

International students under 18 years of age must enter into one of the two care options

Important: Please use the relevant Option checklist to complete this form.

A copy of this document must be returned to Victorian Institute of Education Pty Ltd T/A Southern Academy of Health Sciences with a completed Offer Response and Payment Advice Forms so that the eCoE and Confirmation of Accommodation and Welfare (CAW) form can be issued.

Return the completed form to Victorian Institute of Education or to your agent representative.

Email: info@vie.edu.au

Postal Address:

Level 2 & 3, 741 George Street, Sydney NSW 2000 Australia

Level LG, 159 Queen Street, Campbelltown NSW 2560 Australia

Suite 1 Ground Floor, 97 Pirie Street, Adelaide South Australia 5000 Australia

1. Student Information

Student Number:		First Name:	
Middle Name:		Family Name:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Nationality:		Passport No.:	
E-mail		Mobile No.:	
1 st Course Name		Commencement Date:	

2. Parent or Legal Guardian Information

Parent/ Guardian 1

First Name:		Last Name:	
Address:		City:	
Suburb:		Post Code:	
State:		Country:	
Phone:		Email:	

Parent/ Guardian 2

First Name:		Last Name:	
Address:		City:	
Suburb:		Post Code:	
State:		Country:	
Phone:		Email:	

Checklist

Certified copies of ID from both parents/custodian(s), which include a photo and signature such as a passport or driver's license are attached.

Please specify your choice of Australian caregiver arrangements: (Tick one option only and complete the appropriate sections)

<input type="checkbox"/> Option 1 – Student residing with relative or a legal guardian who will be approved by Department of Home Affairs	Complete PART 3 (Option 1) and PART 5
<input type="checkbox"/> Option 2 – Student entering into welfare arrangements with an Approved caregiver company	Complete PART 3 (Option 2) and PARTS 4 and 5
Please specify duration of welfare arrangement form:	_____

3. Caregiver/ Guardian Information

Option 1: Student residing with relative or a legal guardian who has already been approved by Department of Home Affairs.

NOTE: Relative or Legal guardian is defined as parent or step-parent, brother, sister, step-brother, step-sister, grandparent, step-grandparent, aunt, uncle, step-aunt, step-uncle, niece, nephew, step-niece or step –nephew.

First Name:		Last Name:	
Address:		City:	
Suburb:		Post Code:	
State:		Country:	
Phone:		Email:	

Note: It is the caregiver’s responsibility to inform Victorian Institute of Education Pty Ltd any changes to the approved/existing welfare arrangements.

Option 2: Student entering into welfare arrangements with an approved caregiver company

Name of caregiver company:	
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4. Student Accommodation Information

Please tick one accommodation only

<input type="checkbox"/> Homestay approved by Victorian Institute of Education Pty Ltd	<input type="checkbox"/> Approved Hostel <i>(Please provide Name of Hostel Below)</i>
Name of Hostel:	

5. Legal Guardian Declaration

I understand and accept that:

- The care and accommodation arrangements approved on this form are for the period until the student turns 18 and cannot be changed without prior consent from Victorian Institute of Education Pty Ltd.
- Any alteration to arrangements will require a new approval process (including a new form signed by the parent/ legal guardian).
- Victorian Institute of Education may insist on a change of care or accommodation arrangements in the following situations:
 - Failure on the part of the caregiver or accommodation provider to provide appropriate services to the student
 - A parent arriving in Australia on a guardianship visa to resume care arrangements
 - Dishonest or inappropriate behavior by the caregiver or accommodation provider to provide appropriate services to the student
- Victorian Institute of Education will withdraw the Confirmation of Accommodation and Welfare (CAAW) for student if the student does not maintain the arrangements agreed upon in this form. Withdrawal of the CAAW may result in cancellation of the student visa.
- I authorise Victorian Institute of Education to check my Child’s visa Condition and status using the Department of Home Affairs’ Visa Electronic Verification Online (VEVO) system.
- I give permission to Victorian Institute of Education to release information in regards of the student’s contact details, academic performance, results, and attendance to the appointed welfare provider, to inform the welfare provider of their progress, and to the Australian Government to ensure that they are meeting their visa requirements.

Signature of Student:		Date:	
Signature of Parent/ Legal Guardian 1:		Date:	
Signature of Parent/ Legal Guardian 2:		Date:	

In addition to declarations outlined above, I confirm that I accept the responsibility to act as welfare provider of the nominated student for the duration stated in PART 2.

Name of nominated welfare Provider representative	
Signature of nominated welfare Provider as named in PART 3	
	Date:

Privacy notice

Victorian Institute of Education Pty Ltd is collecting the information on this form to meet Australian Government Legislation requirements regarding care arrangements for students under 18 years of age. This is authorized by the ESOS Act 2000 and required by Australian visa regulations. If this personal information about you is not provided to us, it may result in your visa not being granted or Victorian Institute of Education is unable to provide you with the documents required for you to obtain a student visa.