



ROTARY INTERNATIONAL  
AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE

EXCHANGE YEAR 2014 DISTRICT 9630

Colour Photograph  
Head and shoulders  
(Passport size and quality)  
Some Districts require  
duplicating of photographs  
for publishing

## STUDENT APPLICATION FORM

One signed original + three copies of this Application to be completed by the applicant. **Please PRINT CLEARLY.**

### PERSONAL

Full Name as on Passport \_\_\_\_\_ (Surname last, in CAPS)

Country Issuing Passport \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiry \_\_\_\_\_

Permanent Resident Status? YES  NO  Visa required for entry to Host Country? YES  NO

Gender: Male  Female  By what name do you prefer to be called? \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Address (if not above) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth place \_\_\_\_\_

Years of Residence in Home Country? \_\_\_\_\_ Height \_\_\_\_\_ (m) Weight \_\_\_\_\_ (kg)

Shirt Size Male XS  S  M  L  XL  XXL  Female 6  8  10  12  14  16

### FAMILY

Father/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Parents' email address \_\_\_\_\_

Do you live with both your parents/guardians at home? YES  NO  If NO, please give circumstances: \_\_\_\_\_

Brother/Sister Name	Gender	Age	Occupation	Living at Home?

### EMERGENCY CONTACT PERSON (not living at home)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

## EDUCATION

School Name .....

School Type: SINGLE SEX  CO-ED  PUBLIC  PRIVATE  BOARDING  DAY SCHOOL  BOTH

Present Form or Year ..... Total years at School (*Primary & Secondary*) .....

List of subjects being taken during this year	
List of subjects to be taken during the exchange year	
In what extra-curricula school activities, other than sport, do you participate?	
What positions of leadership/responsibility have you held? ( <i>e.g. Captain, Prefect, Secretary, etc.</i> )	

## INTERESTS

List Musical Instruments in the home	
Musical Instruments played by applicant	
Hobbies and interests outside School? (& time per week devoted to each)	
Sporting activities & indicate level of participation ( <i>e.g. social / highly competitively / "A" grade etc</i> )	
Debating or public speaking involvement? ( <i>indicate extent</i> )	
Your future plans and aims? ( <i>education, career, etc</i> )	
What is your Religion / Denomination if any?	
Do you attend Church?	Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
Do you attend a Youth Club of any type? ( <i>indicate involvement</i> )	

## EXCHANGE DETAILS

Why do you want to become an Exchange Student?	
Who suggested that you apply for the Exchange?	

- Is your School/College Principal aware of your Application in this Scheme? YES  NO
- Will you (the applicant) be willing to speak to Rotary Clubs and other groups? YES  NO
- Would you be willing to be hosted by single parent? YES  NO
- What if the single host parent was a solo mother? YES  NO
- What if the single host parent was a solo father? YES  NO
- Are you prepared to attend separate high schools from your match, if necessary? YES  NO
- Would a mixed gender exchange be considered if necessary? YES  NO  MAYBE
- Would a One-Way Exchange be considered if no match could be found? YES  NO

<p>Are you willing to assume responsibility under the Scheme by endeavouring at all times to promote international understanding, particularly between Australians and New Zealanders, by being an effective ambassador for your country and by representing the typical thinking and way-of-life generally of your fellow countrymen?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>Are you an applicant under any other Student Exchange Scheme? <i>(If so, give details)</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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**DO YOU ACKNOWLEDGE THAT THE RULES OF THE SCHEME ARE AIMED AT MAKING IT SUCCESSFUL, SO THAT OTHERS MAY HAVE THE OPPORTUNITY TO EXCHANGE IN THE FUTURE?**

YES  NO



# ROTARY INTERNATIONAL AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



## MEDICAL AND SURGICAL CONSENT

We, the undersigned parents / guardians of the applicant, in consideration of the Host Parents agreeing to host my/our child, agree to release and indemnify the Host Parents, members of the Host Parents' family, Host/Sponsor Rotary Club, Host/Sponsor Rotary District Committee Members, and Rotary International from all or any actions, proceedings, claims, demands, settlements, costs and expenses in respect of his or her illness or death.

We have no objections to any emergency operation, administration of anaesthetics and/or blood transfusion for urgent treatment of any illness or injury which a qualified medical practitioner may deem necessary for our child's welfare and where blood or blood products are supplied and administered in accordance with government regulations.

The following history relating to our child should be forwarded to the medical practitioner responsible for any medical treatment:

Allergies and adverse reactions to	
Medication required or being taken	
Skin conditions, Diabetes, Asthma, special diet?	
Recent illnesses (state date and illness)	
Past hospitalization (state date and illness)	
Physical or mental illness/limitations	
<p>The applicant is up-to-date with the current New Zealand <input type="checkbox"/> / Australian <input type="checkbox"/> (please tick country of origin) vaccination schedule.</p> <p style="text-align: center;"><b>YES/NO</b></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Last Tetanus booster was</p> <p>Tetanus <input type="checkbox"/> Last booster date ...../...../.....</p> <p>Whooping Cough <input type="checkbox"/> Diphtheria <input type="checkbox"/> Measles <input type="checkbox"/></p> <p>Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Polio <input type="checkbox"/></p> <p>Hepatitis B <input type="checkbox"/> Chicken Pox <input type="checkbox"/> <b>(if no, has the applicant had chicken pox yes/no)</b></p> <p style="text-align: center;"><b>Please check which diseases the applicant <u>has not been</u> fully vaccinated against.</b></p>
Any other condition (medical or otherwise) which might influence medical care	

Signed (Parent/Guardian) ..... Signed (Parent/Guardian) .....

## STUDENT TRAVEL CONSENT

We the undersigned Parents/Guardians of the applicant, consent to the President and/or Youth Exchange Officer of the Host Rotary Club and/or Chairman of the Host District Australia/New Zealand Student Exchange Committee making decisions regarding travel and activities whilst our son/daughter is overseas. We realise that during the period of exchange, school excursions, coach tours, Rotary Safaris and Host Family sightseeing trips are often part of the Youth Exchange Programme.

Signed (Parent/Guardian) ..... Signed (Parent/Guardian) .....

## PARENT DECLARATION

We declare that we are the legal parents/guardians of the applicant and that we understand fully the statements made in the above Medical and Surgical Consent and Student Travel Consent which we have signed, and declare that the statements made by us are true and correct. We are also aware that this information will be disclosed to the relevant medical authorities, Host Parents and District Committee Chairs in Australia and New Zealand and the medical information will only be used to assist in the medical care of our child.

Signed (Parent/Guardian) ..... Signed (Parent/Guardian) .....

Address ..... Date .....



# ROTARY INTERNATIONAL AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



## Prohibited Activities

**Activities that under no circumstances** will be approved while involved as a Rotary Exchange Student, and which may result in an early return:

- ◆ Driving a motor vehicle or being driven by an unqualified driver or a driver not approved by the Rotary Counsellor or Host Parents.
- ◆ Hitch Hiking
- ◆ Romantic involvement or sexual activity.
- ◆ Downloading or viewing pornographic material on the Internet.
- ◆ Buying, selling or using any illegal drugs
- ◆ Consuming alcohol, unless both the Host Family and Applicant's Family give joint approval for this in supervised situations.
- ◆ Smoking.
- ◆ Body piercing or disfiguring and tattooing.
- ◆ Flying in an aircraft or other aerial device, other than as a passenger in a licensed commercial aircraft.
- ◆ Rodeos, sky diving, hang gliding, tow gliding or in competition snow or ice sports
- ◆ Vehicle or watercraft racing, speed trials or competitions.
- ◆ Use of firearms.
- ◆ Use of fireworks.
- ◆ Erection, demolition and/or addition/alteration to buildings.
- ◆ Jet skiing.

I, (student) ..... and

I/we (parents) .....

acknowledge and agree that the above student will not participate in any of the above activities during the Exchange program.

Signed ..... Father/Guardian

Signed ..... Mother/Guardian

Signed ..... Student



# ROTARY INTERNATIONAL AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



## APPROVAL FOR AUTHORIZING USE OF THE APPLICATION MATERIAL SUPPLIED

### Privacy

Rotary is committed to protecting the privacy of applicants and their legal parents/guardians and families. We securely store the personal data we collect during the exchange period. We use the data to ensure effective communication during the exchange and to improve the quality, value and safety of the exchange experience for you and future participants of the exchange. Rotary does not disclose your personal data to third parties except during the exchange period for the purpose of facilitating the exchange, or with your consent. You may ask to see information we hold about you and we will provide it as long as we have such information and can readily retrieve it. You may also ask us to correct any information that we hold about you.

Approval is granted by us, as legal parents/guardians of the applicant, to release the Rotary Exchange Application material provided strictly for, and for no other purpose, than to provide for the best care of the above student while on Exchange and while not under the direct supervision of us as his/her legal parents/guardians as set out below:

#### KEY

- ✓ Yes, person is allowed to see material
- ✗ No, person is NOT ALLOWED to see material

	Application Forms Pages 1-6, 9-11	Medical Form Page 12	Dental Form Page 13	Rules & Conditions of Exchange Page 7	Parent Declaration Page 8	School Reports Page 14
Current members of the Australia/New Zealand Student Exchange District Committee	✓	✓	✓	✓	✓	✓
Host Rotary Club Members directly involved in Exchange, including the Counsellor	✓	✓	✓	✓	✓	✓
School Staff directly involved with the Student	✓	✓	✓	✓	✓	✓
The Host Family	✓	✓	✓	✓	✓	✓
Registered Medical and Dental Practitioners	✓	✓	✓	✓	✓	✗
Any other persons	✗	✗	✗	✗	✗	✗

WE AGREE TO THE MATERIAL ABOVE RELATING TO THE APPLICANT BEING MADE AVAILABLE TO THOSE PARTIES MENTIONED AND THAT THIS MATERIAL WILL ONLY BE DISTRIBUTED FOR REASONS BENEFICIAL TO THE STUDENT.

We acknowledge that Rotary may use photographs, moving and still images, exchange reports, student and/or parent exchange evaluations, correspondence and other personal data about us gathered during the period of the exchange for marketing and promotions. We consent to this use.

**Parents' or Guardians' signatures** .....

**Student's signature** .....



# ROTARY INTERNATIONAL AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



## Rules and Conditions of the Exchange

Students and families selected for a Rotary Australia/New Zealand Student Exchange must be prepared to accept the following:

1. Insurance cover for reasonable medical benefits, accident and baggage cover arranged by the Rotary District Committee. An excess fee per claim may apply and is the responsibility of the applicant to pay.
2. Travel dates and all arrangements are to be established by the District Committee.
3. Provision is to be made by the family for sufficient funds to cover internal travel, pocket-money and to meet emergencies. This amount will vary according to circumstances.
4. Supervision of hosting by the Host Rotary Club. In the case of any difficulty arising, the student must consult the Host Club Student Rotary Counsellor.
5. Wearing of school uniforms at School as required by the School Principal. Appropriate attire is required, including the wearing of approved Rotary jacket/over-garment, when attending Rotary Clubs, other organizations as guests, and whilst travelling on international airlines.
6. Compulsory attendance by students and parents/guardians at Orientation Days held prior to departure and, in some cases during the period of the Exchange.
7. A final decision by the District Committee on any matters relating to the Exchange.
8. That an Exchange will not automatically be granted, but will rely on a suitable match being achieved.
9. When an Exchange has been arranged and notified, correspondence should start between Sponsoring Host Clubs, between the Matched Students and between their parents.
10. That each student granted an Exchange is required to become an integral part of the Host Family and assume duties and responsibilities normal for the student's age, and will be under the control of the Host Family at all times.
11. That behaviour will, at all times, be such as to ensure that no offence is caused to the Host Family.
12. The use of drugs, or other infringements of the law, are expressly forbidden. Any infringement makes the student liable to immediate recall, and any expenses incurred in such action will be the responsibility of the applicant and his/her family
13. A levy is made for every student selected and matched by the District Committee. This amount covers some of the administrative costs and is non-refundable.
14. That you are willing to assume your responsibility under this Scheme by endeavouring at all times to promote international understanding, particularly between Australians and New Zealanders, and by being an effective youth ambassador for your country.
15. The Exchange Student staying with you will at all times be treated as a member of your family and must over-night be supervised by a responsible adult approved by the Host Rotary Club Student Rotary Counsellor.
16. During the period of the exchange, family trips, school excursions and coach tours are often part of the Exchange Programme and when such a trip is greater than a weekend, the host parents will notify the Host Rotary Club Student Rotary Counsellor of details, including contact methods in case of an emergency.
17. Violation of the Rules of the Scheme, or failure to comply with the directions of the District Committee or your Host Rotary Club, may result in you being sent home and Rotary sponsorship withdrawn. Any additional costs incurred will be the responsibility of the student and his/her parents.

I EXPRESSLY AGREE TO ABIDE BY THE CONDITIONS AND THE AFOREMENTIONED RULES OF THE EXCHANGE AND TO ACCEPT THE DIRECTION OF THE DISTRICT COMMITTEE AND THE HOST CLUB IN ALL MATTERS RELATING TO THE EXCHANGE:

Signature of the Applicant ..... Date .....

Signature of the Parent(s) / Guardians .....

Date .....

# PARENT DECLARATION - OBLIGATIONS OF THE EXCHANGE

We, ..... and .....  
the parents (or guardians) of .....

have read the foregoing application and certify that the matters of fact therein are correct.

We hereby give our permission for the above applicant to travel to the Host Country (if selected as a Rotary Exchange Student) and remain there for one school term, living in a Rotary-approved home.

We agree to assume all expenses relating to outbound and inbound transportation, and will provide sufficient funds to cover all internal travel, pocket-money and a Rotary determined reserve for emergency situations.

We will furnish all clothing necessary for the applicant's welfare and comfort.

We agree to relieve any host or member of their family, the Host Rotary Club or Rotary International of any responsibility, financial or otherwise, in the case of illness or death of the applicant.

We also are aware of the listed Prohibited Activities (page 3) and have signed the list willingly.

We agree that the applicant will return directly home at the completion of the period of Exchange.

We agree that we will act as host to, and have living in our home for one school term, the foreign student who is matched with the applicant.

We further agree that we shall comply with and respect the Rules & Conditions of the exchange programme, and accept liability for, and pay on demand, any outstanding costs incurred by or on behalf of our son/daughter in the course of his/her participation as an Exchange Student under this Scheme, including costs associated with any flight changes.

We expressly agree that, in the event of any violation of the Rules, the applicant may be returned home immediately and that we will pay any costs involved, including that of a chaperone if required.

We have been informed that in some instances, students from state secondary schools may be matched with students attending private schools. We accept that in such cases the parents of the private school student accept responsibility for any term fees for the matched secondary-school student. The parents of the private school student also accept that their son/daughter will attend the school of the matched secondary-school student during the period of hosting.

We understand that if the applicant is successfully placed in the exchange, for their safety all persons who will be 18 years of age and over living in the host home at the time of the exchange must consent to a background 'Police Check' or 'Working With Children Check' (in accordance with applicable national or state laws) being completed before the exchange period commences. Rotary will provide a form for each person to sign indicating consent to the background Check and to disclosure of any information to Rotary. If a person 18 or over moves into our home during the exchange period we understand that we must immediately contact Rotary so that consent can be obtained from them and a background Check completed. We acknowledge that Rotary reserves the right to terminate the exchange if any person refuses to provide their consent, or on the basis of any information disclosed in the background Check. We accept this requirement of the exchange programme and will assist Rotary to obtain the necessary consents from any person 18 or over living in our home.

By signing below, if participation in the exchange is made available to our child, we will abide by the above obligations of the exchange.

**PARENTS' SIGNATURES:** .....

SIGNED by the above named in the presence of

Witness ..... Occupation .....

Address ..... Date .....









ROTARY INTERNATIONAL  
AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



RECENT PHOTOGRAPHS OF

MY FAMILY

MY HOME

Indicate names .....

MY HOBBY

SOMETHING IMPORTANT TO ME



ROTARY INTERNATIONAL
AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



CONFIDENTIAL MEDICAL REPORT

Date.....

I have on this day examined

.....
who has applied for the Rotary Student Exchange Programme. I understand this would require him/her to live overseas for a period of up to four months.

From my examination, I have found him/her to be in good health.

I consider that this applicant has the necessary physical condition, and is psychologically and mentally qualified to participate in the normal activities which such a young person would encounter on an Overseas Exchange Programme.

Additional remarks, if necessary:

.....
.....
.....

Allergies:

.....
.....

Special precautions:

.....

Medication:

.....
.....

Immunisation:

He/she is up-to-date with the current New Zealand [ ] / Australian [ ] (please tick country of origin) vaccination schedule. YES/NO

Please check which diseases he/she has not been fully vaccinated against.

Tetanus [ ] Last booster date: .. .../.../.....
Whooping Cough [ ] Diptheria [ ] Measles [ ] Mumps [ ] Polio [ ]
Rubella [ ] Hepatitis B [ ] Chicken Pox [ ] if no, has the applicant had chicken pox
yes/no

(Please ensure all medication is clearly marked and precise written instructions regarding application/ingestion are provided)

Other considerations .....
.....
.....

Signed ..... Qualifications .....
(Qualified Medical Practitioner)

Address: .....

Telephone Number: .....



ROTARY INTERNATIONAL  
AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



CONFIDENTIAL DENTAL REPORT

Date .....

I have on this day examined .....  
who has applied for the Rotary Australia/New Zealand Student Exchange Programme. I understand this  
would require him/her to live overseas for a period of up to four months.

From my examination, I have found him/her to be in good dental and gingival health.

Additional remarks if necessary: .....  
.....  
.....  
.....  
.....

Signed ..... Qualifications .....  
(Qualified Dentist or School Dental Therapist)

Address: .....

Telephone Number: .....



# ROTARY INTERNATIONAL AUSTRALIA/NEW ZEALAND STUDENT EXCHANGE



## CONFIDENTIAL SCHOOL REPORT

*(For use by the Student Exchange Selectors Only)*

Report on ..... Form/Year .....

By the Principal of ..... School/College

	Low		Av	High	
	E	D	C	B	A
Academic Qualifications	E	D	C	B	A
General Conduct and Attitude	E	D	C	B	A
Sporting Ability and Participation	E	D	C	B	A
Personality (e.g. vitality, adapting to different age and social groups, conversational ability, etc)	E	D	C	B	A

Is the student's personal appearance in general clean, neat, tidy, and would it be acceptable to a hosting family? .....

Student's maturity for his/her age: Lower than Average  Average  Above average

Would the student be a good ambassador for his/her country, school, family and Rotary?  
.....

A student selected for the Rotary Student Exchange Programme should display the attributes of tolerance, ability to adjust to new situations, confidence, respect for and appreciation of other people, application to studies and co-operation with fellow students. Would you consider that this applicant would be able to demonstrate these qualities?  
.....  
.....

### SCHOOL APPROVAL

..... School/College will enrol the matched overseas student participating in the Rotary Australia/New Zealand Student Exchange Programme during his/her stay in this country.

Date ..... Authorised by ..... (Principal)

Printed name .....

Correspondence to be addressed to .....

Contact person within school .....

Phone number .....

**Please attach a copy of the student's most recent School Report, place in a sealed envelope marked "Confidential" and either address to The Chairperson, Australia/New Zealand Student Exchange, or hand to the applicant.**

Variations in school curricula between Australia and New Zealand can make for some difficulties. Wherever possible, students will be expected to fit into normal school classes whilst in the Host Country. In those subjects where there is likely to be a marked difference, some students may wish to take their own textbooks and studies with them. Matching of selected students should be completed in November and the students and School Principals advised early December to allow sufficient time for them to finalise details with their teachers before the close of the school year.