# 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 (DE) 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, refer to the [ISP Student Travel Policy](https://www.study.vic.gov.au/Shared%20Documents/en/School_Toolkit/ISP_Travel_Policy.docx).

## 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 not from host school  Overnight stay at a friend’s/relative’s house

**Proposed Date of Departure** **Proposed Date of Return**

Ongoing arrangement with relative or family friend

**Proposed Frequency (e.g. every Friday night)**

**Proposed Duration**

**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

**(e.g. another homestay or friend’s parent/guardian)**

Adult 2 Name Adult 2 Telephone Number

Adult 2 Relationship Emergency Contact Number

**(e.g. another homestay or friend’s parent/guardian)**

Please include Working with Children Check (WWCC) details for all adults over the age of 18 staying at the address/es listed. Details should include WWCC number, expiry date 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 Signature Date

## Section E: Homestay provider acknowledgement

I acknowledge that the student, named in **Section A** of this form, who currently resides with me, wishes to participate in the travel stated on this form, and that final approvals lies with the school.

Name Signature Date

## Section F: Parent/legal guardian agreement

I give permission for my child, named in **Section A** of this form, to participate in the travel as stated above.

I confirm that I have read and understood the travel requirements outlined in the [Standard Written Agreement](https://www.study.vic.gov.au/Shared%20Documents/en/Standard-Application-Written-Agreement.docx)

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Name Signature Date

## FOR SCHOOL USE ONLY:

## 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 [WWCC Status Checker-Service Victoria](https://service.vic.gov.au/services/working-with-children-check-status-checker/home))

suitability of transport and accommodation arrangements

child safety in line with [Child Safe Standards](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vic.gov.au%2Fchild-safe-standards-education-providers&data=05%7C02%7CMichela.Zahra%40education.vic.gov.au%7Ca3edc232a44b4d9a2c6608dc310fa84e%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C638439190854641384%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=XudrJJiI17ymE7wkgMUFPLHpIbszMmJiH7wGpR3%2BlXY%3D&reserved=0) to manage [child safety risks](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vic.gov.au%2Fdevelop-school-child-safety-risk-register&data=05%7C02%7CMichela.Zahra%40education.vic.gov.au%7Ca3edc232a44b4d9a2c6608dc310fa84e%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C638439190854651478%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=6Tv7lqKRaf0R1P1kTzjUt3cG05Rvssjdp2Eh83KFCC4%3D&reserved=0)

personal safety

other, please specify:

**I confirm that:**

this form is complete, and I have made all necessary enquiries to confirm the information provided is correct

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