STUDENT APPLICATION AND PARENT/GUARDIAN CONSENT FORM

Under-18 Junior Programs and Short-Term Study Tours

The Lan-Grove Office Training Centre Pty Ltd trading as The Sydney Business and Travel Academy, SBTA Community Care, SBTA Culinary Institute and The Sydney English Language Academy, collectively referred to as "The Academy".

Please complete this form in English. A parent or legal guardian must sign the declaration before the student participates in the programme.

1. STUDENT DETAILS

Student's First Name			
Surname:			
Date of Birth: (DD/MM/YYYY)		Age:	
Gender:	☐ Male ☐ Female		
Nationality:			
Passport Number:			
Program /Course Name			
Program Start Date:			
Program End Date:			
Address while in Australia:			
Accompanying adult/group leader's name			
Accompanying adult/group leader's phone number			

2. PARENT / LEGAL GUARDIAN AND EMERGENCY DETAILS

Parent/Guardian Full Name:	
Relationship to Student:	
Residential Address:	
Country:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	

3. EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)

Full Name:	
Relationship to Student:	
Phone Number:	
Email Address:	
Residential address:	

4. MEDICAL INFORMATION

The Academy requests this information to help support the student's health, safety and participation. Please provide details of any relevant conditions and attach current medical management or emergency action plans where applicable.

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

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

Is there anything else in the visitor's history or circumstances not already advised that might pose a risk to students or staff at The Academy? ☐ **Yes** ☐ **No** (Please tick one)
(If yes, please provide full details).

Is the student at risk of severe allergic reaction (anaphylaxis)? ☐ **Yes** ☐ **No** (Please tick one)
If yes, details and emergency response required:

Does the student require any special dietary requirements? ☐ **Yes** ☐ **No** (Please tick one)
If yes, please provide details

5. TRAVEL/HEALTH INSURANCE

Insurer	
Policy number	
Insurer's emergency contact number	
Cover dates	

6. HOMESTAY ACCOMMODATION DETAILS AND VERIFICATION

To be completed by the parent/legal guardian, overseas school or authorised travel organiser responsible for arranging the student's accommodation.

Supporting Documentation - The Academy may request written confirmation of host family screening, accommodation suitability and supervision arrangements from the organisation responsible for the homestay.

Accommodation arranged by:	☐ Parent/Guardian ☐ Overseas School ☐ Overseas School ☐ Travel Organiser ☐ Other
Homestay provider/agency name (if applicable)	
Host family name:	
Homestay contact number:	
Host family email address:	

Designated responsible adult's full name:	
Relationship to host family:	
Designated responsible adult's mobile number:	
24-hour accommodation emergency contact:	
Arrangements for travel to and from the Academy:	
Arrangements for supervision outside program hours:	

Homestay Safety and Verification: Please confirm the following:

Requirement:	Yes	No	N/A
Host family identity and accommodation address have been verified	☐	☐	☐
Applicable NSW Working with Children Check or Queensland Blue Card requirements have been assessed and satisfied	☐	☐	☐
Accommodation safety and suitability checks have been completed	☐	☐	☐
Appropriate supervision arrangements are in place for the student	☐	☐	☐
The host family has been informed of relevant medical conditions, allergies and emergency requirements	☐	☐	☐
Emergency contact and transport arrangements have been confirmed	☐	☐	☐

7. CONSENT AND AUTHORITY

Medical Treatment and Emergency Authority

I/we authorise The Academy and its representatives to:

- Provide first aid within their training and contact emergency services when required.
- Arrange medical assessment, treatment and ambulance transport for my child in the event of illness or injury.
- Share relevant medical information with treating healthcare professionals.
- Take reasonable immediate action to protect my child's health and safety.
- Arrange appropriate supervision and support during an emergency until a suitable handover occurs.

I/we understand that The Academy will make reasonable attempts to contact me/us promptly. Urgent assistance will not be delayed while attempting to establish contact. Healthcare professionals will determine treatment and any applicable consent requirements.

Programme participation and supervision

I/we consent to my child participating in the programme and activities described in the itinerary and information provided before commencement. These may include:

- English language classes and classroom learning activities.
- Supervised recreational activities and excursions.
- Supervised travel between programme venues.
- Interaction with other students, including adult students where this forms part of the disclosed delivery arrangements.

I/we understand that students are not permitted to travel independently. Travel and programme activities will be supervised by Academy staff or approved accompanying adults/group leaders in accordance with the agreed arrangements.

I/we understand the supervision, accommodation and transport arrangements communicated for this programme. Any additional activity requiring specific permission will be referred to the parent/legal guardian separately.

Behaviour and safety

I/we understand that my child must:

- Follow staff instructions and agreed supervision arrangements.
- Comply with Academy policies, campus procedures and excursion safety rules.

- Behave respectfully towards staff, other students, accompanying adults and host families.
- Remain with the designated supervisor or group unless an alternative supervised arrangement has been approved.
- Inform staff promptly if unwell, unsafe or in need of assistance.

I/we understand that serious breaches of behaviour or safety rules may result in disciplinary action and notification of the parent/legal guardian.

PRIVACY AND INFORMATION USE

The Academy collects personal and medical information to administer the programme and support student safety and wellbeing.

Relevant information may be shared, where necessary, with:

- Academy staff responsible for supporting and supervising the student.
- Approved accompanying adults, group leaders or accommodation providers responsible for the student's care.
- Emergency services and treating healthcare professionals.
- Police or other authorities where required or permitted by law.

Information will be stored securely and managed in accordance with The Academy's privacy policy and applicable Australian privacy legislation.

Optional photography and filming consent

I/we consent to my child being photographed or filmed for publication on The Academy's website, social media and other promotional materials.

☐ Yes ☐ No

This consent is optional and does not affect the student's enrolment or participation.

FINANCIAL ACKNOWLEDGEMENTS

I/we understand that medical treatment, ambulance transport and related services may incur costs additional to the programme fees. I/we agree to meet costs incurred for my child that are not covered by insurance or another agreed arrangement.

I/we understand that responsibility for any property damage caused by my child will be addressed in accordance with the programme's agreed terms and applicable requirements, taking account of the circumstances.

By signing below, I/we agree to the authorities, consents and financial acknowledgements in this section, acknowledge the privacy information, and confirm that my/our photography and filming consent is subject to the Yes/No choice recorded above.

Parent/legal guardian's full name:	
Relationship to student:	
Signature:	
Date:	

8. PARENT/LEGAL GUARDIAN DECLARATION

By signing below, I/we confirm that:

- I/we am/are the student's parent or legal guardian and authorised to provide these consents.
- I/we have read and understood all sections of this form.
- The information provided is accurate and complete to the best of my/our knowledge.
- I/we will promptly notify The Academy of any changes to contact details, medical information or support needs.
- I/we agree to the medical treatment and emergency authority described in Section 6.
- I/we understand and accept the programme participation, supervision, behaviour and safety arrangements, including that my child is not permitted to travel independently.

- I/we have been given access to The Academy's privacy information and have recorded my/our photography and filming consent choice.
- I/we understand and agree to the financial acknowledgements in Section 6.
- I/we acknowledge that my child's homestay accommodation has been independently arranged and is not organised or managed by The Academy. I/we confirm that appropriate accommodation and supervision arrangements have been made and that the designated responsible adult is responsible for my child's supervision outside scheduled Academy activities, including travel to and from agreed programme meeting points, unless alternative arrangements have been approved and documented. I/we understand that The Academy does not provide routine overnight supervision but remains available through its emergency contact arrangements to respond to urgent safety or welfare concerns.
- I confirm that the information provided above is accurate and that appropriate accommodation, supervision and child safety arrangements have been established for the student.

My/our signature below covers the declarations and consents in this form, subject to the choices recorded.

Parent/legal guardian's full name:	
Relationship to student:	
Signature:	
Date:	

9. ACADEMY AUTHORISATION

Staff member's Name:			
Staff member's signature:		Date:	

DOCUMENTS TO BE SUBMITTED WITH THIS FORM

Please attach copies of the following documents with this form:

☐ Copy of student passport (photo page)
☐ Copy of visa or VEVO check confirming visa status
☐ Travel or health insurance details (if applicable)
☐ Any relevant medical documentation (if applicable)

OFFICE USE ONLY	
☐ Parental consent form received ☐ Medical information completed ☐ Trainer supervising student holds a valid WWCC ☐ Student file created	Application approved: ☐ Yes ☐ No Staff name: Staff Signature: Date: