



## CARE ARRANGEMENTS FOR INTERNATIONAL STUDENTS

### UNDER 18 YEARS OF AGE

It is important that Chisholm have accurate information relating to your child.

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  
email: [international.admissions@chisholm.vic.edu.au](mailto:international.admissions@chisholm.vic.edu.au)

<b>TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN</b> <b>Section A – Students personal details and details of parents or legal custodian</b>
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#### Student's contact details

Family name: \_\_\_\_\_

Given name (s): \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Passport number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

#### Father's contact details

Family name: \_\_\_\_\_

Given name (s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Passport number: \_\_\_\_\_



## CARE ARRANGEMENTS FOR INTERNATIONAL STUDENTS

### UNDER 18 YEARS OF AGE

#### Mother's contact details

Family name: \_\_\_\_\_

Given name (s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Passport number: \_\_\_\_\_

#### Legal Custodian's contact details (if you are nominating a legal custodian)

Family name: \_\_\_\_\_

Given name (s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Passport number: \_\_\_\_\_

<b>TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN</b> <b>Section B – Accommodation and welfare arrangements</b>
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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

*or*

- My child will be living with a nominated suitable relative approved by the Department of Home Affairs (DHA), who is
- nominated by a parent of the applicant or a person who has custody of the child;
  - de facto partner, brother, sister, step-parent, step-brother, step-sister, grandparent, aunt, uncle, niece or nephew, or a step-grandparent, step-aunt, step-uncle, step-niece or step-nephew;
  - aged over 21;
  - is of good character and show this by providing a police clearance from the countries in which they have lived for more than 12 months in the past 10 years after the age of 16; and
  - an Australian citizen, permanent resident or be eligible to remain in Australia until the child's student's visa expires or the child turns 18 years of age (whichever happens first

*or*



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### UNDER 18 YEARS OF AGE

- I request that Chisholm Institute takes responsibility for and approves the accommodation, support and general welfare arrangements for my child

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 C below
- With nominated suitable relative at the address outlined in Section D below
- With homestay family approved by Chisholm Institute

<b>TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN</b>
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<b>Section C – Parent or legal custodian as guardian</b>
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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: \_\_\_\_\_

<b>TO BE COMPLETED BY PARENT OR LEGAL CUSTODIAN</b>
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<b>Section D – Nominated suitable relative</b>
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Name of nominated suitable relative: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Relationship to the child: \_\_\_\_\_



**CARE ARRANGEMENTS FOR INTERNATIONAL STUDENTS**

**UNDER 18 YEARS OF AGE**



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### UNDER 18 YEARS OF AGE

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 E: 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 takes responsibility for and approves the welfare arrangements for my child.

##### Section F: 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.



## CARE ARRANGEMENTS FOR INTERNATIONAL STUDENTS

### UNDER 18 YEARS OF AGE

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 Welfare

Chisholm undertakes to provide welfare support for your child for a specified period of time. If your child turns 18 while studying at Chisholm, Chisholm will cease providing welfare support on your child's 18<sup>th</sup> birthday. Alternatively, Chisholm has undertaken to provide welfare support 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 welfare support 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 [here](#):

#### 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. Chisholm takes responsibility for and approves the welfare arrangements for your child and undertakes to do the following:

- Provide hospital or first aid staff with permission to provide whatever treatment necessary to facilitate the recovery of your child
- Contact the parents/custodians (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. Since Chisholm takes responsibility for and approves the welfare arrangements for your child 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 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:



## CARE ARRANGEMENTS FOR INTERNATIONAL STUDENTS

### UNDER 18 YEARS OF AGE

- (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?

I acknowledge that as the provider of welfare support to 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.

I acknowledge that my child will receive medical attention deemed necessary by the Chisholm staff member responsible for the excursion.

Name of parent or legal custodian: \_\_\_\_\_

Signature of parent or legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Emergencies or conditions

Could you please provide any information which you would like Chisholm to take into consideration in the event of an emergency? \_\_\_\_\_

List any pre-existing medical conditions and any medications used, including dosage and frequency. Attach a care plan if applicable.

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Name of parent or legal custodian: \_\_\_\_\_

Signature of parent or legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_



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**PARENT OR LEGAL CUSTODIAN PLEASE NOTE**

**Section G – 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**

**Section H: Chisholm approval of accommodation and welfare arrangements**

Period: \_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Approved

Not approved

Comments (if any):

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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 \_\_\_\_\_

Contact details of authorised Chisholm Officer: Phone: \_\_\_\_\_ (hours)

Email: \_\_\_\_\_ (all hours)

Date: \_\_\_ / \_\_\_ / \_\_\_\_