



Citipointe Christian College  
THE CHRISTIAN OUTREACH COLLEGE BRISBANE

A WORLD OF DIFFERENCE



International Student  
Outreach Program  
DISCOVER THE WORLD

**TOUR**

Please include a copy of your Passport

<b>Family Name</b> (Same as Passport)		(PRINT as it appears in your passport)		<b>Date of Birth</b>		(Same as Passport)		
<b>Given Names</b> (Same as Passport)		(PRINT as it appears in your passport)		<b>City of Birth</b>		(Same as Passport)		
<b>Home Address</b> (Australia)				(Please include: Street, Suburb and Postcode)				
<b>Home Phone</b>				<b>Other Contact #</b>				
<b>Emergency Contact Person Name</b>				<b>Emergency Contact #</b>				
<b>Best Contact Family Email 1</b>		(Please print very clearly)						
<b>Best Contact Family Email 2</b>		(ONLY USE IF REQUIRED Please print very clearly)						
<b>STUDENT Email</b>		(Please print very clearly)			<b>Student ID #</b>		<b>S</b>	
<b>Passport Number</b>			<b>Passport Date of Issue</b>			(Same as Passport)		
<b>Citizenship</b>			<b>Passport Date of Expiry</b>			(Same as Passport)		
<b>Australian Visa Type /Number</b> (if applicable)		(Please include a copy of your Visa from your Passport)		<b>Visa Date of Expiry</b>				
<b>Immunisation Details</b> (Year)		<b>Tetanus</b>		<b>Hepatitis B</b>		<b>Hepatitis A</b>		
Do you suffer from Asthma?		Dosage Details:						
Asthma Medication								
Is a medical practitioner currently treating you?		Details:						
Are you suffering from an injury or condition that is likely to be aggravated by travel? (motion sickness, neck, back, etc)		Details:						
List any known allergies? (foods, stings, medications)								
List any special dietary requirements								
Have you ever DSH?								
List any known phobias								
Other Information we should know:								
<p><b>NOTE:</b> It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident &amp; Injury Insurance. Citipointe will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Tour Organiser.</p>								
<p><b>Medical Authorisation</b></p> <ul style="list-style-type: none"> <li>I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.</li> <li>I authorise the administering of anaesthetic if the medical officer deems necessary.</li> </ul>								
Parent Signature:				Date:				
<p><b>Privacy Information.</b> Citipointe is collecting the information on this form for the purpose of facilitating the attendance of students at the International Students Overseas Program. The information provided will not be used or disclosed for any other purpose and will be held securely and protected against unauthorised access. The information will be provided to staff on a need to know basis and the privacy of the individuals whose information is provided will be respected. If you wish to access or amend the personal information provided on this form, please contact the Tour Organiser.</p>								