Travel and activities request form

This form is to be used by <u>overseas students</u> participating in the Education Queensland International (EQI) homestay program ('homestay students'), who are seeking approval for non-routine travel and activities as specified in the EQI Standard terms and conditions.



Privacy Statement

EQI is collecting the information on this form to assess your request for approval to undertake non-routine travel and activities. The information collected on this form may be provided to your parents, homestay provider, school and EQI. The information will be recorded, used and disclosed for the purposes of the principal (or delegate) on behalf of EQI considering and approving or declining to approve your request. This information may be used for behaviour management and to cancel your enrolment if you provide false or misleading information, or fail to provide relevant information. Your personal information may otherwise be used or disclosed where authorised or required by law.

How to complete this form

- 1. Complete Section A: Student details.
- 2. Complete Section B: Type of travel or activity.
- 3. Complete Section C, D OR E depending on the type of travel or activity selected in Section B.
- 4. Sign Section F: Student's agreement.
- 5. Give the form to your homestay provider and ask them to complete Section G: Homestay provider acknowledgement.
- 6. Follow your school's instructions about parent/legal custodian agreement (Section H).
- 7. Give the form to your international student coordinator to give to the school principal (or delegate) with all required supporting documents attached.

Important:

- Follow your school's instructions on submitting this form (e.g. timeframes) please see your international student coordinator if you
 have any questions.
- Students must not book travel, accommodation and/or activities until approval has been provided.
- Students <u>must not</u> participate in high-risk activities, unless approved by EQI.
- You must keep your international student and/or homestay coordinator and homestay family informed of any changes to your emergency contact details.

Section A: Student details									
Student name:					School:				
Date of birth:		EQI student ID:		D:		Year level:			
Insurance Provider:					Insurance policy number:				
Section B: Type of travel or activity									
	Return to my home country during my course of study with EQI. <i>Please complete Section D.</i>								
	Stay overn	tay overnight at a friend's house. <i>Please complete Section E.</i>							
	Travel with	Travel with parent/legal custodian. Please complete Section C.							
	Other. Please complete Section C.								
Section C: Travel with parent/legal custodian or Other activity									
Detail of activity (e.g. Travel with parent; water activity; horse riding club)									
Date & time of departure:					Date & time of return:				
Will this travel or activity be reoccurring: Yes No If yes, list dates and times:									
Mode/s of transport: Airplane Bus Train Private vehicle (provide driver details): Other:									
Location/s: Please provide address details, including name of accommodation and full street address, if staying overnight.									
Details: Please provide as much detail as possible or attach details (e.g. brochure, activity program, tour itinerary).									
Name of company/organization:(If applicable)									
List school	List school friends also participating: (If applicable)								

Name of supervising adult/parent/legal custodian:										
Age of supervising adult: Must be over 21 years old (If applicable)										
Phone number:						Mobile	e number:			
Email add	lress:									
Blue card	number an	d expiry dat	e (or equivalent):							
(If applica	ble)									
Supervisor/parent/legal custodian relationship to student: (If applicable)										
Any other	r relevant ir	nformation:								
			Sectio	n D: Returnir	g to home co	untry				
	me of depa									
You <u>must</u>	attach you	flight itiner	ary							
		l back into								
		flight itiner	·							
	-	d on the tra								
-			f person travelling with plane, have you been b	-	accompanied m	sinor2 [☐ Yes ☐ No			
					<u> </u>					
			and from the airport i please give details):	n Australia and	d how you will g	et to ar	nd from the airport in	your home country (if		
meenang	to use pub.	ic transport,	preuse give details).							
	I have followed my school's instructions regarding parent approval and have discussed my plans with my parent before submitting this form.									
			Section E: Overnight stay at a friend's house							
Name of friend:										
Name of	friend:				,					
		adult: Must	be over 21 years old		.,					
	supervising	adult: Must			Mobile numb					
Name of	supervising mber:	adult: Must								
Name of s Phone nu Email add	supervising mber: lress:	adult: Must	be over 21 years old							
Name of s Phone nu Email add Address of	supervising mber: lress: of where yo		be over 21 years old		Mobile numb	er:	ement" is not required)		
Name of s Phone nu Email add Address o Is this an Blue card	mber: lress: of where yo approved E	u are stayin _i QI homesta d expiry dat	be over 21 years old		Mobile numb	er:)		
Name of s Phone nu Email add Address o Is this an Blue card	supervising mber: lress: of where yo approved E number an	u are staying QI homesta d expiry dat applicable)	be over 21 years old 3: y provider: Yes e (or equivalent) for	No (If Yes,	Mobile numb	er:)		
Name of s Phone nu Email add Address of Is this an Blue card supervisin	supervising mber: lress: of where yo approved E number an	u are staying QI homesta d expiry dat applicable)	be over 21 years old g: y provider: Yes		Mobile numb	er:)		
Name of s Phone nu Email add Address of Is this an Blue card supervisin	supervising mber: lress: of where yo approved E number an ng adult: (If	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes,	Mobile numb	er:)		
Name of s Phone nu Email add Address of Is this an Blue card supervisin	mber: Iress: of where yo approved E number an ng adult: (If Regular ov	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes, Date/s:	Mobile numb	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin	mber: Iress: of where yo approved E number an ng adult: (If Regular ov	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes, Date/s:	Mobile numb	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin	mber: Iress: of where yo approved E number an ng adult: (If Regular ov	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes, Date/s:	Mobile numb	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin	mber: Iress: of where yo approved E number an ng adult: (If Regular ov	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes, Date/s: Date: Date:	Mobile numb "Section H: Pare	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin	mber: Iress: of where yo approved E number an ng adult: (If Regular ov	u are staying QI homesta d expiry dat applicable) rernight stay	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates)	No (If Yes, Date/s: Date: Date:	Mobile numb	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of	supervising mber: lress: of where yo approved E number an ng adult: (If Regular ov One off ov	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla	Date/s: Date:	Mobile numb "Section H: Pare vide as much de	er:	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of	supervising mber: lress: of where yo approved E number an ng adult: (If Regular ov One off ov overnight:	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla	Date/s: Date: ce: Please production F: Stud	Mobile numb "Section H: Pare vide as much de	er: ent Agre	ement" is not required			
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of	supervising mber: lress: of where yo approved E number an ng adult: (If Regular ov One off ov overnight: e read and ue e read and ue	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla Se the privacy notice on the the requirements regain	Date/s: Date: ce: Please production F: Stud	Mobile numb "Section H: Pare vide as much de	er: ent Agre	ement" is not required	es policy, procedure and		
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of	mber: Iress: Iress: If where you approved Enumber and and the read and	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla yel/activities taking pla itions; and his request form is true	Date/s: Date: cetion F: Stud is request form right of the request and accurate to the request to the request to the request form right of the rig	Mobile numb "Section H: Pare vide as much de ent agreemen i; d activities, out to the best of my	er: ent Agre tail as p	ossible. the Travel and activitiedge.			
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of I declare t I have All int I am a	mber: Iress: Iress: If where you approved Enumber and and the read and	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	be over 21 years old g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla Se the privacy notice on the the requirements regarditions; and	Date/s: Date: cetion F: Stud is request form right of the request and accurate to the request to the request to the request form right of the rig	Mobile numb "Section H: Pare vide as much de ent agreemen i; d activities, out to the best of my	er: ent Agre tail as p	ement" is not required ossible. the Travel and activitiedge. ecreation provider.			
Name of s Phone nu Email add Address of Is this an Blue card supervisin Details of	mber: Iress: Iress: In where you approved Enumber and adult: (If Regular over of overnight: Ithat: I	u are staying QI homesta d expiry dat applicable) rernight stay rernight stay stay and trav	g: y provider: Yes e (or equivalent) for s (provide dates) yel/activities taking pla yel/activities taking pla itions; and his request form is true	Date/s: Date: cetion F: Stud is request form right of the request and accurate to the request to the request to the request form right of the rig	Mobile numb "Section H: Pare vide as much de ent agreemen i; d activities, out to the best of my	er: ent Agre tail as p	ossible. the Travel and activitiedge.			

Continue C. III. II. II. II. II. II. II. III. I									
			Section G:	Homestay provider acl	knowledge	ment			
I acknowledge that:									
• the student, named in Section A of this form, who currently lives with me, wishes to participate in the travel or activity stated on this form; and									
final appr	proval lies with the Principal (or delegate) identified below.								
I support this	I support this request.								
Name:					Email:				
Signature:					Date:				
			9	Section H: Parent agree	ement				
I give per	mission	for my child, nan	ned in Section A	of this form to travel or	participate i	n the t	ravel or activity s	tated above; and	
		ave read and und			·		,		
				l and activities, outlined in	n the EOI Sta	andaro	d terms and condi	tions	
	o th	ne terms and con	ditions and sup	porting information for th ch as waivers, if required)	e Sport, Lei				
	o m	ny son/daughter h	nas the water sl	kills suitable for this activit	ty (please tid	ck) YE	S □ NO □ NOT	APPLICABLE \square	
Name:					Email:				
Signature:					Date:				
		Section I:	International	student or Homestay o	oordinato	r reco	mmendation		
I confirm that	t:								
	This fo	This form is complete and I have made all necessary enquiries to confirm the information provided.							
	activit	I have considered all relevant circumstances including the nature of the activity, student suitability to undertake water activity has been checked (if applicable), arrangements for supervision, the student's welfare, age and maturity and the views of the student's parent and homestay provider.							
		ave checked that the company/organisation is listed on the Sports, Leisure and Recreation Provider list and if a waiver is quired. If yes, insert date checked: If no, submit an application to EQI before approving.							
	All support documentation and approvals are attached (incudes waivers, email consent etc.)								
I recommend	I recommend that:								
	This request be approved								
	This request be declined for the following reason/s:								
Name:					Email:				
Signature:					Date:				
			Section	ı J: Principal (or delega	te) approv	al			
	I give	I give permission for the student named on this form to travel or participate in the travel or activity stated above.							
	I DO NOT give permission for the student named on this form to travel or participate in the travel or activity stated above.								
Comments (e.g. condition of approval or reason for not granting permission):									
Name:	<u></u> 8. wii	6 F							
							Date:		
Signature:							Date.		
School:					Position: If delegate	e			