

HIGH SCHOOL PREPARATION PROGRAMME APPLICATION FORM

1. Programme Selection

When would you like to commence the High School Preparation Programme.		
Do you have a preference for the High School you would like to pathway into after your Charlton Brown HSP programme?		
<input type="checkbox"/> No. (We will allocate a high school for you.)		<input type="checkbox"/> Yes. Please note your top 3 preferences below:
1.	2.	3.

2. Student Details

Full Name (as in passport)	Preferred Name	
Date of Birth (DD/MM/YYYY)	Gender	
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate	
Home Address	City	
State / Province	Country	Post / Zip Code
Email Address	Home Phone	Mobile Phone
Languages other than English spoken at home		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify:		

3. Parent / Legal Guardian Details

Parent / Legal Guardian 1		Parent / Legal Guardian 2	
Full Name (as in passport)		Full Name (as in passport)	
Email Address		Email Address	
Home Phone	Mobile Phone	Home Phone	Mobile Phone
Home Address		Home Address	
City / State / Province		City / State / Province	
Country	Post / Zip Code	Country	Post / Zip Code
Relationship to Student		Relationship to Student	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Custodian	

4. Alternative / Emergency Contact Details

Please provide an alternative contact in case a parent / legal guardian is not available.

Alternative Contact Family Name	Alternative Contact First Name	Relationship to Student	
Alternative Contact Email		Alternative Contact Tel	Alternative Contact Mob
Alternative Contact Home Address		City	
State / Province	Country	Post / Zip Code	

5. Siblings Enrolled

Do you have any brothers or sisters who are already enrolled or applying to enrol in a school in Queensland?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, as detailed below	
Sibling Name	Date of Birth (DD/MM/YYYY)
School	Year

6. Visa & Insurance

Passport Number	Passport expiry date (DD/MM/YYYY)	Passport Nationality
Do you hold an Australian visa?	If yes, please attach a copy of your VEVO	Have you had a visa rejected?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> I have attached a copy	<input type="checkbox"/> No <input type="checkbox"/> Yes, as detailed below

International Students are required to hold Overseas Student Health Cover (OSHC) for the duration of studies. OSHC is compulsory for international students on a student visa and ensures that students are well supported when they have medical concerns. For your convenience, we can arrange OSHC for you through our preferred provider, [Allianz Care Australia >>](#). Alternatively, you can arrange OSHC yourself or through your agent if you prefer. Please indicate your preference when you apply.

Do you want Charlton Brown to arrange your Overseas Student Health Cover (OSHC) for you?	
<input type="checkbox"/> Yes, please arrange OSHC for me <input type="checkbox"/> No, I will arrange OSHC myself and provide a copy of my policy	

7. Education Details

Current School Name	City	Country
Current School Year Level	Language of Instruction at School	
How would you rank your English language level?		
<input type="checkbox"/> Beginner <input type="checkbox"/> Pre-intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Native Speaker		
Have you studied English at school?	Years	Months
<input type="checkbox"/> No <input type="checkbox"/> Yes, I have studied English for:		
Have you undertaken a formal English test?	Test Name	Scores
<input type="checkbox"/> No <input type="checkbox"/> Yes, Details as follows and attached:		
Please list any subjects including languages that you MUST study in Australia.		
Do you require your school academic reports from Queensland to be validated by your consulate?	Which country's consulate?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you transferring from another Australian education provider?	School Name	School CRICOS #
<input type="checkbox"/> No <input type="checkbox"/> Yes, Details as follows and attached:		
If you are enrolling in a specialty programme such as Aerospace, Biology, Business, Creative Industries, Engineering, IT, Mathematics, Music, Science and Sports, please provide details below. Additional entry criteria or fees may apply.		

8. Medical Details

If your application is successful, the medical information you provide will be given to your school and your homestay family (if you will not be living with your parent or approved relative), so that any medical conditions can be appropriately managed at school (including school excursions, school camps, sports and other school activities), and at home (if you are in a homestay), and in the event of an emergency, this information can be promptly provided to the medical practitioners treating you. This information will be treated confidentially, where possible, but our main priority is your health and safety. It is essential that you provide all relevant information. If your application is successful and you are enrolled in a school, you will be required to inform the school as soon as you are aware of any new medical conditions or a change to medical conditions. Should you need to take medication during school hours, you are required to follow the instructions provided by the school and complete any necessary forms such as Individual Health Plan, Emergency Health Plan or Authority to Administer Medication Form. To assist you to identify medical issues, please refer to the following Queensland State schools standardised medical condition categories.

Acquired brain injury, Allergies/sensitivities, Anaphylaxis, Airway/lung/breathing – oxygen, required (continuously/periodically), Airway/lung/breathing – suctioning, Airway/lung/breathing – tracheostomy, Airway/lung/breathing – other, Artificial feeding – gastrostomy device, (tube or button), Artificial feeding – nasogastric tube, Artificial feeding – jejunostomy tube, Artificial feeding – other, Asthma, Asthma – student self-administers medication, Attention-deficit/hyperactivity disorder (ADHD), Autism spectrum disorder (ASD), Bladder and bowel – urinary wetting, incontinence, Bladder and bowel – faecal soiling, constipation, incontinence, Bladder and bowel – catheterisation, (continuous, clean intermittent), Bladder and bowel – stoma site, urostomy, Mitrofanoff, MACE, chair, Bladder and bowel – other, Blood disorders – haemophilia, Blood disorders – thalassaemia, Blood disorders – other, Cancer/oncology, Coeliac disease, Cystic fibrosis, Diabetes – type one, Diabetes – type two, Ear/hearing disorders – otitis media, (middle ear infection), Ear/hearing disorders – hearing loss, Ear/hearing disorders – other, Epilepsy – seizure, Eye/vision disorders, Endocrine disorder – adrenal, hypoplasia, pituitary, thyroid, Heart/cardiac conditions – heart valve, disorders, Heart/cardiac conditions – heart genetic, malformations, Heart/cardiac conditions – other, Mental health – depression, Mental health – anxiety, Mental health – oppositional defiant, disorder, Mental health – other, Muscle/bone/musculoskeletal, disorders – spasticity (Baclofen pump), Muscle/bone/musculoskeletal, disorders – other, Skin disorders – eczema, Skin disorders – psoriasis, Swallowing/dysphagia – requiring, modified foods, Swallowing/dysphagia – requiring, artificial feeding, Transfer and positioning difficulties, Travel/motion sickness, Other medical condition.

Do you have any medical conditions?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:
Do you require any medical aids?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:
Is ongoing treatment required?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:
Do you have a mental health condition, impairment or disability which may result in the need for additional support or assistance?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:

Please list all your vaccinations below.			
Vaccination	Date (DD/MM/YYYY)	Vaccination	Date (DD/MM/YYYY)

If you have a current medical practitioner, please provide their contact details below. If you have multiple practitioners, please provide all their details in the 'additional comments' box below.

Doctor's Name		Name of Medical Practice	
Doctor's Contact Email		Doctor's Contact Tel	Doctor's Contact Mob
Doctor's Address		City	
State / Province		Country	Post / Zip Code
Please note any additional comments / notes regarding your medical needs.			

9. Behaviour

Have you ever been excluded, suspended or expelled or asked to leave a school?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:
Please confirm that you understand that it is a condition of your enrolment that you are not permitted to smoke, consume alcohol, misuse prescription medication or use illicit drugs while enrolled with us or with our partner schools. You must comply with all Australian laws and the conditions of their student visa.	
<input type="checkbox"/> Yes, I understand and agree to the above condition of my enrolment.	

10. Accommodation & Welfare

Please indicate your accommodation preference below. Please check ONE option only.

<input checked="" type="checkbox"/>	Option 1 – I request a homestay arranged by Charlton Brown
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Do you have any allergies or foods you do not like to eat / food preferences? Please provide details in the space below.		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:	
Do you have any religious or spiritual requirements? Please provide details in the space below.		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:	
Would you prefer to live in a non-smoking homestay?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Don't mind	
Do you mind living in a house with children?		
<input type="checkbox"/> I am happy to live with children		<input type="checkbox"/> I prefer not to live with children if possible
Do you mind living in a house with pets?		
<input type="checkbox"/> I am happy to live with pets		<input type="checkbox"/> I prefer not to live with pets if possible
Do you have any other special needs that the homestay should know about?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, as detailed:	
Please describe your hobbies and interests in the space below.		

<input checked="" type="checkbox"/>	Option 2 – I nominate a parent, legal custodian or relative approved by the Commonwealth Government department responsible for immigration.
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Name of Nominee	Relationship to Student	
Nominee Contact Email	Nominee Contact Tel	Nominee Contact Mob
Nominee Contact Home Address	City	
State / Province	Country	Post / Zip Code

<input checked="" type="checkbox"/>	Option 3 – I am nominating a person over 25 years of age residing in Queensland to provide accommodation and hereby request approval from Charlton Brown.
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Name of Nominee	Relationship to Student	
Nominee Contact Email	Nominee Contact Tel	Nominee Contact Mob
Nominee Contact Home Address	City	
State / Province	Country	Post / Zip Code

11. Declaration

- I have read and understood the information provided by Charlton Brown.
- I understand that this application cannot be assessed unless all the relevant sections of this form have been completed and all the required documents are attached.
- I declare that the information given in this application form is complete, true and correct.
- I understand that providing false or misleading information, or non-disclosure of relevant information, may result in cancellation of enrolment.
- I agree that if any of the information on this form changes, I will provide updated information to Charlton Brown as soon as possible and within 7 days.
- I understand that Charlton Brown cannot guarantee that a place will be available in the programme or my preferred schools and there is no guarantee that this application will be successful.
- I consent to receiving communication (including agreements, notices, invoices and other documents) by email.
- I consent to receiving communications via phone, SMS text messages or other electronic means where relevant.
- I understand that if this application is lodged through an education agent:
 - The name and contact details of the nominated education agent are included in the Agent Details section below; and
 - we and/or the partnering school will pay a commission to the education agent after commencement of the programme; and
 - we and/or the partnering school may share your personal information with and direct communications to the education agent.

Signature: Student	Date (DD/MM/YYYY)

Signature: Parent / Guardian 1 Signature if under 18	Date (DD/MM/YYYY)

Signature: Parent / Guardian 2 Signature if under 18	Date (DD/MM/YYYY)

12. Agent Details

If this application is being lodged by an education agent, please provide details below.

AGENT DECLARATION: By signing below, I declare that I represent the applicant and have briefed the applicant and his/her parent/legal custodian in relation to the terms and conditions and have provided the applicant with all relevant information on the Charlton Brown HSP programme and partnering schools, consistent with training provided by Charlton Brown, the ESOS Act and the National Code. I have read and explained the Charlton Brown privacy statement and the declaration to the student and parent/s and/or legal custodian/s.

Agency (Business) Name	Agent / Counsellor's Name	
Email	Tel	Mob
Signature: Education Agent	Date (DD/MM/YYYY)	

**RETURN THIS FORM TO: INTERNATIONAL@CHARLTONBROWN.EDU.AU
OR ALTERNATIVELY TO YOUR EDUCATION AGENT IF YOU HAVE ENGAGED ONE.**