# Personal Details

|  |
| --- |
| *Please enter these details exactly as they appear in your passport* |
| **Surname/Family Name:** | **Given Names:** |
|  |  |
| **Nationality:** | **Gender (M/F):** |  |
|  |  |  |
| **Date of Birth:** | **Place of Birth:** |  |
|  |  |  |
| **Passport Number:** | **Passport Date of Issue:** | **\*Passport Date of Expiry:** |
|  |  |  |

*\*Your passport must be valid until at least 31st July, 2020*

**Please attach a clear colour photocopy of your passport with your application**

# Contact Details

|  |
| --- |
| **Applicant’s Contact Details** |
| **Home Telephone:** | **Mobile Telephone:** |
|  |  |
| **Email Address (to be used for correspondence):** |
|  |
| **Residential Address:** |
|  |
| **Postal Address (if different from above):** |
|  |

|  |  |
| --- | --- |
| **Primary Parent/Guardian Contact****Name and Surname:** | **Relationship to Applicant:** |
|  |  |
| **Home Telephone:** | **Mobile Telephone:** |
|  |  |
| **Email Address (to be used for correspondence):** |
|  |
| **Residential Address (if not same as applicant):** |
|  |

|  |  |
| --- | --- |
| **Secondary Parent/Guardian Contact****Name and Surname:** | **Relationship to Applicant:** |
|  |  |
| **Home Telephone:** | **Mobile Telephone:** |
|  |  |
| **Email Address (to be used for correspondence):** |
|  |
| **Residential Address (if not same as applicant):** |
|  |

|  |
| --- |
| **Other Emergency Contact** |
| **Name and Surname:** | **Relationship to Applicant:** |
|  |  |
| **Home Telephone:** | **Mobile Telephone:** |
|  |  |
| **Email Address (to be used for correspondence):** |
|  |
| **Residential Address (if not same as applicant):** |
|  |

#

# Education Details

|  |
| --- |
| **School Contact Details** |
| **School Name:** |
|  |
| **Indonesian Teacher’s Name:** | **School Principal’s Name:** |
|  |  |
| **School Telephone:** | **School Email:** |
|  |  |
| **School Postal Address:** |
|  |

|  |  |
| --- | --- |
| **Current Year Level:** | **Total Number of Years Studying Indonesian:** |
|  |  |
| **Outline any experience you have travelling in Indonesia (when, where, how long, what for?):** |
|  |
| **Outline any experience you have travelling in Asia (when, where, how long, what for?):** |
|  |
| **Indicate if you have proficiency in any other language and to what level:** |
|  |

# Statement of Purpose

|  |
| --- |
| **If this application is unsuccessful would you like to be considered for the IndoAustay six-week Exchange Program?** |
|  |
| **Using the space provided below, please explain why you are applying for the IndoAustay Secondary School Exchange program to Indonesia.***Please include:** *The benefits you expect to gain from participating in the program*
* *How these benefits may help you in the future (both in study and career prospects)*
* *How you will successfully adjust to school life in Indonesia and the local lifestyle*
 |
|  |
| **Signature:** |  |
| **Date:** |  |

# Financial Guarantee

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| I,  |  | , state that I have sufficient funds to cover  |

expenses beyond those costs met on my behalf by the fees to be paid to IndoAustay Ltd for the duration of my participation in the Secondary School Student Exchange Program or Immersion Course in Indonesia. |
| **Applicant’s Signature:** |  |
| **Date:** |  |

|  |
| --- |
| On behalf of the applicant, we the undersigned guarantee to accept complete responsibility for any financial costs deemed the responsibility of the applicant should they not be able to meet those costs whilst participating in the IndoAustay programs and, above all, as a consequence of travelling to and from and residing in Indonesia under these programs.We furthermore guarantee to ensure payment of any such costs within thirty (30) days of notification of liability by either IndoAustay’s exchange coordinator or the coordinators of IndoAustay’s affiliates in Indonesia or relevant IndoAustay immersion course coordinator. |
| **Name of Guarantor:** | **Relationship to Applicant:(relative, guardian, bank manager)** |
|  |  |
| **Address:** |
|  |
| **Contact Telephone:** | **Email Address:** |
|  |  |

|  |  |
| --- | --- |
| **Guarantor’s Signature:** |  |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Witness:** |  | **Witness’ Signature:** |  |
| **Occupation:** |  | **Date:** |  |

# Travel and Health Insurance

IndoAustay Ltd is not liable for personal loss, injury, theft, damage, travel cancellations or medical conditions and emergencies affecting exchangees and immersion students. These are the responsibility of individual students, who are advised to obtain and take with them a copy of their insurance policy and any other relevant documentation. While routine medical care is available in all major Indonesian cities, emergency care in rural and remote areas can be inadequate, so insurance with coverage for medical repatriation is required.

Since travel insurance is compulsory to participate in the IndoAustay Programs, a group policy organised by IndoAustay (included in the deposit paid for the program) will provide the required coverage. This is probably all the insurance coverage most exchangees will need and the IndoAustay Exchange or Immersion Course Coordinators will have effective proof of cover.

*However, if you foresee the need for additional travel insurance to cover existing health conditions or extenuating circumstances, IndoAustay must be informed of the alternative cover. Please note the details of additional insurance below (if required):*

|  |  |  |
| --- | --- | --- |
| **Insurer:** | **Policy Type:** | **Policy Number:** |
|  |  |  |
| **Contact Details:** |
|  |

Since IndoAustay may be required to facilitate repatriation to Australia for medical treatment, please also note the applicant’s Australian health and medical insurance details:

|  |  |
| --- | --- |
| **Medicare Number:** |  |
|  |  |
| **Private Health Fund:** | **Policy Type:** | **Policy Number:** |
|  |  |  |

**Acknowledgement**

I, the exchange/immersion student, acknowledge I will obtain and bring with me to Indonesia my proof of insurance, all necessary insurance cards and the contact details of the insurer organised by IndoAustay, as well as for any additional travel insurance organised for/by me due to extenuating circumstances.

|  |  |
| --- | --- |
| **Applicant’s Signature:** |  |
| **Applicant’s Name:** |  |
| **Date:** |  |

# Health and Wellbeing Statement

IndoAustay, IndoAustay’s affiliates in Indonesia and their officers and staff will not be responsible for any adverse health conditions or other matters concerning your personal security or safety that may occur during your stay in Indonesia and travel to and from Australia. Travel insurance may not cover treatment for diseases for which there was a failure to undertake vaccinations recommended by travel doctors and medical experts for Indonesia.

It is *your* responsibility to determine if the insurance coverage is adequate for your requirements and to take out any additional cover if required.

In the event of a medical emergency arising while you are in Indonesia, it is ***imperative***the emergency contact person/s listed by you, and by extension, the Exchange or Immersion Course coordinators, can provide accurate information to local authorities about prescribed medications or medical history involving serious illness. For this reason, you must provide complete and accurate details of the following (attach another page if necessary):

|  |
| --- |
| **Any past medical or psychological conditions for which you required hospitalisation, long-term treatment or prescribed medication:** |
|  |
| **Any current medical or psychological conditions for which you are taking prescribed medication and for what purpose have they been prescribed:** |
|  |
| **Please list any prescribed medications that you envisage using during the Exchange Program or Immersion Course and what they are for:** |
|  |
| **Any known allergies (including food and medicine allergies) or metabolic difficulties and deficiencies due to any cause (including anorexia, bulimia):** |
|  |
| **Any other current medical or psychological conditions that you consider may affect your participation in an IndoAustay Program in any way:** |
|  |
| **Any other things that are important to you or make you feel uncomfortable:** |
|  |

*\*All information is treated with the strictest confidentiality*

**Health and Wellbeing Acknowledgement**

|  |
| --- |
| I, the exchangee, undertake to receive all the appropriate vaccinations for travel to and living in Indonesia, and to have them noted by the administering doctor in a record of vaccination (a booklet can be provided by IndoAustay).Furthermore, I declare that the medical information provided by me is accurate and complete at the time of my application, and I will inform the Exchange or Immersion Course coordinators if my circumstances change during the period that I will be in Indonesia.I acknowledge that IndoAustay is not responsible for my personal health, safety or security during my stay or travel to and from in Indonesia.I agree that the release of all or any part of this information to medical authorities will be at the discretion of IndoAustay, but that otherwise all information provided will remain confidential. |
| **Applicant’s Signature:** |  |
| **Date:** |  |

# Statement of Good Health

**To be completed by your family doctor/general practitioner after lodging the rest of this application, no earlier than 1st and no later than 10th November, 2019 (ticking boxes as appropriate)**

|  |  |
| --- | --- |
| **Name of Applicant:** |  |

On examining the patient whose name appears above, I find this person to be:

|  |  |
| --- | --- |
| ❏ | in good health and capable of participating in a student exchange to Indonesia |
| ❏ | NOT currently in good health and therefore NOT capable of going on exchange to Indonesia |
| ❏ | in good health and capable of participating in an exchange to Indonesia, but suffering from the following minor health conditions that may require the treatment specified below: |

**Please also list prescribed medication here (ie. name of and reason for medication)**

*\*Please write clearly to avoid follow-up clarification by the selection panel*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| ❏ | Additionally, this patient is up to date with their Australian government recommended childhood immunisations (if not, please list details below). |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Signature:** |  | **Date:** |  |
| **Doctor’s Name:** |  |
| **Practice’s Contact Details:** |  |

*\*Please include a phone number so the selection panel may contact you directly for clarification if needed*

# Acknowledgement by Applicant

|  |  |
| --- | --- |
| 1) I declare that the information contained in this application is complete and accurate to the best of my knowledge.2) I have read and understood the information provided concerning the IndoAustay Ltd Secondary School Exchange Program (the “Exchange Program” or the “Program”) and am willing to participate in the Program on this basis, fully supporting the aim of the Australian Indonesian Association of Victoria Inc (AIAV) and the Australia Indonesia Association of New South Wales (AIANSW): to foster and promote friendship, understanding and good relations between the peoples of Indonesia and Australia.3) I acknowledge that my participation in the IndoAustay Program requires me to have informed myself of all matters relevant to travelling overseas and to Indonesia in particular, not only with any information provided by IndoAustay and its affiliates, but also by consulting Australian Government websites including [www.smartraveller.gov.au](http://www.smartraveller.gov.au) I acknowledge therefore that I have informed myself of the potential risks involved in participating in the IndoAustay Exchange Program in Indonesia, that I comprehend the nature and extent of the risks, and that I accept voluntarily those risks.4) I authorize, IndoAustay and its Indonesian affiliates, their employees or individuals designated by them, including members of the host family and staff of the host school to which I am allocated, to act for me in any emergency, accident or illness and I agree that such persons will not incur any liability for any actions or failure to act. This is based on the understanding that it is my responsibility to have medical and hospital insurance in a travel policy covering my stay in Indonesia, as well as suitable cover upon return to Australia for any condition I have contracted or accident I have experienced while in Indonesia.5) I acknowledge that, while participating in the IndoAustay Exchange Program, I am responsible at all times for my own safety, and further acknowledge that neither IndoAustay Ltd nor its Members, the AIAV and AIANSW, or their affiliates, members, employees and agents will be liable for any claims whatsoever resulting from my participation in its Exchange Program in Indonesia.6) I agree to the terms of payment and, in the event of acceptance of my application, to the non-refundability of my deposit and to the forfeiture of the Program fee if I withdraw from the Exchange.7) I accept that IndoAustay is entitled to terminate early the Exchange Program or Immersion Course in Indonesia if it determines that it is dangerous for exchange students to remain in Indonesia (e.g. owing to threat of terrorism, weather conditions, natural disasters or otherwise), or for any other reasons beyond the control of IndoAustay, its affiliates and participating host schools. I accept that, if the IndoAustay Exchange Program is terminated after the date of arrival in Indonesia, no refund of money will be provided for fees paid and costs incurred. | 8) I agree that IndoAustay and its Indonesian affiliates, have the right to expel me from the Exchange or Immersion Course for any behaviour they deem detrimental to the Program, the host family, host school or to me, at any time following my departure from Australia, and that there should be no consequential refund of Program fees. I acknowledge further that they have no responsibility to defray additional charges in the circumstances of such expulsion or premature withdrawal from the Programme and that if I absent myself from homestay arrangements or host school attendance without prior agreement from those hosts and coordinators, I may be deemed by them and IndoAustay as having left the Program voluntarily. This includes travel for more than a single day outside daylight hours unaccompanied by an adult from my host family or host school beyond the city, town or village where I am being hosted without express permission of IndoAustay its Indonesian affiliates. I agree that I will not be visited by family members or other persons, including from overseas, except with the prior approval of IndoAustay and its affiliates.9) I agree that I will have adequate funds with me during my stay in Indonesia to cover my personal needs including payment of lunches of which I do not partake at my homestay, for excess baggage and airline ticketing changes I may wish or be compelled to make, and for dentistry, eyeglasses or chronic or other ailments not covered by my medical insurance.10) I agree to travel each school day from my host family to the school and back by whatever means is proposed by Exchange or Immersion Course coordinators (whether by foot, private or public transport) and endeavour to attend all school sessions, except when exemption has been granted.11) During my stay in Indonesia, I agree to abide by its laws and the condition of my visa and, to live as a member of my host family and behave as a pupil of my host school, according to their rules, including:* refraining from sexual activity,
* refraining from smoking,
* refraining from drinking alcohol,
* refraining from taking other drugs,
* never arriving at the host home or school in an inebriated or drug-affected condition,
* never driving a motor vehicle (including motorcycle or motor scooter),
* refraining from borrowing money from the host family or other person or organisation during the Program,
* not allowing any member of the host family to pay any person or organisation any amounts owing by me.

I acknowledge that all of the above actions are grounds for immediate expulsion from the Program. |

|  |  |
| --- | --- |
| **Applicant’s Signature:** |  |
| **Date:** |  |

# Acknowledgement by Applicant (continued)

Not limited to the foregoing, I make the following commitments:

1. I hereby release and discharge AIAV and AIANSW, IndoAustay and its affiliates, and my host family and host school from any claim, demand, cause of action, expense or liability whatsoever, including without limitation any claim, damage, expense or liability arising from any loss, damage, loss of profits, accident, injury, illness or other consequence, event or loss whether directly caused or contributed to, by or any way arising out of, my participation or agreement to participate in the Exchange Program or Immersion Course, whether within or beyond the control of IndoAustay and its affiliates, and further, arising from any negligence, act or omission of IndoAustay and its affiliates.
2. I hereby indemnify and hold harmless IndoAustay and its affiliates from any claim, demand, expense or liability whatsoever, including without limitation, any claim, demand, expense or liability arising from any negligence, default, tort, contract or breach of any negligence, default, contract arising out of the breach of, or failure to comply with, this Agreement, IndoAustay’s and its affiliates’ rules or directions or instructions given to me by IndoAustay and its affiliates, including without limitation arising from any negligence, act or omission of IndoAustay and its affiliates.
3. I extend the same release, discharge, indemnity and holding harmless as expressed in clauses A & B above to my Australian school(s) and their governing bodies and education authorities, to my teacher(s) in Australia and to their language teachers’ associations.
4. I understand IndoAustay and its affiliates reserve the right to change or alter Program arrangements at their absolute discretion.
5. I understand and agree that participation in the Exchange Program or Immersion Course does not guarantee any credit, graduation or diploma from an Indonesian educational institution.
6. I shall pay promptly all medical expenses incurred during the Exchange or Immersion Course. Insurance claims made in respect of medical expenses may only be made after I have made such payment. I agree to reimburse promptly IndoAustay and its affiliates for any medical expenses incurred by them on my behalf, although neither IndoAustay nor its affiliates shall have an obligation to make such expenditure.
7. I understand the Exchange Program or Immersion Course fee does not include payment for passports, vaccinations and other pre-departure medical consultations as well as day-to-day incidental or emergency expenses from the time of departure from, and return to my port of Australian departure and acknowledge my responsibility for arranging and paying for such items.
8. I agree that I am responsible for the cost of any early return to Australia or other place of origin.
9. I accept that the responsibilities of IndoAustay and its affiliates are limited to the organization and delivery of host schooling and homestay from my availability there on the official dates of the exchange and that neither IndoAustay nor its affiliates are liable to me in any way prior to and after those times on those dates.
10. This declaration is governed by, and must be construed in accordance with, the laws of the State of Victoria, Australia.
11. I submit irrevocably and unconditionally to the non-exclusive jurisdiction of the State of Victoria and any courts which have jurisdiction to hear appeals from any of those courts. I waive any rights to object to any proceeding being brought in those courts.

I have read and signed where indicated on the application form, fee sheet and this declaration, and understand and agree to all relevant matters contained therein.

|  |  |
| --- | --- |
| **Applicant’s Signature:** |  |
| **Applicant’s Name:** |  |
| **Date:** |  |

# Acknowledgement by Parent/Guardian

|  |  |
| --- | --- |
| **Name of Applicant:** |  |

As parent(s) or guardian(s) of the aforementioned Applicant, I/we acknowledge and I am/we are in accord with the Applicant’s agreement to the foregoing conditions of participation in the Exchange Program or Immersion Course, and hereby undertake that I/we will have no other or further claim on the AIAV, AIANSW, IndoAustay Ltd and its affiliates in Indonesia or host schools and families with regard to conduct or fulfilment of the Exchange Program in which the Applicant will participate.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

**Additional Parent/Guardian (if applicable):**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

# Indonesian Teacher Reference

**Instructions for Indonesian Teacher**

Referees are asked to provide a frank evaluation of the applicant for the IndoAustay Program. Please assess their academic ability, Indonesian language skills, personal motivation, past academic performance, maturity, and potential to adjust to the demands of in-country study.

*Please return this evaluation in a sealed envelope with your signature across the seal.*

|  |  |
| --- | --- |
| **Name of Applicant:** |  |

|  |
| --- |
| **How long have you known the applicant?** |
|  |
| **Circle the applicant’s present proficiency in the following language skills :** |
| Listening: Beginning Proficient. Advanced Speaking: Beginning Proficient. Advanced Reading: Beginning Proficient. Advanced Writing: Beginning Proficient. Advanced  |
| **Describe the applicant’s attitude to Indonesian language and cultural studies:** |
|  |
| **How successfully would the applicant adjust to the academic and emotional demands associated with an exchange program to Indonesia?** |
|  |
| **Add any other comments you feel would be relevant to this application:** |
|  |

**I recommend this applicant (circle as appropriate)**

|  |  |  |
| --- | --- | --- |
| without reservation | with reservation | not participate |
| **Teacher’s Name and Signature:** |  |
| **Contact Email:** |  |

# Senior Teacher Reference

# **Instructions for Senior Teacher (e.g. Year Level Coordinator)**

Referees are asked to provide a frank evaluation of the applicant for the IndoAustay exchange program to Indonesia. Please assess their academic ability, past academic performance, personal motivation, maturity, and potential to adjust to the demands of studies overseas.

|  |  |
| --- | --- |
| **Name of Applicant:** |  |

|  |
| --- |
| **How long and in what capacity have you known the applicant?** |
|  |
| **Comment on the applicant’s academic and extracurricular performance:** |
|  |
| **In your opinion, how successfully would the applicant adjust to living and studying overseas?** |
|  |
| **In your experience, is the applicant prone to cultural insensitivity, poor judgement or rash behaviour? If yes, please elaborate:** |
|  |
| **Comment on their maturity and ability to cope with stress and work with others:** |
|  |
| **Add any other comments you feel would be relevant to this application:** |
|  |

**I recommend this applicant (circle as appropriate)**

|  |  |  |
| --- | --- | --- |
| without reservation | with reservation | not participate |
| **Name and Signature:** |  |
| **Position:** |  |
|  |  |  |

# Application Checklist

|  |  |
| --- | --- |
| ❏ | Make sure you give yourself enough time to complete all of the forms by **29th July, 2019** |
| ❏ | Get your evaluation forms completed by your referees as soon as possible and by your doctor between 1st and 10th November, 2019 |
| ❏ | Read carefully over all of the forms, particularly the stipulations in the Acknowledgements |
| ❏ | Fill in all the required details on the forms, including applicable dates and signatures |
| ❏ | Ensure your passport is valid until at least **July 31, 2020** |
| ❏ | Attach a clear colour photocopy of your passport to your application package |
| ❏ | Send completed hardcopy forms to: Northbound Exchange c/- AIAV, PO Box 527, Carlton South, VIC 3053 |
| ❏ | Email a scanned copy to nortbound@dcsi.net.au  |

# Key Dates

|  |  |
| --- | --- |
| **29 July 2019** | Closing date for applications |
| **12 August 2019** | Notification of acceptance |
| **16 August 2019** | Deposit payment due |
| **30 September 2019** | Balance of payment due |
| **1 October 2019** | Due to arrive at IndoAustay via Express Post* Passport
* Visa Application form
* Two passport size photos required for visa application
* ‘About Me’ document (used to assist allocation to Indonesian host family)
* Recommended: Vaccination check-up with your doctor/GP/specialist travel clinic.
 |
| **7 October 2019**  | Passports and visa applications submitted to Consulate of the Republic of Indonesia |
| **4 November 2019** | Estimated return of passports to AIAV |
| **10 November 2019** | **Cross-cultural information Afternoon**; * Passports returned to students,
* Proof of travel vaccinations and non-IndoAustay travel insurance’
* GP/Doctor’s statement of good health due.
* Photo Release and Pillion Consent forms due
* Possibly use the visit to Melbourne to purchase Australiana “*oleh-oleh*” (gifts)
 |
| **14 November 2019** | Estimated date of host family announcements |
| **1 December 2019** | Participants must have registered with DFAT’s [www.smartraveller.gov.au](http://www.smartraveller.gov.au)  |
| **7 December 2019** | Exchangees depart Melbourne (Tullamarine); Arrive Jakarta (Cengkareng) |
| **18 January 2020** | Exchangees depart Jakarta (Cengkareng) |
| **19 January 20120** | Exchangees arrive Melbourne (Tullamarine) |

# **Costs**

The program fee covers the following costs of the Exchange Program:

* Issue of social/cultural visas
* Compulsory travel/health insurance
* Transfer costs from Jakarta airport to the homestay
* Cost of the homestay, including three meals per day and laundry
* All placement and course costs for study in Indonesia
* Return airline tickets to and from Indonesia

What is not covered by the fee is:

* Issue or renewal of passports
* Vaccinations and associated medical consultation
* Indonesian airport taxes
* Tourist visa on arrival (for immersion students only)
* Out-of-pocket expenses while travelling and during the stay in Indonesia
* Sundry meals if foregoing meals with the host family
* Personal requisites, gifts, medical or dental attention, pharmaceuticals, etc.

During the six-week exchange program, the Australian students are hosted free of charge by Indonesian high schools.

Once IndoAustay has accepted an application, the deposit becomes non-returnable. The balance of the fee payable is forfeited in the event of withdrawal of an application. It is at the sole discretion of IndoAustay to decide if there are any extenuating circumstances mitigating the forfeiture.

# Payment Advice *Exchange*

Deposit payable by Monday, August 19th, 2019 A$650
Fee balance payable by Friday, September 27 2019 A$2350
**Total Payment A$3,000**

# Payment Method

1. **Direct Deposit:** To IndoAustay’s bank account (please mail or email evidence of payment)

BSB: 083 170 (Bank Branch: NAB Carlton)

Account Number: 89294 2473

Account Name: IndoAustay Ltd

*\*Essential Narration: Identify your direct deposit with name and/or phone number*

1. **Cheque:** Mailed with identifying letter to PO Box 527, Carlton South, Vic-3053
2. **Credit Card:** Currently not available