**Student Exchange Organisation Details**:

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Person |  |
| Phone Number |  | Email Address |  |

**Student Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name |  |
| Date of Birth |  | Country of Citizenship |  | Male / Female |

**Proposed Period of Exchange:**

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival Date |  | Departure Date |  |
| School Commencement Date |  | School Cessation Date |  |

Have arrangements been made for Overseas Student Health Cover: Yes No

**Details of Arrangements Made in Australia:** *\*Please be advised, the Regional coordinator cannot act as both a host family and as an organisation representative / coordinator (National Guidelines 5.12).*

|  |  |
| --- | --- |
| Host Family Name |  |
| Host Family Address |  |
| Host Family Telephone |  |

**Regional Coordinator:**

|  |  |
| --- | --- |
| Name  |  |
| Contact Number |  |

**Host School Acceptance: *\*****This AASES Request Form must be signed by the Principal or authorised person of the host school, and carry the appropriate school stamp.* ***Schools – please return the competed form to the Exchange organisation listed above.***

School stamp

|  |  |
| --- | --- |
| Host School Name |  |
| Name of Principal |  |
| Signature |  | Date |  |
| Phone Number  |  |

**Exchange Organisations – Please return the completed form to the International Education Unit**

**ieu@act.gov.au**