

Xavier Catholic College

Immersion Application Documentation

STUDENT DETAILS

Information to be completed in full. Information must be identical to your passport.

Name: _____

Full Address: _____

Student Mobile: _____

Student Email: _____

Date of Birth: _____ Age: _____

Passport Number: _____

Passport Expiry Date: _____

Medicare Number: _____

Medical / Dietary Requirements: _____

IN THE EVENT OF AN EMERGENCY, IMMERSION ORGANISERS SHOULD CONTACT:

Name: _____

Relationship to applicant: _____

Address: _____

Mobile Number: _____

Name: _____

Relationship to applicant: _____

Address: _____

Mobile Number: _____

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STUDENT TRAVEL CONTRACT

Students' conduct should be characterised by common sense, honesty, politeness, gratitude and cooperation as befits a Christian person travelling on a Faith Immersion Experience.

Students should be mindful at all times that their selection for the Immersion is a privilege and act accordingly. Applicants are asked to agree to the following:

- I understand that at all times I must ensure the safety and comfort of all supervisors and companions on this Immersion. I will accept and follow the directions and advice of the supervisors at all times.
- I fully accept and respect the authority of the supervisors on this Immersion.
- I accept my personal responsibility regarding passport, money, property and personal health and hygiene.
- I will not leave the group at any time without direct supervisor's' permission
- I will not be involved in any way with smoking, drinking alcohol or illegal substances or inappropriate behaviour with other students or persons.
- I understand that my behaviour prior to departure will impact my ability to attend Immersion. If I am suspended, my position may be forfeited and the deposit will be withheld.
- I will be mindful of my responsibilities to my family and the College at all times when on this Immersion.
- I will not bring the reputation of my family or the College into disrepute.
- I accept that should I violate this agreement I may be sent home immediately (with all additional costs incurred).
- I accept that I will attend all pre and post Immersion commitments.
- I will abide by all the conditions listed in this contract.

Student Name: _____

Student Signature: _____

Parent Signature: _____

Date: _____

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PARENT / CARER PERMISSION FORM

I / We give permission for our child _____ to attend the Faith Immersion Experience to _____. I / We consent to my child participating in all activities associated with the program, including swimming if the opportunity is offered by the host community.

I / We have read through the Student Contract with our child and they have agreed to and will abide by all the conditions listed. I / We have explained these conditions to our child. I / We completely support the College and the supervisors of the Immersion.

I / We have informed the College (in writing) of all medical (and other) information necessary for the safety and comfort of our child and their travelling companions.

I / We give permission for supervisors to seek medical attention and give any required medication (limited to paracetamol, antihistamine, antiseptic solutions, and electrolyte replacement) for our child at their discretion. I / We take full responsibility for such actions.

Does your child have any medical condition or disability which may affect your child's participation in Immersion? **Yes / No** If yes, please provide details

Does your child have any allergies (eg. Insect bites? Food?) **Yes / No** If yes, please provide details

Can your child confidently swim 50m? **Yes / No**

Parent/Guardian 1 Name: _____

Signature: _____

Parent/Guardian 2 Name: _____

Signature: _____