

# STUDENT HOMESTAY APPLICATION FORM 2020

## APPLICANT DETAILS (Please complete all sections)

Family Name: .....

Given Names: ..... English Name: .....

Gender:  Male  Female

Country of Birth: ..... Date of Birth: ...../...../.....  
Day Month Year

Nationality on Passport: ..... Passport Number: .....

Email: ..... Mobile: .....

## CURRENT PLACE OF STUDY IN AUSTRALIA

School/English Language College: .....

How long have you attended?: .....

## NEW PLACE OF STUDY

High School: .....

Year Level: ..... Start date: .....

## FAMILY DETAILS

Student lives with:  Both Parents  Mother only  Father only  Other .....

Parents are:  Married  Divorced  Other .....

**Father's** name: ..... Occupation: .....

Email: ..... Business Tel: ..... Mobile: .....

**Mother's** name: ..... Occupation: .....

Email: ..... Telephone: ..... Mobile: .....

Address in Home Country: .....

.....

State/Country: ..... Post Code/Zip: .....

	Family Member's Name	Relationship	Age	Gender
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....

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## AGENT DETAILS

Company name: ..... Agent's name:.....

Email:..... Telephone: ..... Mobile: .....

## APPLICANT PREFERENCES

Do you have a Religion?  No  Yes Please specify Religion: .....

Would you accept being placed in a family of a different religion than yours?  No  Yes

Do you smoke? (It is illegal to smoke if you are under 18)  No  Yes

Would you mind staying with a family who smokes?  No  Yes

Do you have any allergies? (Cat fur, food)  No  Yes

Provide details: .....

Would you stay with a family that has pets?  No  Yes

If No, please state why? .....

Do you like children?  No  Yes

Do you have a special diet?  No  Yes

If Yes, provide details of diet: .....

Please describe your personality (are you shy, talkative, easy going): .....

Please tick the activities that you enjoy or would like to do while studying in Australia.

### Sports

- |   |                                      |                                     |                                       |
|---|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Badminton        | <input type="checkbox"/> Baseball    | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bicycling    |
| <input type="checkbox"/> Camping          | <input type="checkbox"/> Fishing     | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hiking       |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Sailing    | <input type="checkbox"/> Judo/Karate  |
| <input type="checkbox"/> Rugby            | <input type="checkbox"/> Soccer      | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Tennis           | <input type="checkbox"/> Athletics   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Surfing      |

Other .....

### Arts and Entertainment

- |                                   |                                      |   |                                |
|-----------------------------------|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Dancing  | <input type="checkbox"/> Drama       | <input type="checkbox"/> Flower Arranging             | <input type="checkbox"/> Music |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Photography | <input type="checkbox"/> Playing a Musical Instrument |                                |

Type of Musical Instrument: .....

Are there any activities you would especially like to pursue during your time in Australia? .....

.....

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## APPLICANT'S HEALTH INFORMATION (To be completed by Parent/Guardian)

### Emergency Contact Details (if we are unable to contact parents)

Name: ..... Relationship:.....

Email: ..... Business Tel: ..... Mobile: .....

### MEDICAL HISTORY:

### Provide details:

- |  |                             |                              |       |
|--|-----------------------------|------------------------------|-------|
| Taking prescribed medication   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Allergic or sensitive to any medication, such as antibiotics, aspirin, penicillin, sulphur | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Ever been hospitalised or had surgery  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Ever seen a psychiatrist or had psychiatrist care  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Vision concerns  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Hearing concerns   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Epilepsy   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Attention Deficit Disorder   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Heart Problems   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Frequent Headaches   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Frequent Colds   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Knocked Unconscious  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Phobias  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Ear Infection and/or Grommets  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Asthma   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Head Injury  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Convulsions/Febrile Convulsions  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Stomach Complaints   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Diabetes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Allergies  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |
| Other serious diseases/disorders/recurring illness   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | ..... |

I, declare that the applicant has been to a doctor and all important medical information has been included in this form and that the above information is accurate.

..... Date: .....

Applicant's signature

.....  
Applicant's name

..... Date: .....

Parent or legal guardian's signature

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## CONSENT FOR ADMINISTERING MEDICATION

I, ..... the Applicant or we .....  
as parents/guardians of the Applicant (under the age of 18 years), do hereby give consent to for our son/daughter to be given prescription and non-prescription drugs, such as medication as prescribed by a Doctor or cough/cold medication or medication for a headache.

## MEDICAL RELEASE AUTHORISATION

I, ..... the Applicant or we .....  
as parents/guardians of the Applicant (under the age of 18 years), do hereby authorise ISCA or its representative, the Australian host parents, to consent to any x-ray examinations, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of the said physician or surgeon or at a hospital. We also authorise any physician to release any information acquired in the course of examination or treatment. We hereby acknowledge that ISCA or its representative holds no responsibility for the Applicant's participation in any sport activities while in Australia.

It is understood that this authorisation is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgement may deem advisable.

This authorisation shall be valid for the entire period the Applicant is enrolled in the ISCA Homestay programme.

..... Date: .....

Applicant's signature

.....

Applicant's name

..... Date: .....

Parent or legal guardian's signature

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## AGREEMENT AND RELEASE

The applicant and/or parents hereby agree to waive and release ISCA and its agents from any claims they may have, including any claim or claims for injury, death, loss, damage, accident, delay or expense howsoever caused or arising. The Applicant and/or parents also release ISCA and its agents and agree to indemnify them, and pay for any financial obligations or liabilities that the Applicant may personally incur or any damage or loss or injury to person or property that the Applicant may cause while participating in the program.

ISCA or its representatives is not responsible for or liable for any personal injury, accident, illness, death, loss or damage suffered by any Applicant to their person or property, howsoever caused, for the duration of the program.

The Applicant and/or parent agree to pay immediately for any damage or loss to person or property suffered by any person, company, entity or third party (including ISCA), howsoever caused, including by deliberate act, omission, accident, mistake or negligently. The Applicant and parents agree to indemnify, save and hold harmless ISCA or its representatives against any claims, actions, damages and remedies made by any such person, company, entity or third party in respect of any such damage or loss.

If the applicant becomes ill or incapacitated, the Applicant and/or parents agree that ISCA or its agents may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. ISCA is released from all liability related to such actions.

In the event that ISCA or its agents advance or loan any monies to the Applicant or incur special expenses on his or her behalf, the parents agree to make immediate repayment to ISCA.

ISCA's publicity material may include statements by its Applicant and/or their photographs and the Applicant and parents consent to such use of comments and photographic material.

The Applicant and the parents agree that this agreement with ISCA cannot be modified or interpreted except in writing by ISCA.

I ..... (Applicant)

and

we ..... (Parents)

(Parent's name when Applicant under age of 18 years – please print)

hereby acknowledge that we have read and understood the contents of this application form and agree to the terms, conditions and rules contained herein.

(Father's signature)..... (Mother's signature) .....

(Applicant's signature)..... Date: \_\_\_/\_\_\_/\_\_\_

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## ISCA International Student Code of Conduct

The responsibility of International Student Care Australia (ISCA) is to provide International Students with a safe, secure and caring family environment that helps support and nurture them as they strive to achieve their best with their studies. Under the *Education Services for Overseas Students National Code 2018*, ISCA's obligation to ensure the safety and well-being of international students enrolled in the ISCA Homestay program is of the highest priority.

The following is a summary of the key responsibilities for students who are enrolled in the ISCA Homestay program:

### Attendance

1. Students are required to attend school on every school day. If a student is unwell a doctor's certificate or other supporting documentation may be required by the school. The Homestay family must advise the school of your illness each day of your absence. It is the student's responsibility to be informed and adhere to their school's Absentee Policy.
2. In accord with the conditions of the Student Visa Subclass 500, if the student's attendance falls below 80% for a term, the school will report the student to the Department of Immigration and Border Protection (DIBP).

### Overseas Student Health Cover (OSHC)

3. Students will maintain OSHC coverage for the duration of their student visa. This cover enables students to seek basic medical advice and assistance if required. Parents must give their permission for ISCA staff or Homestay parents to obtain any medical assistance required in the event of an accident or illness and guarantee to meet all costs.

### Contact Details

4. Students will advise ISCA and the Homestay family immediately if current personal contact details change. This includes a new mobile phone number or change of email address.
5. Students will obtain permission from ISCA and the school before changing accommodation.

### Homestay

6. Students are required to live with an ISCA approved or arranged homestay family for the duration of their studies, if a parent or close relative has not been nominated as a guardian/carer.
7. Students will advise the homestay family and ISCA of their emergency contact details and have sufficient charge and credit on their mobile phones so as to be contactable at all times.
8. Students will follow and respect homestay family household rules and property. These include showing consideration and courtesy, complying with nominated curfew hours (Sunday to Thursday home by 6.00pm and Friday and Saturday home by 10.00pm) and negotiating with the homestay family in regards to outings and visits.
9. Students will negotiate the use of telephone, computer and internet facilities with the homestay family and abide by the homestay family decision in relation to this usage. Students should not download large files (5MB or more, including movies, games and music) at the homestay family's internet expense. Additional charges to cover internet usage for movies, games or music may be charged by the Homestay family.
10. It is illegal for students to access pornographic or violent material and/or to download content that is illegal to possess by Australian law.

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11. Students are not permitted to smoke, consume alcohol, use non-prescribed drugs or possess offensive weapons (including martial arts items or knives) while enrolled in an ISCA Homestay program.
12. Students will be treated as a respected member of the family, and will be expected to be an active member of the household. There is a minimum of four weeks before a student can be moved to a new homestay family. Transfers to a new family will incur additional charges and will only be for valid reasons affecting a student's wellbeing. ISCA reserves the right to move a student in exceptional circumstances.
13. Students are invoiced by the semester and must provide 2 weeks written notice if leaving the program to secure a refund.

### Travel

14. Requests to travel must be made using the Travel Request form available from the school and travel will only be permitted if it has been approved by the school and ISCA.
15. Travel during term days and school hours is prohibited except for activities organised by the school.
16. Students are permitted to travel within Australia during weekend or school holidays only with:
  - a. The host family or,
  - b. Prior school and ISCA approval and completion of the school's Travel Request form. (minimum of 7 days' advance notice).
17. Independent travel overseas (except to go directly home for holidays) is not permitted.
18. When returning home for school holidays, students must allow sufficient time when booking flights to and from Australia so as not to arrive late for the first day of term or depart earlier than the completion of each school term. All flight itineraries must be submitted and approved in advance by the school prior to booking. All flights must arrive and depart Australia during daylight hours, if at all possible. Students must advise Homestay hosts of their flight departure and return dates and provide a copy of the airline ticket.

### Overnight and weekend stays

19. Students can stay overnight with a friend during weekends only if prior permission from both Homestay families and school has been given. Students are required to submit the Travel Request form to gain prior school approval (minimum of 5 days' advance notice).

### Australian Law and ISCA Policy

20. Students will obey Australian laws and regulations at all times.
21. Students are not permitted to be served or consume alcohol in licensed premises or public places.
22. It is illegal to possess and/or use non-prescribed drugs in Australia.
23. Students will not engage in inappropriate sexually explicit behaviour at any time.
24. Students must seek permission from their host school to work in accordance with the *Queensland Child Employment Regulation 2006*.

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25. Students enrolled in an ISCA program may only drive a vehicle in Australia if they have obtained an Australian driving licence. Driving lessons to obtain an Australian driving licence must be undertaken with a professional driving school and instructor. Fees will apply for these lessons.
26. Students enrolled in an ISCA program must not ride in cars driven by any Provisional License holders (i.e. P plates) including children of the host family.

**I have read and understand the ISCA Code of Conduct. I understand that my Homestay Accommodation may be cancelled without refund if I do not comply with the above Code of Conduct.**

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

Full Name (in English as per passport): \_\_\_\_\_

As parents/guardians of the Applicant (under the age of 18 years), I understand and agree that my son/daughter will comply with the ISCA Student Code of Conduct.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or legal guardian's signature



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## Guidelines for Students on a Student Visa Subclass 500 Information Sheet for Students Student Visa Compliance

### IMPORTANT

Student 500 visas are granted subject to a number of conditions. The information below provides a summary of each of these conditions and you should read and understand them. Non-compliance could result in your visa being cancelled and you would be required to leave Australia.

#### Visa Condition No. 8202 – Attendance

- I must maintain full time enrolment
- I must attend a minimum of 80% of classes

#### Visa Condition No. 8532 – Accommodation Arrangements

- If I am under 18 I must stay in
  - Approved homestay accommodation
- I must not change my accommodation arrangements without written approval

#### Visa Condition No. 8516 – Changing Education Provider

- I am not permitted to change education provider (current school) until I have completed 6 months of my study.

#### Visa Condition No. 8105 – Work

- I am only permitted to work up to 40 hours per fortnight (14 days) during the school term

#### Visa Condition No. 8501 – Health Insurance

- I must maintain adequate arrangements for health insurance while in Australia. You must maintain Overseas Student Health Cover (OSHC)

**I have read and understand the conditions relating to my student Visa Subclass 500. I understand that my visa may be cancelled if I do not comply with the above conditions.**

Signed:

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

Full Name (in English as per passport): \_\_\_\_\_