



# Study Tour Application

## *Overseas Student*

Student's Name: \_\_\_\_\_ Date of Birth (d/m/y): \_\_\_\_\_

Term Preference ☐ 1 ☐ 2 ☐ 3 Year Level of Entry: \_\_\_\_\_ Year of Entry: 20\_\_\_\_\_

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CRICOS #01645K





## REQUIREMENTS FOR APPLICATION FOR STUDY TOUR

Before lodging this Application please use the following checklist to ensure everything has been supplied.

- ☐ Completed Application Form
- ☐ Most recent school report
- ☐ Copy of current passport
- ☐ Video from student

This Application should be completed and returned to the:

**International Student Coordinator**

Email: [international@woodcroft.sa.edu.au](mailto:international@woodcroft.sa.edu.au)

Completion of the Application will not necessarily guarantee student will be accepted for Study Tour.

### Entry Requirements

1. Students must have attained at least the equivalent level of study in their own country.
2. Students are required to be confident in speaking and listening to English.
3. Students must be willing to participate in excursions.
4. Student to submit a short video (1-2 minutes maximum) to share interests and why they want to come to Woodcroft College.
5. Students must submit their most recent school report for assessment by the International Programs Team. These must be translated into English if written in another language.
6. The College requires parents to provide information relevant to any special needs that an applicant may have. Failure to disclose will result in an application not being accepted.

*Definition: "Parent/s" means the lawful parent, caregiver or other lawful or apparent representative of the student.*

# STUDY TOUR APPLICATION

## STUDENT DETAILS

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

English Name: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Gender: ☐ Male ☐ Female Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiry Date (dd/mm/yy): \_\_\_\_\_

Do you have any siblings? ☐ Yes ☐ No If yes, please provide their gender and age:

How many weeks would you like to apply for?

☐ 3 weeks ☐ 4 weeks

Preferred commencement date: \_\_\_\_\_

## EDUCATION BACKGROUND

Current School Name: \_\_\_\_\_ Year Level/Grade: \_\_\_\_\_

Favourite Subject: \_\_\_\_\_ English level: ☐ Beginner

Do you plan to come to Australia for long term study? ☐ Yes ☐ No ☐ Intermediate

Why/why not? ☐ Advanced

## MEDICAL INFORMATION

Do you have any allergies: ☐ Yes ☐ No

If yes, what are you allergic to? ☐ Animals ☐ Food ☐ Medicine ☐ Other: \_\_\_\_\_

Do you need any ongoing medical treatment? ☐ Yes ☐ No If yes, what are the details?

Do you have any health problems/concerns? ☐ Yes ☐ No If yes, what are the details?

Do you take prescription medicine? ☐ Yes ☐ No

## EMERGENCY CONSENT DETAILS

Permission to administer Paracetamol (for fever, minor aches and pains) ☐ Yes ☐ No

*In the case of extreme urgency, and when all efforts by the School to make contact with a parent or guardian have failed, has the School permission to arrange:*

Medical Attention from Local Medical Professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anaesthetic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-inflammatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paracetamol	<input type="checkbox"/> Yes <input type="checkbox"/> No

If NO, please advise: \_\_\_\_\_

# STUDY TOUR APPLICATION

## HOMESTAY

Woodcroft College requires students to be under guardianship throughout their study period. Do you want:  
(Please tick one of the following):

- ☐ To live with parents *(please provide details below)*
- ☐ Woodcroft College to arrange a guardian *(The Principal)*
- ☐ To appoint your own guardian *(Guardian must be over 25 years of age. Please provide details below.)*

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Woodcroft College partners with Happy Homestay Adelaide (HHA). Once your application has been approved, HHA will contact you for more information to find a suitable homestay family for your study period.

## PERSONALITY AND INTERESTS

Do you play sport? ☐ Yes ☐ No If yes, what sport? \_\_\_\_\_

Do you play a musical instrument? ☐ Yes ☐ No If yes, what instrument? \_\_\_\_\_

Have you ever lived away from home? ☐ Yes ☐ No

What are your interests outside of school? \_\_\_\_\_

What is your favourite food? \_\_\_\_\_ What food do you dislike? \_\_\_\_\_

Why do you want to participate in this Study Tour?

Please include something about yourself to share with our teachers/students?

# STUDY TOUR APPLICATION

## PARENT DETAILS

### Parent 1

#### Enrolling Parent 1 Details

\*Relationship to Student: \_\_\_\_\_

\*Marital Status: \_\_\_\_\_

\*Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other \_\_\_\_\_

\*Parent 1 Family Name: \_\_\_\_\_

\*Parent 1 Given Name: \_\_\_\_\_

\*Residential Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

#### Telephone Details

\*Home Email: \_\_\_\_\_

\*Personal Mobile: \_\_\_\_\_

### Parent 2

#### Enrolling Parent 2 Details

\*Relationship to Student: \_\_\_\_\_

\*Marital Status: \_\_\_\_\_

\*Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other \_\_\_\_\_

\*Parent 2 Family Name: \_\_\_\_\_

\*Parent 2 Given Name: \_\_\_\_\_

\*Residential Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

#### Telephone Details

\*Home Email: \_\_\_\_\_

\*Personal Mobile: \_\_\_\_\_

## DECLARATION

I declare that the information in this Application is complete and correct.

I understand that providing false or misleading information might invalidate this application and Woodcroft College may not offer a place in the Study Tour Program.

I declare that I have read and understand the current Fee Schedule available on the College website and that this may be subject to variation without prior notice.

Full Name of Student: \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_

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

Name of Parent 2: \_\_\_\_\_

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

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