have JEV phone me** - Je/nous formulons des réserves. Je demande que JEV me contacte par téléphone.

**Name of School** Nom de l'établissement scolaire : .....

**Address** Adresse : .....

**Postcode** Code Postal : .....

**Telephone:** ..... **Fax:** .....

**Name of teacher completing form** Nom du professeur ayant complété le formulaire : .....

**Title** Titre ou Fonction : .....

**Signature of teacher completing form**  
 Signature du professeur ayant rempli le formulaire :

  
  
  
  
  

**Date :** .....

# MEDICAL REPORT IMMUNISATIONS RELEASE FORM

**TO BE COMPLETED BY DOCTOR A COMPLETER PAR VOTRE MEDECIN TRAITANT** (merci de bien écrire en lettres capitales lisibles)

**Name (Last) Nom :** ..... **(First) Prénom :** .....

**Address Adresse :** .....

**City Ville :** ..... **Postcode Code Postal :** .....

**Telephone Téléphone :** .....

**Date of Birth Date de naissance :** ..... / ..... / .....  
(Day Jour) (Month Mois) (Year Année)

**Has the applicant suffered from any of the following? Indicate by checking the box in the appropriate column for YES or NO.**

Le candidat a-t-il été atteint de ces maladies ? Préciser en cochant les cases correspondantes par OUI ou NON

	Yes Oui	No non		Yes Oui	No non
<b>Arthritis Arthrite</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Malaria Malaria</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asthma Asthme</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pneumonia Pneumonie</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appendicitis Appendicite</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Rheumatic Fever Fièvre rhumatismale</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Allergies Allergies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Scarlet Fever Scarlatine</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cancer Cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Smallpox Variole</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diabetes Diabète</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tuberculosis Tuberculose</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Epilepsy Epilepsie</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Persistent Cough Toux persistante</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hernia Hernie</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Persistent Headache Maux de tête réguliers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has he/she been operated on for hernia?</b>			<b>Vertigo, Dizziness Vertiges, étourdissements</b>	<input type="checkbox"/>	<input type="checkbox"/>
La hernie a-t-elle été opérée ?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anorexia Nervosa Anorexie nerveuse</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Successfully? Avec succès ?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bulimia Boulimie</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Any disease, impairment or abnormality of** *Maladie, handicap ou malformation de :*

	Yes Oui	No non		Yes Oui	No non
<b>Eyes or Sight Yeux ou vue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Heart or Blood Vessels Coeur et système sanguin</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ears or Hearing Oreilles ou ouïe</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Skin (Acne etc,) Peau (Acné, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tonsils, Nose, Throat Amygdales, nez, gorge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Lungs Poumons</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Removal of tonsils Ablation des amygdales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Breathing system Système respiratoire</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stomach, Digestion Estomac, pbs digestifs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Brain or Nervous System Cerveau, système nerveux</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Abdominal Organs Autres organes abdominaux</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Blood, Endocrine System Sang, système endocrinien</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urinary System Système urinaire</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bones, Joints Squelette, articulations</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Genital system Système génital</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Locomotor system Système psychomoteur</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please give full information (including dates and details) about every disease or impairment mentioned in any of the above questions.**

Donnez les informations complètes (incluant dates et détails), sur chaque maladie ou anomalie mentionnées dans chacune des rubriques ci-dessus.

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**Has the applicant ever been hospitalised?**  Yes  No

Le postulant a-t-il déjà été hospitalisé ?  Oui  Non

**If yes, please give date, diagnosis and outcome of each illness or accident.** Dans l'affirmative, donnez les date, diagnostic et issue de chacun de ces accidents ou maladies.

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**Is the applicant taking injections prescribed or any other medication?**  Yes  No

*Le postulant suit-il un traitement de piqûres, ou tout autre traitement ?*  Oui  Non

**If yes, please give name(s) of medication(s) injections and diagnosis.** *Si oui, indiquez le nom des médicaments, piqûres et diagnostic.*

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 .....

**Does the applicant have a history or present evidence of physical, behavioural or emotional problems? For example, is there any history of enuresis, anxiety, depression, recurrent nightmares sleepwalking, stammering, stuttering or other similar conditions?**

*Le postulant a-t-il eu ou présente-t-il encore des signes de problèmes physiques, comportementaux ou émotionnels ? Par exemple, des signes d'énurésie, d'anxiété, de dépression, de cauchemars récurrents, de somnambulisme, bégaiement, ou d'autres de même type ?*

**Has the applicant ever consulted a neurologist, psychiatrist or any other specialist in behavioural or emotional disorders?**  Yes  No

*Le postulant a-t-il déjà consulté un neurologue, un psychiatre ou spécialiste du comportement ou des troubles émotionnels ?*  Oui  Non

**If yes, please provide details** *Si oui, fournissez les détails :*

.....  
 .....

**Does the applicant have any heart limitations or do you know of any pertinent medical information which is important, should the applicant be considered for placement abroad?**  Yes  No

*Le postulant présente-t-il des restrictions cardiaques ou avez-vous connaissance de quelque information médicale pertinente, dans l'hypothèse d'un placement du postulant à l'étranger ?*  Oui  Non

**If yes, please comment fully** *Si oui, commentez dans le détail :*

.....  
 .....

**Will the applicant need any orthodontic care during the coming year?**  Yes  No **If yes, attach a statement from the orthodontist, including present status, exact care essential to the orthodonture and date care will be completed.**

*Le postulant subira-t-il un traitement en orthodontie durant l'année à venir ?*  Oui  Non

*Si oui, joindre le dossier de l'orthodontiste, incluant l'état actuel, le détail des soins essentiels au programme d'orthodontie et la date de fin de soins.*

**Sex** Sexe ..... **Height** Taille ..... **Weight** Poids ..... **Pulse Rate** Pouls .....

**Is the pulse rhythm normal?** *Le rythme cardiaque est-il normal ?*

**Blood pressure** Pression Artérielle : **Systolic** Systolique ..... **Diastolic** Diastolique .....

**Are pupillary and knee reflexes normal?** *Les réflexes de la pupille et du genou sont-ils normaux ?*

**What is the applicant's vision : Without eyeglasses?** *Sans lunettes* **OD** ..... **OS** .....

**Vision du postulant :** **With eyeglasses?** *Avec lunettes* **OD** ..... **OS** .....

**Has the applicant a history or present evidence of any allergy** *Le postulant a-t-il souffert ou souffre-t-il d'allergies ?*  Yes  No

**Type of allergy (e.g. eczema, hives, hay fever, asthma or food reactions)** *Type d'allergie (ex eczéma, piqûres, rhume des foins, asthme, réactions à la nourriture)*

**Allergen (food, drug, pollen or other) if known** *Allergène (nourriture, médicaments, pollen, ou autre) si connu*

**Year of onset** *Année de début des symptômes*

**Frequency of symptoms** *Fréquence des symptômes*

**Duration of symptoms (hours? days?)** *Durée des symptômes (heures ? Jours ?)*

**When were the last symptoms (month and year)?** *Date des derniers symptômes connus (Mois et année) ?*

**Describe symptoms in detail and indicate severity** *Décrivez les symptômes en détail ainsi que leur importance*

.....  
 .....

**Have the allergie symptoms ever interfered with the patient's ordinary activities at home or at school? Please give details and dates**

*Les symptômes allergiques ont-ils eu un impact sur les activités habituelles du patient, à la maison ou à l'école ? Donnez les détails et dates.*

.....  
 .....

**In the past year has the applicant received for the allergy(ies)** *Dans l'année écoulée, le postulant a-t-il eu, pour ses allergies :*

**a) injected medications (give names, dosages and dates)** *Des traitements par injection (donnez les noms, dosages et dates)* .....

.....  
.....  
.....

**b) oral medications (give names, dosages and dates)** *Des traitements par voie orale (donnez les noms, dosages et dates)* .....

.....  
.....  
.....

**Please indicate any treatment for allergy(ies) expected during the coming two years by means of :**

*Indiquez SVP tout traitement pour allergies prescrits pour les deux années à venir sous forme de :*

**a) injected medications? (give names, anticipated dosages and dates)** *Traitements par injection (indiquez les noms, dosages prescrits, dates)* .....

.....  
.....  
.....

**b) oral medications (give names, dosages and dates)** *Traitements par voie orale (indiquez les noms, dosages prescrits, dates)* .....

.....  
.....  
.....

**Has the applicant had asthma?**  **Yes**  **No** **If yes, please give details of onset and current medication**

*Le postulant fait-il de l'asthme ?*  *Oui*  *Non* *Si oui, indiquez le début des symptômes et le traitement actuel* .....

.....

**How long has the applicant been your patient?** *Depuis quand le postulant est-il votre patient ?* .....

**In your opinion, the general state of the applicant's health is (Check one)**

*A votre avis, l'état général de santé du postulant est (Une seule réponse)*

**Excellent**       **Good** *Bon*       **Fair** *Correct*       **Poor** *Médiocre*

**Comments** *Commentaires :* .....

.....  
.....  
.....

**Name of physician** *Nom du médecin :* .....

**Degrees** *Qualification :* .....

**Address** *Adresse :* .....

**City** *Ville :* ..... **State:** .....

**Postcode** *Code Postal :* ..... **Signature and stamp of physician** *Signature et cachet du médecin*

**Phone** *Téléphone :* .....

**Date of examination** *Date de l'examen :*

..... / ..... / .....

(Day Jour)

(Month Mois)

(Year Année)

**VACCINATIONS**

**FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN A REMPLIR PAR LE PARENT OU LE TUTEUR**

**Student Name** Nom et prénom de l'étudiant : .....

**Most countries do not require immunisations for entry. Many schools, however, do not allow a student's enrolment without a record of immunisations. Before undertaking additional immunisations or tests, applicants may wish to wait for selection results and specific information from the host family regarding the immunisation requirements for your school.** *En général, les pays ne requièrent pas de vaccins pour l'entrée sur leur territoire. Cependant, nombre d'établissements scolaires n'acceptent pas d'inscrire un jeune sans communication de la liste de ses vaccins. JEV vous recommande de ne procéder à des vaccinations complémentaires qu'après acceptation finale de votre dossier, et aussi en fonction des exigences de l'établissement scolaire auprès duquel l'inscription de l'étudiant aura été demandée. Nous vous recommandons toutefois de bien procéder à toutes les vaccinations requises PREALABLEMENT au départ, et non d'attendre l'arrivée sur place.*

**Please indicate the most recent year the applicant received the following immunisations or tests**

*Indiquez SVP la date de l'injection la plus récente pour ces vaccinations ou tests :*

Immunisation Vaccination	Year Année
Flu Grippe	
Measles Rougeole	
Mumps Oreillons	
Polio Polio	
Small Pox Variole	
Diphtheria Diphtérie	
Tetanus Tétanos	
Hepatis B Hépatite B	
Meningococcal C Méningite C	
Other (specify) Autre (spécifiez) :	
<b>TESTS</b>	
Chest X-ray Radiographie pulmonaire	
T.B. Skin Test Test cutané Tuberculose	
Other (specify) Autre (spécifiez) :	

**PERMISSION FOR MEDICAL CARE AND RELEASE AUTORISATION DE SOINS MEDICAUX ET DEGAGEMENT DE RESPONSABILITE**

**I, the applicant's parent or legal guardian, agree to authorize JEV, or the Affiliate organization or the Host Family to act for me in any emergency, accident or illness during the period of time the student is involved in the JEV program. This covers the period from the time the student boards transportation scheduled by JEV (or upon arrival to Host Country if travelling alone), until the student leaves the return transportation scheduled by JEV (or upon departure from the Host Country if travelling alone).**

*Je soussigné, parent ou tuteur légal, accepte d'autoriser JEV, l'organisme affilié, ou la Famille d'Accueil d'agir en mon nom en cas d'urgence, accident ou maladie, pendant toute la période pendant laquelle l'étudiant suit le programme JEV. Cette période commence au moment où le jeune débute son voyage organisé par JEV, (ou à son arrivée sur le sol du pays de destination s'il voyage seul), pour se terminer quand le jeune finit son voyage organisé par JEV (ou à son départ du pays d'accueil s'il voyage seul).*

**Signature du parent ou tuteur légal** \_\_\_\_\_ **Date :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Day Jour) (Month Mois) (Year Année)

# Health Addendum

PLEASE COMPLETE THIS FORM ONLY IF THE STUDENT HAS A RECENT AND/OR ONGOING HEALTH CONDITION. **PAGE 9** of 12  
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).

When was the student diagnosed with the condition?

What are the specific symptoms of the student's condition?

How will the condition affect the student's daily life outside of their home country?

Does the student monitor his/her condition independently?

What treatments/medicines are currently prescribed to the student for this condition?

During the exchange program, will the student require ongoing medical treatment for this 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?

What special accommodations would be requested of the host family to ensure student's health and safety?

Please share any additional information you find helpful or pertinent regarding this student's condition:

CONTINUES OVERLEAF

# Health Addendum

## 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

PAGE 10 of 12

### 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.

PHYSICIAN SEAL OR STAMP



# Terms & Conditions

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

PAGE 11 of 12

## 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. 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. \*\*

## 4. 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 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.

## 5. 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.

## 6. 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.

## 7. 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.

## 8. 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.

## 9. Host Family

Host family selection is solely at the discretion of the overseas host organisation of Student Exchange Australia New Zealand. 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 (unless a program with Location Options has been chosen), 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.

## 10. 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.

## 11. 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.)

## 12. Program Cancellation

Cancellations will only be accepted in writing and will be effective as of the date received by Student Exchange Australia New Zealand. 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 – Full refund
- If a student is not accepted by the overseas partner – Full refund
- If Student Exchange Australia New Zealand 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:
    - 75 days or more prior to scheduled departure – Full refund less \$1500
    - 74 days to 14 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
- 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).

## 13. 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.

## 14. 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 unless the applicant chooses to host and is eligible for a hosting rebate. Unsuccessful scholarship applicants who advise us in writing that they will not proceed with their application on a fee paying basis will have their \$150 deposit refunded in full, according to the cancellation schedule above.

\*\* Travel claims in connection with the Coronavirus may not be covered.

CONTINUES OVERLEAF



# Terms & Conditions

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

**PAGE 12** of 12

## 15. 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).

## 16. 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.

## 17. 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.

## 18. 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.

## 19. 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 do so. 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.

## 20. 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.

## 20. Payment Schedule & Credit Card Authority

**Full payment must be received prior to departure.**

Tick applicable box  and complete credit card details below:

**Early Bird and Scholarship Applicants**

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 6 x monthly instalments commencing when our son/daughter is formally accepted onto the Student Exchange Australia New Zealand program.

**Other Applicants**

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.

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

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](mailto:info@studentexchange.org.au) or [info@studentexchange.org.nz](mailto: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.