



Care Arrangements

International Students under 18 years of age

CRICOS Provider Code 00881F

Please follow these important instructions for completing this form

- Please complete all sections
- Complete and submit the International Student Application Form as the same time
- The parent (or legal custodian) must complete relevant sections of the form
- The parent (or legal custodian) must sign the form
- Send this form together with the International Student Application Form to:
International Student Programs
Chisholm Institute
PO Box 684, Dandenong
Victoria 3175, Australia
or fax +61 3 9212 5374 or
e.mail: international.admissions@chisholm.vic.edu.au

TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN Section A – Students personal details

Family name: _____

Given name (s): _____

Date of birth: ___ / ___ / ____ (dd/mm/yyyy)

Telephone: _____ Mobile: _____

Email address: _____

Passport number: _____ Citizenship: _____

TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN Section B – Details of parents or legal custodian

Father contact details

Family name: _____

Given name (s): _____

Address: _____

Telephone: _____ Mobile: _____

Email address: _____ Passport number: _____

Mother contact details

Family name: _____

Given name (s): _____

Address: _____

Telephone: _____ Mobile: _____

Email address: _____ Passport number: _____

Legal Custodian contact details

Family name: _____

Given name (s): _____

Address: _____

Telephone: _____ Mobile: _____

Email address: _____ Passport number: _____

**TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN
Section C– Accommodation and welfare arrangements**

The following person will be responsible for the accommodation and welfare arrangements for my child. **Please tick only one**

- My child will be living with me (as the parent or legal custodian) in Australia (Only choose this option if the student will live in Australia with the individual/s referred to in section B). **(Now please complete Section D, H, G)**
or
- My child will be living with a nominated suitable relative (as defined by DIAC)
(Now please complete Section E, H, G)
or
- I or the nominated suitable relative will be the guardian and living in Australia but my child will live in a Homestay for some or all of the time
(Now please complete Section F, H, G)
or
- I request that Chisholm Institute provide guardianship for my child
(Now please complete Section H, G)

The person nominated will be responsible for the environment which protects the personal safety and wellbeing of my child while studying at Chisholm Institute and under 18 year of age.

My child will live in the following accommodation during his/her studies at Chisholm

Please tick only one

- With parent or legal custodian at the address outlined in section D
- With nominated suitable relative at the address outlined in section E
- With homestay family at the address outlined in section F (where the parent, legal custodian, nominated suitable relative is the guardian)
- With homestay family (where Chisholm Institute is the guardian)

**TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN
Section D – Parent or legal custodian as guardian**

Name of parent or legal custodian: _____

Date of birth: ___ / ___ / ____ (dd/mm/yyyy)

Period of arrangement/residence: ___ / ___ / ____ to ___ / ___ / ____ (dd/mm/yyyy)

Address: _____

Telephone: _____ Mobile: _____

Email address: _____ Passport number: _____

Emergency contact details: Name _____

Telephone: _____ Mobile: _____

**TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN
Section E – Nominated suitable relative**

Name of nominated suitable relative: _____

Date of birth: ___ / ___ / ____ (dd/mm/yyyy)

Address: _____

Telephone: _____ Mobile: _____

Email address: _____

Period of arrangement: ___ / ___ / ____ (dd/mm/yyyy)

Emergency contact details: Name _____

Telephone: _____ Mobile: _____

TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN
Section F – Homestay address where the parent, legal custodian, nominated suitable relative is the guardian

Homestay provider name (if known): _____

Homestay address (if known):

Period of intended homestay residence: ___ / ___ / _____ to ___ / ___ / _____ (dd/mm/yyyy)

Parent, Legal custodian or suitable relative name details:

Name: _____

Address in Melbourne / Australia:

Telephone in Melbourne / Australia: _____

Mobile: _____

Email address: _____

Emergency contact details: Name _____

Telephone: _____ Mobile: _____

TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN
Section G: Signature of parents or legal custodian

Father's name: _____ Father's Signature: _____

Mother's name: _____ Mother's Signature: _____

Date: _____ Date: _____

Or

Legal custodian's name: _____

Legal custodian's signature: _____

Date: _____

TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN only where Chisholm is requested to undertake guardianship

Section H: Important Information for and from parents

Dear Parents

Homestay

Chisholm uses the services of professional Homestay providers to evaluate, monitor and place students in caring and supportive Homestay homes. Chisholm maintains a close relationship with Homestay service providers, Homestay hosts and all students who uses Homestay accommodation.

As the parents of a child staying in a Homestay arrangement, you will also maintain contact with the Homestay service provider. You may also choose to maintain communication with the Homestay host directly or through the Homestay service provider.

Period of Guardianship

Chisholm undertakes to provide guardianship for your child for a specified period of time. If your child turns 18 while studying at Chisholm, Chisholm will cease providing guardianship on your child's 18th birthday. Alternatively, Chisholm has undertaken to provide guardianship for your child until the end of their course of study. During this time, Chisholm undertakes to provide your child with suitable accommodation and welfare arrangements.

For more information about the obligations which Chisholm must meet as the guardian of your child, please refer to the National Code of Practice which governs the obligations of education providers as outlined in the Education Services for Overseas Students (ESOS Act, 2000). Details of the National Code can be found at:

<http://aei.dest.gov.au/AEI/ESOS/Nationalcodeofpractice2007/Default.htm>

Medical Emergencies

In the unlikely event of an emergency, Chisholm may be required to give permission to hospital or first aid practitioners to provide treatment to your child. As the guardian of your child, Chisholm undertakes to do the following:

- Provide hospital or first aid staff with permission to provide what ever treatment necessary to facilitate the recovery of your child
- Contact the parents/guardians (you) as soon as possible
- Contact the emergency contact person provided by your child upon enrolment
- Contact the Homestay host
- Contact the Homestay service provider

Excursions

From time to time your child may be required to attend excursions as part of their course of study. Excursions involve a class group leaving Chisholm campus to undertake part of their learning. These class groups are supervised by Chisholm staff.

While supervised by Chisholm staff, your child may be required to use public transport and be in public places. As your child's guardian during their studies at Chisholm, a delegate of Chisholm will be required to sign an excursion permission form for each excursion your child will attend.

Medical authorisation

For each excursion, a Medical authorisation student declaration must be completed by students. As your child is under the age of 18, Chisholm as your child's guardian must also sign the form.

The signed declaration means that in the event of an emergency, the following will take place as required: use of ambulance transportation and the provision of medical or surgical treatments, including anaesthetics, as deemed necessary by the Chisholm staff member responsible for the excursion.

The following questions will be asked of your child prior to each excursion as part of the Medical authorisation student declaration:

- (1) Are you taking any medication? (If yes, provide details)
- (2) Are you suffering any injury? (If yes, provide details)
- (3) Do you suffer from asthma? (If yes, provide details)
- (4) Do you have any allergies? (Food, drug or other allergies. If yes, provide details)
- (5) Do you wear glasses or contact lenses?
- (6) Are there any other medical or other conditions which staff should be aware of in relation to participating in this excursion?

<p>I acknowledge that as the guardian of my child, Chisholm will grant permission for my child to attend excursions involving a supervised activity off campus which may involve the use of public transport and being in public places.</p> <p>I acknowledge that my child will receive medical attention deemed necessary by the Chisholm staff member responsible for the excursion.</p> <p>Name of parent or legal custodian: _____</p> <p>Signature of parent or legal custodian: _____ Date: _____</p>
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Medical Emergencies

<p>Could you please provide any information which you would like Chisholm to take into consideration in the event of an emergency?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of parent or legal custodian: _____</p> <p>Signature of parent or legal custodian: _____ Date: _____</p>

PARENT OR LEGAL CUSTODIAN PLEASE NOTE
Section H – Privacy Statement

The Information on this form is collected for the purposes of assessing your accommodation, personal safety and wellbeing arrangements.

You can access our detailed privacy statements via our website

TO BE COMPLETED BY CHISHOLM INSTITUTE
Section J: Chisholm Institute approval of accommodation and welfare arrangements

Period of guardianship: ___ / ___ / _____ to ___ / ___ / _____ (dd/mm/yyyy)

Approved

Not approved

Comments (if any):

I hereby accept responsibility for accommodation and welfare arrangements for the student named in this document while the student is under 18 years of age and residing in Australia.

Name of authorised Chisholm Officer (please print): _____

Signature of authorised Chisholm Officer _____

Date: ___ / ___ / _____