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 <u>OR</u> 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 <u>must not</u> book travel, accommodation and/or activities until approval has been provided.
- Students <u>must not</u> 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	e Provider:			Insurance policy number:			
			Section B: Type	e of travel or activity			
	Return to my home country during my course of study with EQI. Please complete Section D.						
	Stay overn	ight at a friend's ho	ouse. Please complete Sec	tion E.			
	Travel with parent/legal custodian. <i>Please complete Section C.</i>						
	Other. Please complete Section C.						
Section C: Travel with parent/legal custodian or Other activity							
Detail of activity (e.g. Travel with parent; water activity; horse riding club)							
Date & time of departure:				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:							
Location/s: Please provide address details, including name of accommodation and full street address, if staying overnight.							
Details: Please provide as much detail as possible or attach details (e.g. brochure, activity program, tour itinerary).							

Department of Education, trading as Education Queensland International. CRICOS Provider Code: 00608A. Travel and activities request form. Version 3.2 August 2021.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <u>https://ppr.qed.qld.gov.au/pp/non-routine-travel-and-activities-for-homestay-students-subclass-500-schools-visa-procedure</u> to ensure you have the most current version of this document.

			1			
Name of company/organization:(If applicable)						
List scho	ol friends also participa	ating: (If applicable)				
Name of	supervising adult/pare	ent/legal custodian:				
Age of su (If applic	upervising adult: Must able)	be over 21 years old				
Phone n	umber:		「 <u> </u>		Mobile number:	
Email ad	dress:		<u> </u>			
Blue care	d number and expiry da	ate (or equivalent):				
(If applic	able)					
	or/parent/legal custod (If applicable)	lian relationship to				
Any othe	er relevant information	1:				
		Section	D: Return	ing to home co	untry	
Date & t	ime of departure:					
You <u>mus</u>	<u>t</u> attach your flight itine	erary				
Date & t	ime of arrival back into) Australia:				
You <u>mus</u>	<u>t</u> attach your flight itine	erary				
	accompanied on the tr					
-		of person travelling with	-			1
If <i>no</i> and	you are travelling by a	irplane, have you been b	ooked as ar	n unaccompanied	minor? 🔄 Yes	No
		-		and how you wi	ll get to and from the airpo	ort in your home country
(If Intenu	ling to use public transp	oort, please give details):				
	L have followed my s		-ding paran	t approval and ha	we discussed my plans wit	h mu narant hafara
	submitting this form.			լ аµµгоvаганы не	ive discussed my plans wit	n my parent berore
		Section E:	Overnight	stay at a friend	l's house	
Name of	friend:					
Name of	supervising adult: Mus	st be over 21 years old				
Phone n	umber:			Mobile numbe	r:	
Email ad	dress:				1	
Address	of where you are stayi	ng:				
	n approved EQI homest		⊥ □ No (If Y	es, "Section H: Po	arent Agreement" is not re	auired)
	d number and expiry da		,			1 m ,
	ing adult: (If applicable)					
	Regular overnight sta	ays (provide dates)	Date/s:			
			1			
	One off overnight sta	iy	Date:			
Details o		·		provide as much	detail as nossible	
Details o		ay avel/activities taking pla		provide as much o	detail as possible.	
Details o		·		orovide as much o	detail as possible.	
Details o		avel/activities taking pla	ace: Please µ			
	of overnight stay and tr	avel/activities taking pla	ace: Please µ	provide as much a		
l declare	of overnight stay and tr	ravel/activities taking pla	ace: Please p	dent agreemer		
I declare • I hav • I hav	of overnight stay and tr that: ve read and understood ve read and understood	ravel/activities taking pla Sec	ace: Please p tion F: Stu	dent agreemer orm; el and activities,	it outlined in the Non-rout	ne travel and activities for
I declare I hav I hav hom	f overnight stay and tr that: ve read and understood ve read and understoo nestay students procedu	ravel/activities taking pla Sec	ace: Please p tion F: Stu his request for arding Trave and recreatio	dent agreemer orm; el and activities, n provider proce	nt outlined in the Non-rout dure and <u>ISP standard tern</u>	

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• I am aware of activity rules and conditions of entry for my nominated Sport, Leisure and Recreation provider.						
Name:		EQI student ID:				
Signature:		Date:				

I acknowledge that:

•	the student, named in Section A of this form, who currently lives with me, wishes to participate in the travel or activity stated on this
	form; and

• final approval lies with the Principal (or delegate) identified below.

I support this request.

Name:		Email:		
Signature:		Date:		
Section H: Parent agreement				

- I give permission for my child, named in Section A of this form to travel or participate in the travel or activity stated above;
- I give consent for my child's name to be given to businesses visited during this activity in compliance with Queensland Chief Health Officer's **Restrictions on Businesses**, Activities and Undertakings Direction (No. 4) (or its successor); and
- I confirm that I have read and understood:
 - o the requirements regarding Travel and activities, outlined in the ISP standard terms and conditions
 - the terms and conditions and supporting information for the Sport, Leisure and Recreation provider (if applicable) and attached all signed documents such as waivers, if required).
 - \circ my son/daughter has the water skills suitable for this activity (please tick) YES \Box NO \Box NOT APPLICABLE \Box

Name:				Email:				
Signature:				Date:				
	S	ection I: Interna	tional student coordinator or Home	stay coord	linato	r recommendat	ion	
I confirm that:								
	This fo	orm is complete a	nd I have made all necessary enquiries to	confirm the	e inforr	mation 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. <i>If yes, insert date checked:</i> Click or tap to enter a date. <i>If no, submit an application to EQI before approving.</i>							
	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 DO NOT give permission for the student named on this form to travel or participate in the travel or activity stated above.							
Reason for <u>no</u>	<u>ot</u> grant	ing permission:						
Name:								
Signature:						Date:		

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School:	Position:	
	If delegate	

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