

Travel and activities request form



This form is to be used by [overseas students](#) participating in the Education Queensland International (EQI) 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

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| <input type="checkbox"/> | Return to my home country during my course of study with EQI. Please complete Section D. |
| <input type="checkbox"/> | Stay overnight at a friend's house. Please complete Section E. |
| <input type="checkbox"/> | Travel with parent/legal custodian. Please complete Section C. |
| <input type="checkbox"/> | Other. Please complete Section C. |

Section C: Travel with parent/legal custodian or Other activity

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| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, list dates and times: | |
| Mode/s of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> 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). | |
| Name of company/organisation: (If applicable) | |
| List school friends also participating: (If applicable) | |
| Name of supervising adult/parent/legal custodian: | |

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| Age of supervising adult: <i>Must be over 21 years old (If applicable)</i> | | | |
| Phone number: | | Mobile number: | |
| Email address: | | | |
| Blue card number and expiry date (or equivalent): <i>(If applicable)</i> | | | |
| Supervisor/parent/legal custodian relationship to student: <i>(If applicable)</i> | | | |
| Any other relevant information: | | | |
| Section D: Returning to home country | | | |
| Date & time of departure: <i>You must attach your flight itinerary</i> | | | |
| Date & time of arrival back into Australia: <i>You must attach your flight itinerary</i> | | | |
| I will be accompanied on the travel: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>(if intending to use public transport, please give details):</i> | | | |
| <input type="checkbox"/> 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 friend's house | | | |
| Name of friend: | | | |
| Name of supervising adult: <i>Must be over 21 years old</i> | | | |
| Phone number: | | Mobile number: | |
| Email address: | | | |
| Address of where you are staying: | | | |
| Is this an approved EQI homestay provider: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, "Section H: Parent Agreement" is not required)</i> | | | |
| Blue card number and expiry date (or equivalent) for supervising adult: <i>(If applicable)</i> | | | |
| <input type="checkbox"/> | Regular overnight stays (provide dates) | Date/s: | |
| <input type="checkbox"/> | One off overnight stay | Date: | |
| Details of overnight stay and travel/activities taking place: <i>Please provide as much detail as possible.</i> | | | |
| Section F: Student agreement | | | |
| I declare that: | | | |
| <ul style="list-style-type: none"> I have read and understood the privacy notice on this request form; I have read and understood the requirements regarding Travel and activities, outlined in the Travel and activities policy, procedure and EQI Standard terms and conditions; and All information provided in this request form is true and accurate to the best of my knowledge. I am aware of activity rules and conditions of entry for my nominated Sport, Leisure and Recreation provider. | | | |
| Name: | | EQI student ID: | |
| Signature: | | Date: | |

Section G: Homestay provider acknowledgement

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.

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| 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; and
- I confirm that I have read and understood:
 - the requirements regarding Travel and activities, outlined in the [EQI 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).
 - my son/daughter has the water skills suitable for this activity (please tick) YES NO NOT APPLICABLE

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| Name: | Email: |
| Signature: | Date: |

Section I: International student or Homestay coordinator recommendation

I confirm that:

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| <input type="checkbox"/> | This form is complete and I have made all necessary enquiries to confirm the information provided. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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, date checked: If no, submit an SLR Provider application to EQI and gain endorsement before approving.</i> |
| <input type="checkbox"/> | All support documentation and approvals are attached (includes waivers, email consent etc.) |

I recommend that:

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| <input type="checkbox"/> | This request be approved |
| <input type="checkbox"/> | This request be declined for the following reason/s : |

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| Name: | Email: |
| Signature: | Date: |

Section J: Principal (or delegate) approval

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| <input type="checkbox"/> | I give permission for the student named on this form to travel or participate in the travel or activity stated above. |
| <input type="checkbox"/> | I <u>DO NOT</u> give permission for the student named on this form to travel or participate in the travel or activity stated above. |

Reason for not granting permission:

| | | | |
|-------------------|--|--|--|
| Name: | | | |
| Signature: | | Date: | |
| School: | | Position: <i>If delegate</i> | |