

SECTION THREE: TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

Parent or Legal Guardian to nominate accommodation/welfare arrangements. Please tick one of the following options:

My child will be living in Australia at the address specified in Section Two.

My child will be staying with a Nominated Relative* (**complete section four**).

* Nominated Relative is defined by the Department of Immigration and Citizenship (DIAC) as: parent, adoptive parent, step-parent, brother, sister, step-brother, step-sister, grandparent, step-grandparent, aunt, uncle, step-uncle, niece, nephew, step-niece or step-nephew. This does **not** include cousin.

I request that my child be placed with a Victoria University approved Caregiver Service (**complete section five**).

I give permission to VU to release information regarding my child's contact details, academic performance, attendance and results to inform my child's progress and to the Australian Government to ensure that my child is meeting the requirements of their visa.

I understand that the above arrangements may result in charges payable by me as the Student's parent/legal guardian, for services including but not limited to the inspection and assessment of accommodation/welfare arrangements.

Parent/legal guardian signature(s): _____ Date: / /

SECTION FOUR: DETAILS OF NOMINATED RELATIVE

To be completed by the parent/legal custodian where a Nominated Relative will be responsible for providing the student's accommodation and welfare. The arrangement for the student to live with a Nominated Relative will need to be approved by DIAC.

*Certified copies of Nominated Relative's signature and photo identification (e.g. drivers licence or passport) must be attached.

Relative family name:

Relative given name(s):

Number and street:

Suburb/town: State/Province:

Country: Postcode/Zip code:

Phone: Mobile/cell:

Email Address: Relationship to student:

Address details of where the student will be residing (if different to above):

Number and street:

Suburb/town: State/Province:

Country: Postcode/Zip code:

Period of arrangement/residence: From / / To / /

Nominated Relative signature(s): _____ Date: / /

SECTION FIVE: REQUEST FOR CAREGIVER SERVICE

I request the accommodation arrangements for _____ being the student named above and my child, be undertaken by a Victoria University approved Caregiver Service. The Caregiver Service will be responsible for the accommodation and welfare and will act as Caregiver for my child during his/her studies at Victoria University whilst he/she is under 18 years of age.

I understand that it will be my responsibility to arrange the agreement with the Caregiver Service and that my above named child will be bound by the conditions of such agreement.

I understand that Caregiver Service arrangements may result in charges payable by me as the student's parent/legal guardian, for services including but not limited to the inspection and assessment of accommodation/welfare arrangements.

Parent/legal guardian signature(s): _____ Date: / /

DOCUMENT CHECKLIST:

Please ensure you have provided the following information before submitting the application (tick relevant boxes):

- All relevant sections of this form completed and signed
- *Certified copies of parent/legal guardian signature and photo identification (e.g. passport or drivers licence).

If the student will be living with an Elected Host:

- *Certified copies of Elected Host's signature and photo identification.
- **Original National Police Records Check and Working With Children Check of Elected Host (issued no longer than 3 months prior to date of submission)
- Signed declaration by Elected Host

*Certified copy is a copy of an original document that has been certified as a true and correct copy by an authorised person, which may include a magistrate, Justice of the Peace, Legal Practitioner, Medical Practitioner, Bank Manger, Chartered or certified accountant, Commissioner for Affidavits, Commissioner for Declarations, Nurse, Pharmacist, Police Officer or Post Office Manager. ID must be translated in English if in a foreign language. Non-Certified copies of documents will not be accepted.

** Copies of these documents will not be accepted.

PRIVACY STATEMENT

Victoria University is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation, including the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the Education Services for Overseas Students Act 2000. Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Victoria University holds about you. See the University's Privacy Policy for details, which can be accessed at www.vu.edu.au/library/pdf/default/PrivacyPolicy.pdf

PLEASE COMPLETE THIS FORM AND RETURN TO:

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City Flinders Campus
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Melbourne Victoria 8001
AUSTRALIA

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