NSW GOVERNMENT SCHOOLS

# Study Tours 遊學之旅

## OVERSEAS VISITOR PROFILE 海外旅客個人檔案

**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. Ensure it is typed, not handwritten.**
**請用英語填寫這份表格. 請確保使用電腦打字, 而非手寫.**

**Part A: A部分: 旅客個人資料**

First name 名字 _____ Surname 姓氏 _____

Gender 性別 ☐ Male 男 ☐ Female 女

Date of birth (DD/MM/YYYY) 出生日期 日/月/年 _____ Age 年齡 _____

Nationality 國籍 _____

**Emergency contact details of parent/guardian 緊急聯絡人 (父母／監護人)**

Full name 全名 _____ Phone Number 電話號碼 _____

Address 地址 _____

Email 電郵 _____

**Education 教育**

School name 學校名稱 _____

Current year in school 就讀年級 _____ Number of years studying English 學習英語的年數 _____

**Part B: Medical Details B部分: 醫療資料**

Do you have any allergies? 是否有過敏？ ☐ No 否 ☐ Yes 是 (please tick one) (請勾選一 項)
If yes, include any food, animal and drug allergies (please provide full details and medication taken):
如有過敏的話, 包含對任何食物, 動物及藥物過敏 (請提供詳細資訊和所服用的藥物):

Do you have any illnesses/medical conditions? 是否有任何疾病／病況?
☐ No 否 ☐ Yes 是 (please tick one) (請勾選一項)

Include asthma, diabetes, epilepsy or anaphylaxis (If yes, you must advise treatment and medication taken including use of an adrenaline autoinjector e.g. EpiPen): 包括氣喘, 糖尿病, 癲癇或過敏性休克 (如有任何疾病, 請務必告知您所使用的藥物及治療, 例如使用腎上腺素自動注射器EpiPen):

Do you have any history of violent behaviour? 該訪客過去是否曾有暴力行為？

☐ No 否 ☐ Yes 是 (please tick one) (請勾選一項)

If yes, you must provide full details (若回答「是」，請務必提供完整說明)：

Have you been hospitalised in the last 2 years? 該訪客在過去兩年內是否曾住院？

☐ No 否 ☐ Yes 是 (please tick one) 請勾選一項

If yes, you must provide full details 若回答「是」，請務必提供完整說明:

Please indicate if you have any of the following: 請註明該訪客是否有以下情況：

☐ Autism 自閉症
☐ A physical disability 肢體障礙
☐ Behaviour disorder 行為障礙
☐ A vision impairment 視覺障礙
☐ A hearing impairment 聽覺障礙
☐ Difficulties in learning 學習困難
☐ Intellectual disability 智能障礙
☐ A language disorder 語言障礙
☐ Acquired brain injury 後天性腦損傷
☐ Mental health disorder 心理健康問題
☐ Other (please specify) 其它 (請具體說明)

Is there anything else in the visitor's history or circumstances not already advised that might pose a risk to themself, students or staff in NSW Government schools? 該旅客是否有任何經歷或情況尚未透露, 但可能使新南威爾士州立學校的師生員工處於風險之中? ☐ No 否 ☐ Yes 是 (please tick one) (請勾選一項) (If yes, you must provide full details) (如果有, 請務必提供詳細資訊):

**PART C: Homestay C部分: 寄宿家庭**

Only complete this section if NSW Government schools are arranging homestay
若由國際教育部安排寄宿家庭, 才須填寫這一部分

Placement preference 分配偏好 ☐ Single 單人 ☐ Double 雙人
Dietary requirements 飲食需求 ☐ Kosher 猶太潔食 ☐ Halal 清真食品 ☐ Vegan 素食 ☐ Gluten Free 無麩質飲食

Message to host family 給寄宿家庭的訊息

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Family members 家庭成員

| Relation 關係 | Name 姓名 | Occupation 職業 | Age 年齡 |
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Interests/Hobbies/Sports 興趣／嗜好／運動

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**PART D: Permission to publish and consent D部分: 允许並同意發佈肖像**

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. Note: You have agreed to participate in the study tour. We may collect photograph and film content for publication. If you choose to participate in the study tour, we may be unable to exclude you from any photograph or film content. 本人同意為本表所列之上述海外訪客拍攝照片及／或錄影，並同意將其發布於新南威爾斯州教育部網站、社群媒體、報章刊物、對外出版品、電視及其它相關宣傳資料中。注意：您已同意參加遊學項目。我們可能會採用項目中某些照片或影像資料用於宣傳，而這些片段中可能會包含您的肖像或聲音。

☐ Yes 是 ☐ No 否 (please tick one) (請勾選一項)

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. 本人同意本表所列之上述海外訪客，將參與所有遊學之旅及寄宿家庭的活動 (無論是校內校外或寄宿家庭內外的活動)，包括任何由學校及寄宿家庭在遊學項目中安排的郊遊及旅程。

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: as well as COVID related medical care and testing. 本人同意本表所列之上述海外訪客，若有任何緊急情況，將使用救護車和／或接受視乎情況覺得必要的醫療或手術治療，這可能包括但不僅限於住院，醫生看診，送回母國，及COVID新冠測試治療相關的醫療需求。

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. 本人瞭解隨行成人須負責支付為上述海外訪客提供醫療及相關服務所產生的所有費用。

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. 本人同意賠償上述海外訪客可能造成之任何損失或損害，並對學校及寄宿家庭負擔相關賠償責任。

Signature of Parent (visitor under 18 years of age): 家長簽名 (如訪客未滿18歲):

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Signature of Visitor (over 18 years of age): 訪客簽名 (如訪客已滿18歲):

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**Please use your digital signature to sign this form before returning it to your agent.**
**If you do not Have a digital signature, please print the form and sign it before returning it to your agent.**
**請使用電子簽名簽署本表，並將其送交遊學代理。如無法使用電子簽名，請列印本表並親筆簽署後，再送交遊學代理。**

CLICK TO PRINT FORM

7/10/26