

International Office Use Only
Received By:
Date:



EXCURSIONS/OVERNIGHT STAYS

This form is to be used by International Students under the age of 18 years, for whom TAFE SA has accepted responsibility for accommodation, support and welfare, in order to apply for permission to undertake any excursion or overnight stay at an address other than the approved TAFE SA homestay address.

If you require further information about completing the form, please email the International Student Support Consultant at: TAFE SA.international@TAFE SA.edu.au

This form is to be submitted to TAFE SA International.

Section A: Student Details

Family name		First name	
Student ID Number:			
Date of birth dd/mm/yyyy		Gender:	<input type="radio"/> Male <input type="radio"/> Female
Phone:		Email:	
Overseas Student Health Cover (OSHC) company name			
OHSC Policy Number			
Policy Number			

PLEASE COMPLETE SECTIONS B and C

Section B: Activity Details

Date(dd/mm/yyyy):	From:	To:
Destination(s) of activity		
Name of club/society/organiser of this event		
Reason for taking this excursion/activity:	<input type="radio"/> Pleasure <input type="radio"/> Fieldwork as part of the course	Other (Please specify):
Name of contact person (organiser) while on activity		
Phone:		Email:

If this activity/excursion requires an overnight stay at an address other than the approved TAFE SA Homestay accommodation, please provide address information

Street number and name		
Suburb:	City/Town:	Country:
Postcode:	Phone:	

Section C: Emergency Contact

Family Name		First Name	
Relationship to you		Language Spoken	
Phone:		Email	

Full name (print in English):	Student Signature:	Date(dd/mm/yyyy):
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PLEASE NOTE: ALL THREE SECTIONS BELOW MUST BE SIGNED AND DATED BY THE RELEVANT PARTIES.

CAREGIVER'S APPROVAL

I acknowledge that as the caregiver of the named student, I grant permission for him/her to attend excursions involving a supervised activity off campus, which may involve the use of public transport and being in public places.

In case of emergency I authorise those in charge to take any steps they may consider necessary for the safety or wellbeing of the named student, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.

Full name (print in English):	Caregiver Signature:	Date(dd/mm/yyyy):
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HOMESTAY HOST'S ACKNOWLEDGEMENT

I acknowledge and support approval of this application for an excursion or overnight stay in the accommodation detailed on this form.

Full name (print in English):	Homestay Host Signature:	Date(dd/mm/yyyy):
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TAFE SA INTERNATIONAL ACKNOWLEDGEMENT

Full name (print in English):	Staff Signature:	Date(dd/mm/yyyy):
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