# 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