

STUDYTOURS

OVERSEAS VISITOR PROFILE

NOTE: This form is best completed using the program Adobe Acrobat Reader. If Adobe Acrobat is not loaded onto your PC or Mac then you can download it for free from <https://get.adobe.com/reader>. You can also complete the form using the browser Internet Explorer.

PLEASE COMPLETE THIS FORM IN ENGLISH

PART A: VISITOR DETAILS

First name

Surname

Gender

Male

Female

Date of birth (DD/MM/YYYY)

Age

Nationality

Emergency contact details of parent/guardian

Full name

Phone Number

Address

Email

Education

School name

Current year in school

Number of years studying English

PART B: MEDICAL DETAILS

Do you have any allergies? No Yes (*please tick one*)

If yes, include any food, animal and drug allergies (please provide full details and medication taken):

Do you have any illnesses/medical conditions? No Yes (*please tick one*)

Include asthma, diabetes, epilepsy or anaphylaxis (If yes, you must advise treatment and medication taken including use of an adrenaline autoinjector e.g. EpiPen):

Is there anything else in the visitor's history or circumstances not already advised that might pose a risk to students or staff in NSW government schools? No Yes (*please tick one*)

(If yes, you must provide full details):

PART C: HOMESTAY

Only complete this section if NSW government schools are arranging homestay

Placement preference Single Double
 Smoking preference Non-smoking No preference Outside only
 Pets preference Prefer pets No pets Outside pets only

Message to host family

Family members

RELATION	NAME	OCCUPATION	AGE

Interests/Hobbies/Sports

PART D: PERMISSION TO PUBLISH AND CONSENT

I/we consent to the aforementioned overseas visitor named in this form, being photographed/filmed for publication within the NSW Department of Education's internet sites, social media, newspaper, external publication, television and on other associated promotional material.

Yes No *(please tick one)*

I/we consent to the aforementioned overseas visitor named in this form participating in all study tours and homestay activities (both on and off the school and homestay premises) including any excursions and trips arranged by the school and homestay provided during the program.

I/we consent to the aforementioned overseas visitor named in this form, in the event of an emergency, using ambulance transportation and or receiving such medical or surgical treatment as may be deemed necessary. This may include, but not be limited to, placement in a hospital, use of doctor's services and transportation to the home country.

I/we understand that the accompanying adult is responsible for all costs incurred in providing medical treatment and associated service to the overseas visitor, as aforementioned.

I/we agree to reimburse the host family or the local school for any damage the aforementioned overseas visitor named in this form may cause.

Signature of Parent (if visitor under 18 years of age):

Signature of Visitor (if over 18 years of age):

PLEASE PRINT THE FORM AND SIGN IT
BEFORE RETURNING IT TO YOUR AGENT