

## ROUND SQUARE EXCHANGE APPLICATION

STUDENT'S FULL NAME:		
HOUSE:	TUTOR GR	OUP:
EXCHANGE TYPE:	☐ NATION	IAL   INTERNATIONAL
To: Round Square Exchange Coordinator St Philip's College Ulpaya Road Alice Springs, Northern Territory, 0870		РНОТО
Date Received:		

All of the following must be completed to ensure that your application can be accepted.

SECTION A: Stud	lent Information
Student Details (please print)	
Full Name:	
Year Level:	Date of Birth:
Home Address:	
Home Phone:	Student Mobile:
Parent/Guardian 1 (please print)	
Full Name:	T
Occupation:	Mobile:
Home Address (if different to student):	
Work Phone:	Home Phone:
Email Address:	
Parant/Guardian 2	
Parent/Guardian 2 (please print) Full Name:	
Occupation:	Mobile:
Home Address (if different to student):	- Integrice
Work Phone:	Home Phone:
Email Address:	nome mone.
Linan Address.	
Please attach a pho	oto of your family
r lease attach a phi	oto or your farmiy.

Family Details	
Please list the names and ages of <u>all other</u> residents at ye	our address
Name:	Age:
Please provide a short description of your family living a	t home:
Is there any particular family situation the school/you ex	change partner should be aware of?
Language/s spoken at home: (1)	(2)
<b>Do you have any pets at home?</b> ☐ Yes ☐ No (if yes, what	. are theyr)
Pet 1:	Pet 2:
Pet 3:  How do you commute to school? ☐ School Bus ☐ Bicc	Pet 4:
Thow do you commute to school:	yele   Walk   Trivate cal
Interests & Extra Curricular Activities	
<b>Do you play a musical instrument?</b> ☐ No ☐ Yes (What do	o you play?)
What after school activities do you & your family do?	
Main out-of-school activities and interests:	
Do you have a preferance of where you would like to go	for an exchange?

Travel Experie	ence - (Within Australia	or Abroad)		
Have you eve	r spent time away fron	n your family? (When and fo	or how long)	
Do you have a	any specific dietary req	uirements?		
Do you have a	any medical requireme	nts?		
Do you have a	any religious requiremo	ents?		
Do you have a	any emotional or socia	I requirements?		
Do you have a	any academic requirem	nents?		
Favourite Sub	jects or Subjects of Int	erest:		
Preferred Terr	m & Dates of Exchange	: (eg: Term 1 - January to	April)	
1 <sup>st</sup> Choice:	Term	Month	to month	Year
2 <sup>nd</sup> Choice:	Term	Month	to month	Year
	voided (Such as PLP/Woi	rk Experience, School Camps, Sp		

SECTION B: Academic & Section Academic Report Attached □	ervice (Please (	attach recent Academic R	eport to application)
Lanugages: If you speak another language,	please name and t	tick appropriate level.	
1.	☐ Basic	☐ Moderate	☐ Fluent
2.	☐ Basic	☐ Moderate	☐ Fluent
3.	☐ Basic	☐ Moderate	☐ Fluent
Relevant Academic Achievements			
Community Service Activities and Involven	nent		
Offices Held at School			
SECTION C: Your	reasons for	applying for excha	ange:
(Use a separate s	sheet if you do not	have enough space below)	
Student's Signature:			

## **SAFETY**

All possible care is taken of each pupil's safety, health and general wellfare. Safety regulations are applied in all activities. The host school wishes to encourage a spirit of adventure and independence. Consequently, there is bound to remain a residual risk of personal accident and the School cannot acknowledge liability for accident or injury to a pupil.

Parents are asked to sign **EITHER** <u>Form 'A'</u> or <u>Form 'B'</u> on this page, which the Headmaster will take to be acceptance by the parent of non-liability of the School.

FORM 'A'		
To The Coordinator of Exchange,		
Permission is given for part in the full adventure activities of the School, school sp		
I declare that my child shall be allowed to travel in any scho and in vehicles which may be the signed property of staff o transport.	•	
Signed:	Date:	
Parent/Guardian Name:	C DI EACE)	
(BLOCK LETTERS PLEASE)		
OR —		
FORM 'B'		
To The Coordinator of Exchange,		
(Name of Student)	is to be excluded from taking	
part in		
(please specify here the activity/activities from	which they are to be excluded)	
I declare that my child shall be allowed to take part in those further declare that my child shall be allowed to travel in a cles and in vehicles which may be the property of staff or e	ny school vehicles ot host family vehi-	
Signed:	Date:	
Parent/Guardian Name:(BLOCK LETTER		

## **MEDICAL & HEALTH INFORMATION**

This form is designed to assist staff and host families in providing medical treatment for your child whilst on exchange and needs to be completed by the parent/guardian. If there is any further information relevant to the child's medical information, please attach it to this application. The information is held in the strictest of confidence.

Student's Name	M/F	Date of Birth	Passport No.
Private Health Fund	F	Policy Number	Medicare Number
	'		
Parent/Guardian 1 (please print)			
Full Name:			
Relationship to Student:		Mobile:	
Work Phone:		Home Phone:	
Email Address:			
Parent/Guardian 2 (please print)			
Full Name:			
Relationship to Student:		Mobile:	
Work Phone:		Home Phone:	
Email Address:	,		
Emergency Contact (in the event that a p	arent/guardian can	not be contacted)	
Full Name:			
Relationship to Student:			
Home Address (if different to student):			
Phone:		Mobile:	
Medical Information			
Doctor's Name:			

**Doctor's Phone:** 

Medical History (Please attach a copy of vaccination	history)
Immunisations/Vaccines	Date when last given:
DPT (Diptheria, Pertussis, Tetanus) Booster	
MMR (Measles, Mumps, Rubella)	
Polio	
Hepatitis A	
Hepatitis B	
Other	
☐ Asthma *Action/Management Plan*	☐ Allergy/Anaphylaxis *Action/Management Plan*
Asthma Plan Attached □	Allergy/Anaphylaxis Plan Attached □
Other health information:	
Dietary Requirements:	
Do you give permission for your child to be administered exchange if required?  ☐ Yes ☐ No	Paracetamol and/or Ibuprofen whilst attending the
Has your child suffered from any sport injuries that might	affect their participation in sports or other activities?
☐ Yes ☐ No	
If yes, specify:	
Student can swim 50 metres: ☐ Easily ☐ Wit	h difficulty   Not at all
MEDICAL CO	NSENT FORM
(full name of Parent/Guardian)	hereby consent to my child
Gui name of rarenty duaranting	
	d whilst at school, on an excursion or with their
**	exchange school, the Medical/Health Centre or nmunicate with me first, to consent to emergen-
	a qualified medical practitioner for the safety of
	hilip's College and Round Square from any re-
sponsibility, legal, financial or otherwise in re	
To relevant student medical information being	
<ul> <li>Have read and thoroughly understood this do the best of my knowledge.</li> </ul>	cument and completed all areads of this form to
<ul> <li>This authorisation will remain in effect for the</li> </ul>	e duration of the exchange.
Signed:	Date:



"Round Square's role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever."

PAREN	IT/GUARDIAN CONSENT	
I approve of my childip's College International Student Excleosts and incidental expenses incurre	_	applying for a St Phil- ally liable for all travelling
Parent/Guardian 1 Name:		
Relationship to student:	(BLOCK LETTERS PLEASE)	
Signed:	Da	te:
Parent/Guardian 2 Name:		
	(BLOCK LETTERS PLEASE)	
Relationship to student:		
Signed:	Da	te:
WORKING WITH CHI	LDREN CLEARANCE (NT O	CHRE CARD)
Please note that any member of the h Card when an exchange student (15 y	<b>5</b> ,	
Name	Number	Expiry

ROUND SQUARE NATIONAL & INTERNATIONAL EXCHANGE PROCESS
☐ International Exchange Information Session held in the Fred McKay Theatrette.
☐ Fill out Exchange Application Form - neatly in blue or black pen only - remember that
this form is sent to the host school and first impressions count!
☐ Exchange Application Fee (\$35 for National & \$50 for International) is to be paid by all
applicants (this assists with Round Square incidental costs and Service Projects.
☐ Application Form and Application fee to be given to Reception by due date (as advised).
☐ Student Interview with Round Square Committee - interview will be scheduled during
Term 2 & 3 and held in the Feed Me Now Café during Round Square Committee Breakfasat
meeting @ 7:15am.
☐ Students are required to give a 2 - 3 minute speech - refer to speech criteria on next
page.
- You are welcome to see Ms. Pollitt to discuss your speech prior to attending your interview. The applicant should sell themselves. It is important to remember that the Committee
is friendly, fun and there to help students achieve their goal.
☐ Write a letter explaining 'Why we should send you on exchange', 'What do you hope to
gain?', 'Explain your understanding of Round Square and how it orperates at St Philip's Col-
lege' i.e. Round Square Pillars. Address this letter to the Senior Round Square Committee.
☐ Once all student interviews are completed, interviews with the family will commence in
Term 2.
Students may request a preference but there is no guarantee - we are restricted by
what is
offered or available with other Round Square host schools (this includes dates, length of
stay, etc.)
• Exchange operates on a reciprova homestay basis, even if you stay in a boarding house.
<ul> <li>Exchange schools and host families are organised by the Round Square Coordinator.</li> </ul>
Only when an exchange placement/date have been confirmed can communications
begin with the host family and/or Round Square Representative at the exchange school.
Once exchange communications have begun, families can then proceed with flight
bookings and visa applications.
• All residents in the host family home over the age of 15 years must have a current NT
Ochre Card. The fee for a Volunteer application is \$8.00 You can apply online at <a href="http://">http://</a>
www.workingwithchildren.nt.gov.au/forms.htlm (Form PF190-V) or in person at the
<ul> <li>Territory Business Centre, 50 Bath Street, Alice Springs.</li> <li>The Round Square Assistant can also email you the form if required.</li> </ul>
<b>NOTE:</b> Please attend to this early, as it can take 2-3 months for the card to be processed.
10 121 incuse account to criss carry, as it carr take 2 3 months for the cara to be processed.
Please contact Ms Alex Pollitt for further questions
alexandra.pollitt@stphilips.nt.edu.au
<b>NOTE</b> : Please identify on the application form the dates that your child will not be able to go on
exchange - this is very important, so it doesn't clash with any prior commitments or offers from

host schools!



## ROUND SQUARE INTERNATIONAL EXCHANGE -**SPEECH CRITERIA**

- Your speech should be no longer than 2-3 minutes, so it is necessary to be sufficiently prepared in order to cover the necessary information.
- You should ensure a strong introduction and conclusion!
- The following must be included. You may read it or use prompt cards and it can be delivered in any order.
- Sell yourself, giving reasons as to how you would be a good am-1. bassador for the College.
- Explain your understanding of the Round Square Organisation, 2. including a little of its history.
- Demonstrate your understanding of how Round Square operates 3. through the College.
- Explain who Kurt Hahn was and why his philosophies on educa-4. tion could be seen as motivating to young people.

If you have questions, or need help, don't hesitate to contact Ms Pollitt.



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