INTERNATIONAL STUDENT PROGRAM VICTORIAN GOVERNMENT SCHOOLS, MELBOURNE, AUSTRALIA



ISP Travel Request Form – Overnight Stay

This form is to be used by students enrolled in the International Student Program (ISP) who are under the age of 18 and do not live with a parent/legal guardian, and where the Department of Education and Training (DET) has issued a Confirmation of Appropriate Accommodation and Welfare (CAAW) letter, when requesting permission to stay overnight at a friend's house. If requesting to stay at multiple residences, please complete a form for each. This form should not be used if the student is seeking to stay at another homestay within the school.

For other travel requests, see (link to other forms when they are live on PAL)

How to complete this form

- Sections A to F should be completed by the student, their parent/legal guardian and homestay provider at least one week before the proposed travel.
- Sections G and H should be completed by the school within three working days of receiving a complete ISP Travel Request Form Overnight Stay.
- The completed form, and any relevant supporting documentation (in English), should be submitted to the International Student Coordinator to be maintained on the student's file as a record of the decision outcome.

Section A: Student details **International Student ID number** Student - Full Name Year Level Section B: Travel details Description of travel request (tick relevant box) ☐ Overnight stay at another homestay ☐ Overnight stay at a friend's house **Proposed Date of Departure Proposed Date of Return** Address where you will be staying If staying at multiple residences, please complete a form for each Have you discussed your plans with your parent and homestay provider before submitting this form? ☐ Yes ☐ No **Section C: Supervision Contact Person Details at Overnight Accommodation** Adult 1 Name Adult 1 Telephone number Adult 1 Relationship **Emergency Contact Number** Adult 2 Name Adult 2 Telephone Number Department of Education and Training Level 28, 80 Collins St, Tel: +61 3 7022 1000 Email: international@education.vic.gov.au Melbourne,

Victoria 3000

Adult 2 Relationship	Emergency Contact Number		
If you are not staying with another homestay, please include Working with Children Check (WWCC) details for all adults over the age of 18 staying at the address. Details should include WWCC number and names.			
Section D: Student acknowledgement			
I acknowledge that I have discussed the travel with my parent/legal guardian and have provided accurate information on this form.			
Name Signa	ature Date		
Section E: Homestay provider acknowled	gement		
	s form, who currently resides with me, wishes to participate in the travel		
I acknowledge that the student, named in Section A of this	s form, who currently resides with me, wishes to participate in the travel nool.		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the sch	s form, who currently resides with me, wishes to participate in the travel nool.		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the sch	s form, who currently resides with me, wishes to participate in the travel nool.		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the sch	s form, who currently resides with me, wishes to participate in the travel nool. ature Date		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the sch	s form, who currently resides with me, wishes to participate in the travel nool. ature Date		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the scholars. Name Signate Section F: Parent/legal guardian agreeme	s form, who currently resides with me, wishes to participate in the travel nool. ature Date nt orm, to participate in the travel as stated above.		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the scholars. Name Signature Section F: Parent/legal guardian agreeme I give permission for my child, named in Section A of this form.	s form, who currently resides with me, wishes to participate in the travel nool. ature Date nt orm, to participate in the travel as stated above. ments outlined in the Standard Student Written Agreement.		
I acknowledge that the student, named in Section A of this stated on this form, and that final approvals lies with the scholars. Name Signal Section F: Parent/legal guardian agreeme I give permission for my child, named in Section A of this for I confirm that I have read and understood the travel requires	s form, who currently resides with me, wishes to participate in the travel nool. ature Date Int Date Orm, to participate in the travel as stated above. ments outlined in the Standard Student Written Agreement.		

FOR SCHOOL USE ONLY:

Section G: International Student Cod	Section G: International Student Coordinator recommendation			
I have considered:				
□ the nature of the travel request and the student's suitability to undertake travel (including their age and maturity)				
□ the supervision arrangements, including suitability of adults residing or staying at the property and WWCC currency and legitimacy (through the <u>WWCC status checker</u>)				
□ suitability of transport and accommodation arrangements				
□ child safety and personal safety				
□ other, please specify:				
I confirm that:				
□ this form is complete, and I have made all necessary enquiries to confirm the information provided				
□ any relevant supporting documentation is attached.				
This includes copies of WWCCs for all adults over the age of 18 residing or staying in the overnight stay accommodation.				
I recommend that:				
□ this travel request be approved				
□ this travel request be declined for the following reason/s :				
Name	Signature	Date		
Section H: Principal (or delegate) approval				
☐ I give permission for the student named on this form to participate in the travel stated above.				
☐ I DO NOT give permission for the student named on this form to participate in the travel stated above. For the following reason/s:				
Name	Signature	Date		
Position (if delegate)	School			