

## TYPE 3 TRAVEL – OUTSIDE LOCAL AREA / HOLIDAY TRAVEL AND ACTIVITIES CONSENT FORM FOR INTERNATIONAL STUDENTS

**SECTIONS A TO C TO BE COMPLETED AND SIGNED BY THE STUDENT AND PROVIDED TO THE INTERNATIONAL STUDENT COORDINATOR AT LEAST (x) DAYS PRIOR TO TRAVEL. INTERNATIONAL STUDENT COORDINATOR TO SEEK CONSENT FROM PARENT(S)/GUARDIAN(S) (VIA AGENT if applicable), THE HOMESTAY PROVIDER AND SCHOOL PRINCIPAL.**

This form applies to travel outside the local area and holiday travel away from the Homestay Provider's home, organised tours, and any travel not covered by the Type 2 Travel.

**IMPORTANT: Travel, accommodation and activities should not be booked until approval has been provided by the School Principal. EQI, through the school Principal retains the final right of approval for overnight student activities/travel.**

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### SECTION A: STUDENT AND TRAVEL DETAILS

Student's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Student's Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Flight/Ticket Number: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_ Flight/Ticket Number: \_\_\_\_\_

Transport Provider: \_\_\_\_\_ (eg, airline, bus company etc)

**DETAILS OF THE TRIP/ACTIVITY:** (list the purpose of the trip, name of organised tour if applicable and attach a detailed itinerary)

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This type of travel will occur on a regular basis. (Give details).

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### ACCOMMODATION DETAILS (if applicable)

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Dates of stay: \_\_\_\_\_

*(If the student will stay at more than one address, please provide the above details for each stay on a separate page).*

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**SECTION B: SUPERVISION DETAILS**

**WHO WILL SUPERVISE THE STUDENT?** (Please provide details)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Position/ relationship to student: \_\_\_\_\_ Position/ relationship to student: \_\_\_\_\_

Blue Card Number: \_\_\_\_\_ Blue Card Number: \_\_\_\_\_  
(if applicable) (if applicable)

Planned check back times with parent and/or Homestay Provider: \_\_\_\_\_

\_\_\_\_\_ Telephone number/s: \_\_\_\_\_

If the student requires transport by the Homestay provider to or from a collection or drop off point please provide details:

\_\_\_\_\_ Date and Time

Pick up/drop off point

\_\_\_\_\_ Mobile/Contact number

Name of person/s who will transport the student

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**SECTION C: STUDENT VERIFICATION**

I verify that the information I have provided on this form is complete and accurate (providing false or misleading information may result in the deferment, suspension or cancellation of enrolment):

\_\_\_\_\_

| STUDENT NAME | SIGNATURE | DATE |
|--------------|-----------|------|
|--------------|-----------|------|

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**SECTION D: CONSENT- PARENT(S) / GUARDIAN(S) AND HOMESTAY PROVIDER**

I have read the above terms and conditions and give permission for my son/daughter/homestay student to travel as per the details specified above. I understand that travel can only occur where the Principal has also given his/her approval.

\_\_\_\_\_

| PARENT/GUARDIAN (NAME) | SIGNATURE | DATE |
|------------------------|-----------|------|
|------------------------|-----------|------|

\_\_\_\_\_

| HOMESTAY PROVIDER (NAME) | SIGNATURE | DATE |
|--------------------------|-----------|------|
|--------------------------|-----------|------|

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**SECTION E: PRINCIPAL'S APPROVAL**

- The travel arrangements are assessed as appropriate and safe for the student.
- The student will be appropriately supervised.
- APPROVED  NOT APPROVED

\_\_\_\_\_

| PRINCIPAL'S NAME | SIGNATURE | DATE |
|------------------|-----------|------|
|------------------|-----------|------|

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***PLEASE NOTE: participation in extreme sports and high risk activities will not be approved. High risk activities include but are not limited to: abseiling, bungee jumping, caving, canyoning, hang gliding, jet skiing, motorcycling, mountain climbing, parachuting, parasailing, racing (other than on foot), rock and/or mountain climbing, shark-cage diving, sky diving, white water rafting and ocean yachting***

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The Department of Education, Training and the Arts collects and maintains the information requested on this form for the purpose of facilitating the Homestay program. The information on this form will be used by the Department of Education, Training and the Arts ("DETA") for or in connection with the Homestay program. This information may be disclosed to other persons or entities as required or authorised by law.