**NSW Registration Committee for International Secondary Student Exchange**

**REQUEST STUDENT ACCOMMODATION WITH A SINGLE HOST PARENT**

**Host organisations must satisfy DE International that they have conducted a secondary review prior to placing any student with a single host parent.**

**Please complete the form and email to** [studentexchange@det.nsw.edu.au](file:///%5C%5COXVDATA4.central.det.win%5CDECI_Data6%5CDEI%20-%20International%20Students%5CSecondary%20Student%20Exchange%5CCURRENT%20TEMPLATES%202018%5Cstudentexchange%40det.nsw.edu.au) **who will review the information and provide authorisation if applicable.**

**ORGANISATION DETAILS (***To be completed by the organisation coordinating the exchange program)*

|  |  |
| --- | --- |
| Organisation Name: |  |
| Reviewing Officer: |  | Date: |  |

**STUDENT DETAILS**

|  |  |
| --- | --- |
| **AASES Form No:** |  |
| First Name: |  | Family Name: |  |

***Please provide details of the secondary review of the host parent. The review must be conducted by a person other than the person who initially recruited this person***

 **DETAILS OF THE REVIEW**

**A secondary review of the host parent was conducted on:** (dd/mm/yyy) **by:** (Name of Reviewer)

**In addition to this, reference checks have been completed with the following individuals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ref: 1 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |
| Ref: 1 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |
| Ref: 1 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |

**DEMONSTRATED EVIDENCE OF THE INDIVIDUAL’S FRIENDS OR FAMILY WHO CAN PROVIDE AN ADDITIONAL SUPPORT NETWORK:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Support: 1 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |
| Support: 2 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |
| Support: 3 | Name | Full Address | Contact Phone Number | Relationship to Host Parent |

**EVIDENCE OF TIES TO THE COMMUNITY**

Please provide details relating to host parent activities e.g. including involvement with Sporting Clubs, Rotary, length of time, etc….) and any supporting information.

|  |  |
| --- | --- |
| Club/Association/Activity: |  |
| Club/Association/Activity: |  |
| Club/Association/Activity: |  |
| Club/Association/Activity: |  |

 **STATEMENT:**

(*Insert name of Host Parent*) satisfies the criteria required for a single host parent and (*Insert name of Host Organisation*) recommends this candidate be accepted as a single host parent under the student exchange program.

All Working With Children Checks (WWCC) have been completed and provided to Student Exchange - DE International.

(Coordinator’s Signature) ……………………………. (Date) …………………..

**PLEASE RETURN TO:**

**Student Exchange**

**NSW Department of Education**

Email: [studentexchange@det.nsw.edu.au](file:///%5C%5COXVDATA4.central.det.win%5CDECI_Data6%5CDEI%20-%20International%20Students%5CSecondary%20Student%20Exchange%5CCURRENT%20TEMPLATES%202018%5Cstudentexchange%40det.nsw.edu.au)