International Student Application

Please note all sections of this application must be completed and forwarded to the College.

A check list has been provided to assist you with this.

Application (Pages 2 & 3)  Yes ☐  No ☐
Student's Writing Page (Page 4)  Yes ☐  No ☐
Privacy of Collected Information (Page 5)  Yes ☐  No ☐
Homestay Application (Pages 6, 7 & 8)  Yes ☐  No ☐
Medical Form  Yes ☐  No ☐

Documents also required:

Copy of Birth Certificate or other evidence of date of birth  Yes ☐  No ☐
Copies of the last two years school reports (translated or certified if not in English)  Yes ☐  No ☐
Copies of any Public Examination Results  Yes ☐  No ☐

Please Note: Thomas Carr College will require the applicant to undergo an English Assessment Test.
Application for Enrolment of International Students

Application Date ..........................................

Student Details

Family Name .............................................
Given Name.............................................
Preferred name (if any) ...............................  
Year Applying for  20...... Year Level ...............  
Citizenship ............................................
Religion ..................................................
Gender (Male/Female) ..................................
Date of Birth ..........................................  
Country of Birth ........................................
Passport Number ........................................
Current/Last School attended ..........................
Address of School ......................................
Highest Academic Level ...............................  

Parent's Details

Fathers Surname ........................................  
First Name .............................................
Occupation .............................................
Residential Address ...................................  
Home Phone No ........................................  
Business Phone No .....................................
Email Address ..........................................  

Mother's Surname .......................................  
Occupation .............................................
Residential Address ...................................
Home Phone No ........................................  
Business Phone No .....................................
Email Address ..........................................  

Guardians Details (In Australia if applicable) Agent Details / Agent Stamp
Name .....................................................  
Agent Name ...........................................
Occupation .............................................
Address ..................................................
Home Phone No ........................................  
Phone No ..............................................  
Business Phone No .....................................
Fax No ....................................................
Email Address ..........................................  

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Conditions of Enrolment

1. The student or the Parent/Guardian will pay to Thomas Carr College the fees and charges for tuition and for the supply of goods and services to the student, as determined by the College.

2. All fees and charges will be payable twelve months in advance on the acceptance of a place at Thomas Carr College i.e. Tuition Fees, Overseas Students’ Health Cover, English Assessment Fee and English / Orientation Fee if required. This fee will be paid by Bank Draft for Australian Dollars, payable to Thomas Carr College. (*Current costs are included in the International Students’ Schedule of Fees Outline*)

3. Any variation of the Terms and Conditions of this agreement must be in writing and signed by the Principal or his authorised delegate.

4. The student will be required to complete the recommended number of weeks of English Language instruction if necessary as arranged by Thomas Carr College.

5. The student will be required to accept and comply with, all the rules and regulations as outlined in the Student Diary and the Year Level Handbooks distributed each year.

6. The student will be required to study diligently and to cooperate with fellow students and teachers at all times.

7. The student must live in an appropriate Homestay arrangement approved by the College and comply with the regulations outlined in the Application for Homestay.

8. At least one term’s notice must be given in writing to the Principal by the parent/guardian if the student is to be withdrawn. In this instance, one full term’s fees will be retained and the balance of fees refunded.

9. The student must comply with the regulations that the Australian Government has in place for overseas students studying in Australia. (See ESOS Framework and College Policies)

Thomas Carr College acknowledges that:

1. It will refund the full tuition Fee and Overseas Student Health Cover (OSHC) fee if entry to Australia is refused by the Australian Immigration Authorities.

I have read and fully understand the Thomas Carr College Conditions of Entry. I acknowledge that any breach of these conditions can result in the termination of the enrolment by the College.

Student Signature.......................................................... Date........................................

Parent/Guardian Signature............................................ Date........................................

Principal................................................................. Date........................................
Student’s English Written Work

Applicants are requested to complete a piece of writing in English and include this with your application. This is to assist us in processing your application.

It is suggested that you write a half page in English and that you write information about your family, yourself and your interests / hobbies and the school you are attending now.

Student’s Name: ............................................................................

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Thomas Carr College

Privacy of Collected Information

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the College’s legal obligations, particularly to enable the College to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.

5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, medical practitioners, and people providing services to the College, including counselors, specialist visiting teachers, sports coaches and volunteers.

6. If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.

7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in College newsletters, magazines and on our website.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.

9. As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and College directory.

11. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access the information if they wish and that the College does not usually disclose the information to third parties.

12. Thomas Carr College uses photos of students when promoting the College. We believe this is the best form of promotion, showing the students in their natural learning environment. These photos may be taken whilst your child is participating in school functions, events and/or classes.

Do you give consent for the College to publish your child’s photo (please indicate) Yes ☐ No ☐

_________________________________________________________________________

I/we (name)

being Parent / Guardian of (student name)

have read the above information and understand the contents herein.

Signature ___________________________ Date ___________________________

Signature ___________________________ Date ___________________________
Home Stay Policy

Thomas Carr College requires all International Students to live with a host family (Home stay) as the College does not have boarding facilities. We are concerned for the well-being of students we take into the International Programme hence we believe that the best environment for secondary students, irrespective of age, is with a family where their well-being and studies can be monitored.

Permission may be granted for a student to live with a relative or close family friend if the home is located within normal travel distance from the College. Notification of this arrangement must be made prior to the student arriving in Australia. The College will require all details of this arrangement at this time before approval will be given.

Our policy is to place all students with a family within five kilometers of the College where possible.

- All home stay placements will have access to either the College bus or public transport, if the home is not within walking distance of the school.
- Students will be placed with a family where English is spoken in the home. However, it is realistic to expect that an Australian family will be of a particular ethnic background as Australian families originate from many parts of the world.
- All host families are checked carefully. This includes a meeting and an inspection of the home and the amenities that will be offered to a student.
- A police clearance and/or “working with children check” is required for all adults in the home and a reference where the family is not already associated with the College. This also applies to a host family selected by the parents unless it is a close relative.
- The home stay situation is closely monitored by the College and concerns are dealt with as soon as reported to the College.
- Where the situation becomes untenable for either the student or the host family, a suitable change of host family will be arranged by the College.
- Students are not permitted to re-arrange their own accommodation without the permission of the Principal, or person authorised by the Principal.
- Both the student and the host family have access to the College at all times should the need arise.
- Normally students with the same language background would be placed with different homestay families to maximise the students’ chances of improving their English skills.
- Students generally pay the accommodation fees directly to the homestay family.
- Students are not permitted to sleep over with another family or friend without knowledge and permission, of both the Director of International Students and the homestay family.
- Students must comply with the requirements as set out in the National Framework, 2007 – the ESOS Framework.
- Students, irrespective of age, are expected to discuss their social activities with the homestay parents before leaving the house on weekends and/or holidays. The host family must know the whereabouts of the students in their care at all times.
**Homestay Application**

Family Name: ____________________  Given Names: ____________________

Date of Birth: _______________

**Homestay Preferences**

*To help us place students with an appropriate family, please complete the following. This information will be used as a guide when placing students. However, we may not be able to meet all your requests.*

Your son / daughter would prefer to live:
- In a household with no children  Yes  No
- A household with young children  Yes  No
- No preference  

Do you object to smoking in the home?  Yes  No

*Please note that there are strict smoking regulations in Australia and in most homes for health reasons.*

Are you willing to help your host family with household chores?  Yes  No

Please give details.__________________________________________________________

__________________________________________________________

Do you require any medication? Give details:

__________________________________________________________

__________________________________________________________

Are there any medical conditions / allergies which the school and the host family need to know about the student?  Give details: (The “Student Medical Form” must also be completed and submitted to the College.)

__________________________________________________________

__________________________________________________________

Are there any religious considerations which the school and / or the host family need to be aware of?

__________________________________________________________

__________________________________________________________
Homestay Permission Notice

We regard your son / daughter’s welfare to be of the utmost importance, hence whilst he / she is staying with a homestay family and studying at Thomas Carr College, your child will be cared for as a member of the homestay family. It is necessary that you agree to this understanding and to each of the following requirements.

- My son / daughter will live with a homestay family as if he / she were a member of the family.
- The homestay parents will act as custodial parents of my son / daughter hence will have the right to supervise the daily care and control of him / her and the right and responsibility to make decisions concerning his / her daily care and control.
- My son / daughter has permission to travel with the family on daily trips, excursions and holidays.
- The homestay parents will authorise my son / daughter’s participation in school organised events such as excursions, camps, sports activities etc. by signing the required documents.
- In an emergency where my son / daughter is at risk, or urgent medical assistance is required, the homestay parents will have the right to make decisions for his / her care.
- Any medical costs incurred by my son / daughter which are not covered by the Overseas Health Cover will be the responsibility of the parents or guardian.
- If my son/daughter is under the age of 18, he/she is required by law to comply with the regulations concerning under age students studying in Australia.

******************************************************************************

Parents’ Authorisation for Homestay

I, ...........................................................................................................................

Father’s Name

and I, ...........................................................................................................................

Mother’s Name

As the parents of .....................................................................................................,

Student’s Name

authorize Thomas Carr College to arrange Homestay for our son / daughter whilst studying at the College. We agree to support the requirements as set out above. We have discussed the responsibilities that my son/daughter must accept whilst studying overseas, in Australia.

...........................................................................................................................

Father’s signature

...........................................................................................................................

Mother’s signature

Date: ..................................................

Date: ..................................................
Student Medical Information

PLEASE COMPLETE ALL DETAILS

Student Surname: ___________________________ Given Name: ___________________________
Address: _______________________________________________________________________
Date of Birth: ___________________________________________________________________

Has your child suffered from Anaphylaxis (life threatening allergic reaction) Yes / No
If Yes, when? ___________________________________________________________________

Has your child been prescribed an EpiPen Yes / No
Has your child been prescribed any other treatment for this condition Yes / No

Does your child have any allergies? Yes / No
Medical Allergies: __________________________________________________________________
Other Allergies: ___________________________________________________________________
Please describe the reaction and treatment given: __________________________________________________________________

Does your child suffer from: (please indicate)

☐ Asthma (See School Asthma Action Plan) ☐ Eye / Ear Problems
☐ Diabetes ☐ Anxiety
☐ Epilepsy ☐ Bowel / Urinary Problems
☐ Hay Fever ☐ Migraines
☐ Heart Condition ☐ Surgery
☐ Travel Sickness ☐ Other

If Yes to any of the above, please give details: __________________________________________________________________

________________________________________________________________________
Student Medical Information

Does your child take any medications
Yes / No
If Yes, please give details:

N.B. If any other medications (e.g., aspirin, nurofen, hayfever medications, antibiotics) need to be given at school, this medication needs to be supplied by the student or guardian and permission given either by a signed note or written on the Medication Record page of the student diary. All medication must be handed to the College Nurse (Except for Ventolin).

Do you give permission for your child to be given PARACETAMOL at the discretion of the College Nurse?
Yes / No

Has your child received all childhood vaccinations
Yes / No

In case of an emergency these details must be known at the College at all times

Name of Parent / Guardian (Father):

Daytime Contact Numbers:

Name of Parent / Guardian (Mother):

Daytime Contact Numbers:

Every effort will be made to contact the parents and host homestay family in the case of an emergency or serious illness. When your son/daughter is deemed too ill to be at school the homestay host family will be notified and arrangements made for your son/daughter to go home. In case of serious illness or accident, the Principal or an appointed member of staff will contact the parents and assist the homestay family to ensure medical care is sought.

PERMISSION FOR TREATMENT IN THE HEALTH CENTRE

In the event of presentation to the Health Centre or in the case of an accident or emergency during school hours or during a school activity, I understand that my son/daughter will be cared for as necessary and may receive treatment as deemed appropriate by the College Nurse or First Aider. I understand that I will be contacted in the event of an accident or emergency. I also understand that if it is necessary to call an ambulance, parents/guardians will be responsible for any costs incurred.

Parent / Guardian Signature: ___________________________ Date: ______________

Please Print Name: ___________________________
SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this plan is confidential. All staff that care for your child will have access to this information. It will not be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy Section 4.6.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide.

Student's Name

Gender M F Age __________ Date of birth ______/_____/_______ Form/Class _______

Emergency Contact (e.g. Parent/Carer) ________________ Relationship _______

Phone: (H) ________________ (W) ________________ (M) _______

Doctor's Name ________________ Phone _______

Ambulance Subscriber Yes No Subscriber number _______

Does this student have any other health plans? Yes No If so what are they? _______

USUAL ASTHMA ACTION PLAN

<table>
<thead>
<tr>
<th>Usual signs of student's asthma</th>
<th>Worsening signs of student's asthma</th>
<th>What triggers the student's asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze _________________________</td>
<td>Increased signs of:</td>
<td>Exercise _________________________</td>
</tr>
<tr>
<td>Tightness in chest _____________</td>
<td>Wheeze _________________________</td>
<td>(refer to managing EIA)</td>
</tr>
<tr>
<td>Coughing ______________________</td>
<td>Tightness in chest _____________</td>
<td>Colds/Viruses _____________</td>
</tr>
<tr>
<td>Difficulty breathing ___________</td>
<td>Coughing ______________________</td>
<td>Pollens ____________________</td>
</tr>
<tr>
<td>Difficulty speaking ____________</td>
<td>Difficulty breathing ___________</td>
<td>Dust ______________________</td>
</tr>
<tr>
<td>Other (please describe) _______</td>
<td>Difficulty speaking ____________</td>
<td>Other Triggers (please describe)</td>
</tr>
<tr>
<td></td>
<td>Other (please describe) _______</td>
<td></td>
</tr>
</tbody>
</table>

Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No If yes, how? _______

Asthma medication requirements usually taken: (including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Fluticaste, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)</th>
</tr>
</thead>
</table>
SCHOOL ASTHMA ACTION PLAN

Asthma First Aid Plan

Please tick preferred Asthma First Aid Plan

☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (Acomir, Asmol, Epan or Ventolin)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes -- call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

☐ Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: ___________________________ Date __/__/____

Doctor's Signature: ___________________________ Date __/__/____

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 045 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au.

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