NSW GOVERNMENT SCHOOLS

Study Tours

OVERSEAS VISITOR PROFILE

NOTE: This form is best completed using the program Adobe Acrobat Reader. If Adobe Acrobat is not loaded onto your PC or Mac then you can download it for free from https://get.adobe.com/reader. You can also complete the form using the browser Internet Explorer.

Please complete this form in english. Ensure it is typed, not handwritten.

Part A: Visitor Details

First name _____ Surname _____

Gender ☐ Male ☐ Female

Date of birth (DD/MM/YYYY) _____ Age _____

Nationality _____

Emergency contact details of parent/guardian

Full name _____ Phone Number _____

Address _____

Email _____

Education

School name _____

Current year in school _____ Number of years studying English _____

Part B: Medical Details

Do you have any allergies? ☐ No ☐ Yes (please tick one) If yes, include any food, animal and drug allergies (please provide full details and medication taken)::

Do you have any illnesses/medical conditions? ☐ No ☐ Yes (please tick one) Include asthma, diabetes, epilepsy or anaphylaxis (If yes, you must advise treatment and medication taken including use of an adrenaline autoinjector e.g. EpiPen):

Do you have any history of violent behaviour?

☐ No ☐ Yes (please tick one)

If yes, you must provide full details *:*

Have you been hospitalised in the last 2 years?

☐ No ☐ Yes (please tick one)

If yes, you must provide full details*:*

Please indicate if you have any of the following:

☐ Autism
☐ A physical disability
☐ Behaviour disorder
☐ A vision impairment
☐ A hearing impairment
☐ Difficulties in learning
☐ Intellectual disability
☐ A language disorder
☐ Acquired brain injury
☐ Mental health disorder
☐ Other (please specify)

Is there anything else in the visitor's history or circumstances not already advised that might pose a risk to themself, students or staff in NSW Government schools? ☐ No ☐ Yes (please tick one)
(If yes, you must provide full details):

PART C: Homestay

Only complete this section if NSW Government schools are arranging homestay

Placement preference ☐ Single ☐ Double

Dietary requirements ☐ Kosher ☐ Halal ☐ Vegan ☐ Gluten Free

Message to host family

Family members

Relation	Name	Occupation	Age

Interests/Hobbies/Sports

PART D: Permission to publish and consent

I/we consent to the aforementioned overseas visitor named in this form, being photographed/filmed for publication within the NSW Department of Education's internet sites, social media, newspaper, external publication, television and on other associated promotional material. *Note: You have agreed to participate in the study tour. We may collect photograph and film content for publication. If you choose to participate in the study tour, we may be unable to exclude you from any photograph or film content.*

☐ Yes ☐ No (please tick one)

I/we consent to the aforementioned overseas visitor named in this form participating in all study tours and homestay activities (both on and off the school and homestay premises) including any excursions and trips arranged by the school and homestay provided during the program

I/we consent to the aforementioned overseas visitor named in this form, in the event of an emergency, using ambulance transportation and or receiving such medical or surgical treatment as may be deemed necessary. This may include, but not be limited to, placement in a hospital, use of doctor's services and transportation to the home country: as well as COVID related medical care and testing.

I/we understand that the accompanying adult is responsible for all costs incurred in providing medical treatment and associated service to the overseas visitor, as aforementioned.

I/we agree to reimburse the host family or the local school for any damage the aforementioned overseas visitor named in this form may cause.

Signature of Parent (visitor under 18 years of age):

Signature of Visitor (over 18 years of age):

Please use your digital signature to sign this form before returning it to your agent.
If you do not have a digital signature, please print the form and sign it before returning it to your agent.

CLICK TO PRINT FORM

4/9/26