

## A WORLD OF DIFFERENCE

<b>TOUR</b>	2017	



## Citipointe Christian College THE CHRISTIAN OUTREACH COLLEGE BRISBANE

Please include a copy of your Passport

						DISCOVER THE WORLD	
Family Name (Same as Passport)	(PRINT as it appears in your passpor			Date of Birth	(Same as Passport)		
Given Names (Same as Passport)	(PRINT as it appears in your p		r passport)	passport) City of Birth		(Same as Passport)	
Home Address (Australia)	(Please include: Street, Suburb and Postcode						
Home Phone	Other Contact #						
Emergency Contact Person	Emergency Contact #						
Family Email	(Please print very clearly)						
Your Email	(Please print very clearly)						
Skype Name				Viber Number			
Passport Number			Passp	Passport Date of Issue		(Same as Passport)	
Citizenship			Passpo	Passport Date of Expiry		(Same as Passport)	
Australian Visa Type /Number (if applicable)		lude a copy of om your Passpo	rt) Visa	Date of Expir	у		
Immunisation Details (Year)	Tetanus		Hepatitis B		Hepatitis A		
Do you suffer from Asthma?	Dosage [	Details:		<u> </u>			
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? (food medications)	ls, stings,						
List any special dietary requirements							
List any known phobias							
Other Information we should ke	now:						
NOTE: It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. CCCB 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.  Medical Authorisation							

- 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.
- I authorise the administering of anaesthetic if the medical officer deems necessary.

Parent Signature:	Date

**Privacy Information**. CCCB 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.