

# 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	M	M	Y	Y
Duration	Return	M	M	Y	Y

**Photos**

Attach one smiling photo in the box provided.

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

Attach one smiling photo here

**Personal Details**

Last Name *(as per passport)*

First Name *(as per passport)*

Preferred Name *(if applicable)*  Male  Female

Date of Birth  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

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)

PAGE 4 of 12

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

# Academic History

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

**PAGE 5** of 12

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

DD MM YY

\_\_\_\_\_  
DATE

School - please print clearly

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

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

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
Postcode

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

\_\_\_\_\_  
School Email

CONTINUES OVERLEAF

# Academic History

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

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

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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: 20YY			Last Year: 20YY			Year Before: 20YY		
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

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SIGNATURE OF OFFICIAL

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TITLE

Official School Seal or Stamp

OFFICIAL SCHOOL SEAL OR STAMP

CONTINUES OVERLEAF

SEP 2018 / SEA175 / WEB

# Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 7** of 12

## Student's Details

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

Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y
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 \_\_\_\_\_

Give your opinion of the general state of the student's health:

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Excellent  Good  Fair  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  Yes  No

Hepatitis  Yes  No

Appendicitis  Yes  No

Hernia  Yes  No

Asthma  Yes  No

Learning or Speech Defect  Yes  No

Blood Disorders  Yes  No

Mental Health Condition  Yes  No

Diabetes  Yes  No

Rubella  Yes  No

Eating Disorder  Yes  No

Seizure Disorder  Yes  No

Enuresis  Yes  No

Sleepwalking  Yes  No

Headache (persistent, recurring)  Yes  No

Substance Abuse  Yes  No

Hearing Impairment  Yes  No

Vision Impairment  Yes  No

## Physician Statement

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.

Physician's Signature\* \_\_\_\_\_ 

Physician's Name \_\_\_\_\_

Date \_\_\_\_\_

Physician's address \_\_\_\_\_

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

Provider number \_\_\_\_\_

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

PHYSICIAN SEAL OR STAMP

CONTINUES OVERLEAF



# Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink) **PAGE 8** of 12

## 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 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 1 of 2

<p><b>1. Student Qualifications</b></p>	<p>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.</p>
<p><b>2. Acceptance into Program</b></p>	<p>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.</p>
<p><b>3. Included in the Program</b></p>	<p>These rules must be read in conjunction with the Terms &amp; Conditions of participation, Medical and General Authority, Travel Authority, Insurance Policy and student and parent handbooks.</p>
<p><b>4. Not Included in the Program</b></p>	<p>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 or where global, national or regional emergency circumstances, national, state or territory government directives, the student's physical or mental health circumstances, and/or the student breaches the rules of the program as highlighted above and in that event they may return that student home at the natural parent/guardian's expense.</p>
<p><b>5. Program Duration</b></p>	<p><b>7. Expenses During the Program</b></p>
<p><b>6. Rules of the Program</b></p>	<p>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.</p>
<p><b>7. Insurance</b></p>	<p><b>8. Passport and Visa</b></p>
<p><b>8. Host Family</b></p>	<p>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.</p>
<p><b>9. Inoculations</b></p>	<p><b>9. Host Family</b></p>
<p><b>10. Program Cancellation</b></p>	<p>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.</p>
<p><b>11. Price Guarantee</b></p>	<p><b>10. Inoculations</b></p>
<p><b>12. Continues Overleaf</b></p>	<p><b>11. Insurance</b></p>
<p><b>13. Other</b></p>	<p>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. However, all outbound students must be fully vaccinated against COVID19.</p>

CONTINUES OVERLEAF

# Terms & Conditions

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

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We reserve the right to increase the flight surcharge if, at the time of making flight bookings, airlines are charging a higher amount for flight prices. If there is no increase made to flight prices then we will not charge a flight surcharge.

## 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.

## 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 Guarantees 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. A flight surcharge may be applied to all applications.

## 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 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.

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.

## 21. 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 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.