**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**](mailto:ieu@act.gov.au)