

# INTERNATIONAL STUDENT PARENT NOMINATED HOMESTAY HOST APPLICATION

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

Anglican Schools Commission International (ASCI) is responsible for the welfare of students who are under 18 years of age and not living with a blood relative that has been assessed and approved by the Department of Immigration and Border Protection (DIBP).

In order to ensure the safety and well-being of those students all host families are required to be registered, assessed, and managed by the Australian Homestay Network (AHN). The home must also meet recognised homestay standards.

Where parents nominate a host, a long-term relationship must be established between the student's family and the host's family. Should the nominated host have limited English skills, a qualified interpreter will be engaged to assist with the homestay process at the family's expense. Each family member in the home over 18 years of age is required to obtain Working with Children and Police Criminal Screening Checks prior to placement. **Please note this process may take between 3 – 12 weeks.**

In addition, hosts must provide documentary evidence of Australian Citizenship or Permanent Residency. Alternatively, applicants must provide details of nationality, passport number and date of birth. (This information will be verified on the Visa Entitlement Verification On-Line Website). Please note it is an offence to provide misleading information.

Fees for this service are as follows and are required to be paid to AHN 3 months in advance:

\$250 placement fee - payable once only for assessment process

\$40 homestay management fee - payable weekly

The fees cover the initial assessment, management fees, insurance costs, and 24 hour emergency assistance.

*Note: failure to pay fees will result in ASCI cancelling welfare and notifying the Department of Immigration and Border Protection.*

Parent nominated hosts must be contactable by telephone and email, and are required to respond to requests from ASCI, AHN and student's school in a timely manner. Should circumstances require ASCI to place a child in an emergency homestay parents are liable for any additional costs.

Please complete the application form and return to ASCI. Once the application has been assessed, you will be notified of the outcome in writing.

## STUDENT DETAILS

Student code:		Title:	
Family name:		Given names:	
Date of birth: (dd/mm/yyyy)	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)	
Home address:			
City:		State/Province:	
Country:		Postcode:	
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)	
Email:			

## PROPOSED HOST DETAILS

Name of responsible adult carer:	Title:	
Family Name:	Given name:	
Home address:		
City:	City:	
Country:		
Home telephone number: (Inc country code)	Home telephone number: (Inc country code)	
Email:		
Are you: (Documentary evidence must be provided) <input type="checkbox"/> Australian Citizen or Permanent resident <input type="checkbox"/> Other		
Nationality:	Passport Number:	Date of Birth:
Relationship with Student/family:		
Length of relationship with student/family:		
Other Household Occupants		
Full Name:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Age:
Full Name:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Age:
Full Name:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Age:
Full Name:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Age:
Full Name:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Age:
Number of bedrooms:	Number of Bathrooms?	
Languages spoken at home:		

## DECLARATION

- I consent to pay any fees and charges associated with this placement or any emergency placement should ASCI deem necessary.
- I understand that hosts must be contactable by telephone and email, and are required to respond to requests from ASCI, AHN and students school in a timely manner.
- I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to this application may result in cancellation of my child's enrolment.
- I declare the information in this application and supporting documentation to be true.

Parent/guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please send your completed form to:

Admissions Office

5 Wollaston Road, Mt Claremont WA 6010, AUSTRALIA

E: [admissions@asc.wa.edu.au](mailto:admissions@asc.wa.edu.au)

OFFICE USE ONLY	
Approved by Principal:	Name
Sign	Date
Approved by ASC International Director	Name
Sign	Date
<input type="checkbox"/> AHN advised Date:	<input type="checkbox"/> Student records advised Date:
COE Variations: <input type="checkbox"/> PSS <input type="checkbox"/> High School	