## International Student Programs travel and activities request form

This form is to be used by <u>overseas students</u> participating in the Education Queensland International (EQI), International Student Programs (ISP) homestay program ('homestay students'), who are seeking approval for non-routine travel and activities as specified in the EQI Standard terms and conditions.



## **Privacy Statement**

EQI is collecting the information on this form to assess your request for approval to undertake non-routine travel and activities. The information collected on this form may be provided to -your parents, homestay provider, school and EQI. The information will be recorded, used and disclosed for the purposes of the principal (or delegate) on behalf of EQI considering and approving or declining to approve your request. This information may be used for behaviour management and to cancel your enrolment if you provide false or misleading information, or fail to provide relevant information. Your personal information may otherwise be used or disclosed where authorised or required by law.

## How to complete this form

- 1. Complete Section A: Student details.
- 2. Complete Section B: Type of travel or activity.
- 3. Complete Section C, D OR E depending on the type of travel or activity selected in Section B.
- 4. Sign Section F: Student's agreement.
- 5. Give the form to your homestay provider and ask them to complete Section G: Homestay provider acknowledgement.
- 6. Follow your school's instructions about parent/legal custodian agreement (Section H).
- 7. Give the form to your international student coordinator to give to the school principal (or delegate) with all required supporting documents attached.

## Important:

- Follow your school's instructions on submitting this form (e.g. timeframes) please see your international student coordinator if you have any questions.
- Students must not book travel, accommodation and/or activities until approval has been provided.
- Students must not participate in high-risk activities, unless approved by EQI.
- You must keep your international student and/or homestay coordinator and homestay family informed of any changes to your emergency contact details.

Section A: Student details							
Student name:				School:			
Date of birth:			EQI student ID:		Year level:		
Insurance Provider:				Insurance policy number:			
Section B: Type of travel or activity							
	Return to my home country during my course of study with EQI. Please complete Section D.						
	Stay overnight at a friend's house. Please complete Section E.						
	Travel with parent/legal custodian. Please complete Section C.						
	Other. Please complete Section C.						
Section C: Travel with parent/legal custodian or Other activity							
<b>Detail of activity</b> (e.g. Travel with parent; water activity; horse riding club)							
Date & ti	me of depa	rture:	Date & time of return:				
Will this travel or activity be reoccurring: Yes No  If yes, list dates and times:							
Mode/s of transport: Airplane Bus Train Private vehicle (provide driver details): Other:							
<b>Location/s:</b> Please provide address details, including name of accommodation and full street address, if staying overnight.							
<b>Details:</b> Please provide as much detail as possible or attach details (e.g. brochure, activity program, tour itinerary).							

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Name of company/organization								
List school friends also partici								
Name of supervising adult/pa	Name of supervising adult/parent/legal custodian:							
Age of supervising adult: Mus (If applicable)								
Phone number:				Mobi	le number:			
Email address:								
Blue card number and expiry	date (or equivalent):							
	(If applicable)							
Supervisor/parent/legal custo student: (If applicable)	dian relationship to							
Any other relevant information	n:							
	Section	D: Return	ing to home c	ountr	У			
Date & time of departure:								
You <u>must</u> attach your flight iti								
Date & time of arrival back in  You must attach your flight itin								
I will be accompanied on the travel:  Yes No  If yes, name and contact details of person travelling with you:  If no and you are travelling by airplane, have you been booked as an unaccompanied minor? Yes No								
Please tell us how you will get to and from the airport in Australia and how you will get to and from the airport in your home country (if intending to use public transport, please give details):								
	I have followed my school's instructions regarding parent approval and have discussed my plans with my parent before submitting this form.							
	Section E:	Overnight	stay at a frien	d's ho	ouse			
Name of friend:		1						
Name of supervising adult: Must be over 21 years old								
Phone number:		Mobile numb	er:					
Email address:								
Address of where you are staying:								
Is this an approved EQI homestay provider: Yes No (If Yes, "Section H: Parent Agreement" is not required)								
Blue card number and expiry date (or equivalent) for supervising adult: (If applicable)								
Regular overnight s	Regular overnight stays (provide dates)							
One off overnight stay  Date:								
Details of overnight stay and travel/activities taking place: Please provide as much detail as possible.								
Section F: Student agreement								
<ul> <li>I declare that:</li> <li>I have read and understood the privacy notice on this request form;</li> <li>I have read and understood the requirements regarding Travel and activities, outlined in the Non-routine travel and activities for homestay students procedure and Sports, leisure and recreation provider procedure and ISP standard terms and conditions; and</li> <li>All information provided in this request form is true and accurate to the best of my knowledge.</li> </ul>								

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Name:					EQI student ID:	
Signature:					Date:	
			Section G: Homestay provider ac	knowledge	ment	
I acknowledg	e that:					
<ul> <li>the stude form; and</li> </ul>		ed in Section A of	f this form, who currently lives with me,	wishes to p	articipate in the travel	or activity stated on this
<ul> <li>final appr</li> </ul>	oval lies	with the Principa	al (or delegate) identified below.			
I support this	reques	t.		ı		
Name:				Email:		
Signature:				Date:		
			Section H: Parent agree	ement		
• I giv	e perm	<b>ission</b> for my child	d, named in Section A of this form to tra	vel or partici	pate in the travel or ac	tivity stated above;
_		·	ame to be given to businesses visited durinesses, Activities and Undertakings Dir	-		
• I co	nfirm th	at I have read and	d understood:			
			egarding Travel and activities, outlined i			
			ditions and supporting information for the documents such as waivers, if required)		sure and Recreation pr	ovider (if applicable) and
	o m	y son/daughter h	as the water skills suitable for this activi	ty (please tio	ck) YES 🗆 NO 🗆 NOT	APPLICABLE
Name:				Email:		
Signature:				Date:		
	S	ection I: Interna	ational student coordinator or Home	estay coord	dinator recommenda	ition
I confirm that:						
	This form is complete and I have made all necessary enquiries to confirm the information provided.					
	I have considered all relevant circumstances including the nature of the activity, student suitability to undertake water activity has been checked (if applicable), arrangements for supervision, the student's welfare, age and maturity and the views of the student's parent and homestay provider.					
	I have checked that the company/organisation is listed on the Sports, Leisure and Recreation Provider list and if a waiver is required. If yes, insert date checked: Click or tap to enter a date. If no, submit an application to EQI before approving.					
	All support documentation and approvals are attached (incudes waivers, email consent etc.)					
I recommend that:						
	This request be approved					
	This request be declined for the following reason/s:					
Name:				Email:		
Signature:				Date:		
Section J: Principal (or delegate) approval						
	I give permission for the student named on this form to travel or participate in the travel or activity stated above.					
	I <b>DO NOT</b> give permission for the student named on this form to travel or participate in the travel or activity stated above.					
Reason for <u>not</u> granting permission:						
Name:						
Signature:					Date:	

I am aware of activity rules and conditions of entry for my nominated Sport, Leisure and Recreation provider.

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School:	Position:	
	If delegate	