



# STUDENT APPLICATION KIT

## HIGH SCHOOL - AUSTRALIA

**STUDENT NAME:** \_\_\_\_\_  
(Last Name) (First Name)

### PROGRAM APPLIED FOR

**Departure Year:** \_\_\_\_\_

**Departure Month:** \_\_\_\_\_

**Program Duration:** \_\_\_\_\_



**FSTS – GESELLSCHAFT FÜR STUDIENREISEN** PFEILG.1A 1080 WIEN  
Tel: 01/4033251 E-Mail: [fsts@fsts.at](mailto:fsts@fsts.at) Web: [www.fsts.at](http://www.fsts.at) Fax: 01/4081480

# INSTRUCTIONS FOR SUBMITTING APPLICATION

TO APPLY FOR A SCCE PROGRAM / AUSTRALIA:

1. Please complete following forms:

<b>Preliminary Application and Application</b>	A profile of the applicant, used for selection as well as for placement with an Australian family.
<b>Personal Essay</b>	This will be shared with your host family. Please write in English without assistance!
<b>Parents' Statement:</b>	A letter of a parent or guardian describing the student.
<b>Photographs:</b>	Please include 4 smiling photographs of your family and yourself. Please include your home, pets, favourite things as a background.
<b>Certificate of Health:</b>	This form should be completed and signed by a doctor.
<b>Program Rules:</b>	These should be signed by the applicant and by the parents / guardian of the applicant.

2. These completed form are to be submitted with:

**10 Passport size photos:** These photos (size 45 x 35 mm) should show a full front view of head and shoulders of the student . No sun/tinted glasses, please! Please smile! Please sign each photo of the back.

3. Mail the complete application to:

FSTS - Gesellschaft für Studienreisen GmbH  
Pfeilgasse 1A  
1080 Wien,

Phone: 01 / 4033251

E-Mail: [fsts@fsts.at](mailto:fsts@fsts.at)

Fax: 01 / 408 1480

Web : [www.fsts.at](http://www.fsts.at)

4. Arrange an Interview: at the FSTS office

5. Your application will be reviewed and you will be informed regarding selection as soon as possible, usually between 3 and 6 weeks after the interview.

Please be sure to apply well ahead of time!

## SCCE PROGRAM RULES

1. Students must follow rules and guidelines set by their host family.
2. It is against the law in Australia for High School students to buy alcohol or drink in public. This law applies to all SCCE students as well. Student also may not drink alcohol in their homes of their host families except when it is offered by their host parents.
3. Under no circumstances are students permitted to drive a motor vehicles (including motor-cycle, mopeds and cars) during their stay.  
All SCCE students regardless of their age, will not be allowed to drive!
4. SCCE students may not consume any drugs for non-medical reasons under any circumstances (Examples of non-medical drugs are cocaine, LSC, marijuana, etc.)
5. The legal age for buying cigarettes in Australia is 18 years. Smoking at home may be allowed by the host family. Smoking at school is permitted only within the guidelines established by the school. Most schools and most host families do not allow smoking at their home or at the school premises.
6. SCCE students are not permitted to hitchhike under any circumstances.
7. SCCE students are not permitted to hold part-time jobs. The visa does not allow it! A non-immigrant alien who accepts paid employment is subject to deportation. It might be allowed to hold small jobs to earn pocketed money, but before accepting any paid task be sure to get permission of the local SCCE representative.
8. SCCE students are not allowed to travel unless accompanied by a responsible adult and if the trip does not involve missing school. The only exception to this is a school sponsored trip. Students must have permission from SCCE first and ask host family and natural parents for permission as well. Students may not return to their home land for holidays for any other reason than emergency.
9. SCCE Students must attend school every day unless sick or under a doctor's care or with special permission from host parents. You must notify your school of any absence.
10. SCCE Students must carry a full course load and maintain a "C" average in all classes. Students must also enrol in appropriate English Language and literature courses and other subjects required by their school.
11. SCCE Students must always inform their host family, where they are going to and at which time they will return home. They also must give notice in the case of any delay.

I understand the above rules and agree to live by these rules during my stay in Australia.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of natural parent: \_\_\_\_\_ Date: \_\_\_\_\_

# Preliminary Application

Program year \_\_\_\_\_

**AUSTRALIA**

Program commencement month \_\_\_\_\_

Program duration: \_\_\_\_\_

APPLICANT  Male  Female

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date \_\_\_\_\_ Citizenship \_\_\_\_\_ City and country of Birth \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

Telephone with area code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name or Parent(s) or Guardian(s) with whom you live: \_\_\_\_\_

## FATHER OR LEGAL GUARDIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Town \_\_\_\_\_

Phone with area code: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Business Phone \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Nature of Business \_\_\_\_\_

Private E-Mail \_\_\_\_\_

## MOTHER OR LEGAL GUARDIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Town \_\_\_\_\_

Phone with area code: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Business Phone \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Nature of Business \_\_\_\_\_

Private E-Mail \_\_\_\_\_

## BROTHERS AND SISTERS

Name	Age	Sex	Living at Home
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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# Preliminary Application

## SCHOOL

\_\_\_\_\_ Principal \_\_\_\_\_  
School Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone with area code: \_\_\_\_\_ Fax with area code \_\_\_\_\_

## Other schools attended in the past three years

Name, Addresses and Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year level at Present \_\_\_\_\_

## Foreign Language Spoken or Studied

LANGUAGE	YEARS OF STUDY	PROFICIENCY		
_____	_____	Average <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
_____	_____	Average <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
_____	_____	Average <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>

## ALTERNATIVE EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone with area code (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
E-Mail (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

## If you are requesting a direct placement with a specific overseas family, list below

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

How did you learn about FSTS \_\_\_\_\_  
\_\_\_\_\_

FSTS / SCCE has our permission to request references from schools and we understand that we shall be required to attend an interview and a public Information Session prior departure.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

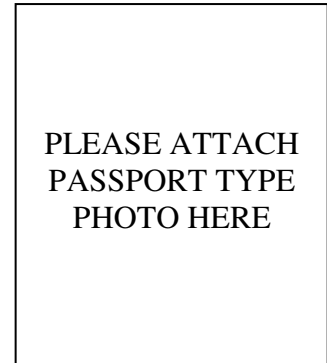
# Application

PLEASE PRINT, OR PREFERABLY TYPE, CANDID RESDPONSES. IF SELECTED PLACEMENT WILL BE INFLUENCED BY YOUR SELF-DESCRIPTION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

(City) (State) (Postcode)



## APPLICATION PROFILE

### DESCRIPTION OF YOUR OWN FAMILY AND COMMUNITY

Describe community: \_\_\_\_\_

Describe home: \_\_\_\_\_

Family leisure activities: \_\_\_\_\_

Mother's major interests: \_\_\_\_\_

Father's major interests: \_\_\_\_\_

### DESCRIPTION OF YOURSELF

Favourite subjects in school: \_\_\_\_\_

Organisational membership and extra-curriculum activities: \_\_\_\_\_

Volunteer and paid work experience: \_\_\_\_\_

Hobbies and leisure activities: \_\_\_\_\_

Experience living away from home: \_\_\_\_\_

Travel experience: \_\_\_\_\_

Do you smoke?  Yes  No If yes, would you be willing to stop?  Yes  No

Do you have any allergies? Comment: \_\_\_\_\_

Health problems/disabilities/dietary restrictions that might affect Host Family placement: \_\_\_\_\_

Hobbies/interests that might affect Host Family Placement: \_\_\_\_\_

**SHORT ANSWER QUESTIONS**

What are your present desires regarding tertiary education and/or career goals \_\_\_\_\_

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Is there someone you emulate? Write briefly about that person and your reasons: \_\_\_\_\_

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What weakness or characteristics in people do you like / dislike? \_\_\_\_\_

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What would you do if your ideas of life are different from those of your host family? \_\_\_\_\_

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What national or international affairs, if any, are you interested in? \_\_\_\_\_

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In what way, if any, do you expect that your attitudes or values may change while an exchange student?

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Why would a host family benefit from having an exchange student? \_\_\_\_\_

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What do you expect to gain from the exchange experience? \_\_\_\_\_

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# Personal Essay

Type your essay on both sides of this form, NOT MORE, NOT LESS

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Program applied for (Country, Departure Date, Duration): \_\_\_\_\_

Give a detailed description of your life your family, school and hobbies. State why you would like to go overseas on exchange. This essay will be used for placement as well as selection. Please write in English without assistance from others.



# Parents' Letter

In the space below please write a letter to the host family, describing your child's overall personality, relationship with family and friends, personal habits, study habits, academic and career goals, level of maturity, ability to face difficult situations and anything else you feel important.

Name (Student): \_\_\_\_\_  
(Last) (First) Middle)

Program applied for (Country, Departure Date, Duration): \_\_\_\_\_

Signature: \_\_\_\_\_

Name of parent: \_\_\_\_\_ Date: \_\_\_\_\_



How well does the student cooperate with teachers and interact with other students?

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Is the student mature enough to handle the considerable difficulties of intercultural exchange?

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Please consider the applicant in relation to his/her peers and then cross appropriate box for each item.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Academic achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading skill and interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warmth of personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of humour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you evaluate the applicant's knowledge of the relevant foreign languages?

Verbal knowledge	Written knowledge	Comments _____
<input type="radio"/> Very Good	<input type="radio"/> Very Good	_____
<input type="radio"/> Good	<input type="radio"/> Good	_____
<input type="radio"/> Average	<input type="radio"/> Average	_____
<input type="radio"/> Poor	<input type="radio"/> Poor	_____

How long have you known the applicant? \_\_\_\_\_

Please check one

- We/I recommend this applicant
- We/I do not recommend this applicant
- We/I do have some reservations. Please have S.C.C.E. phone me

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Signature of Principal or Teacher: \_\_\_\_\_ Title: \_\_\_\_\_

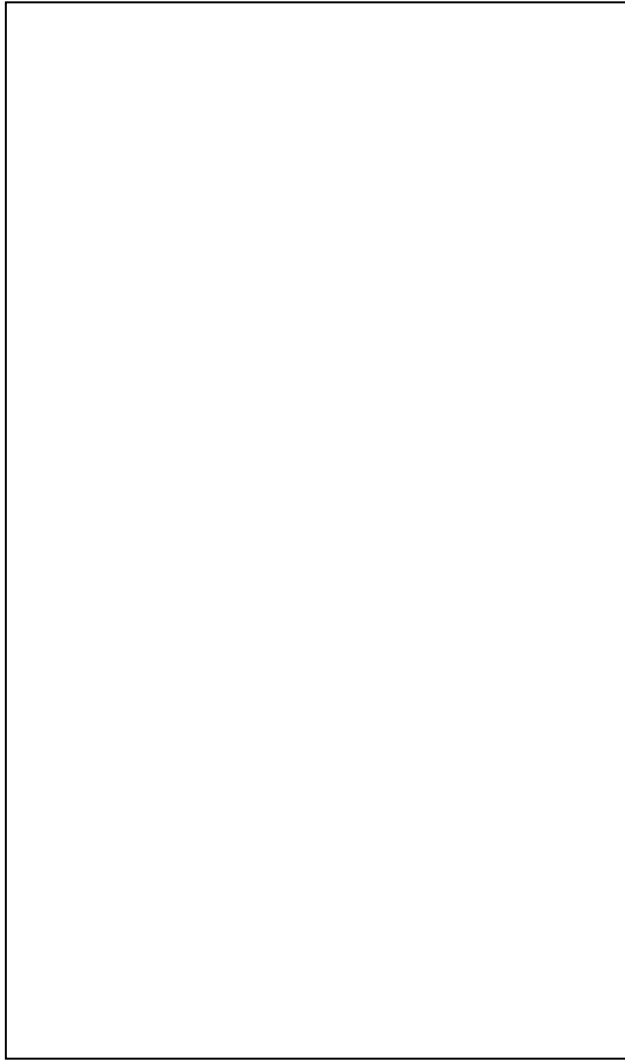
Date: \_\_\_\_\_

# Photographs

Name \_\_\_\_\_  
(Last) (First) (Middle)

Program applied for: AUSTRALIA Departure Date / Duration \_\_\_\_\_

**In the spaces provided, please place photos of you, your family, your friends, your home and your community:**

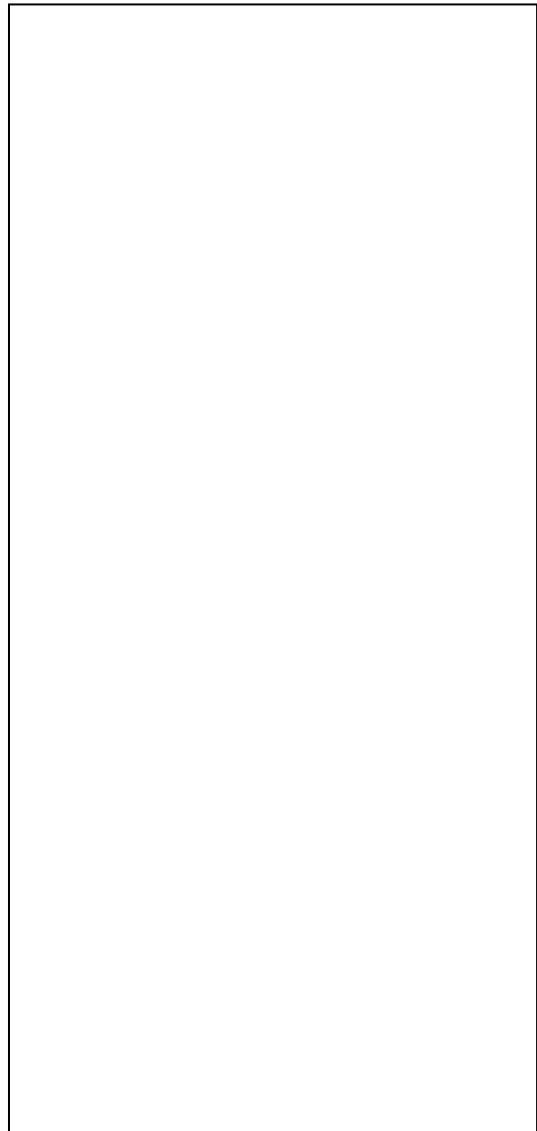


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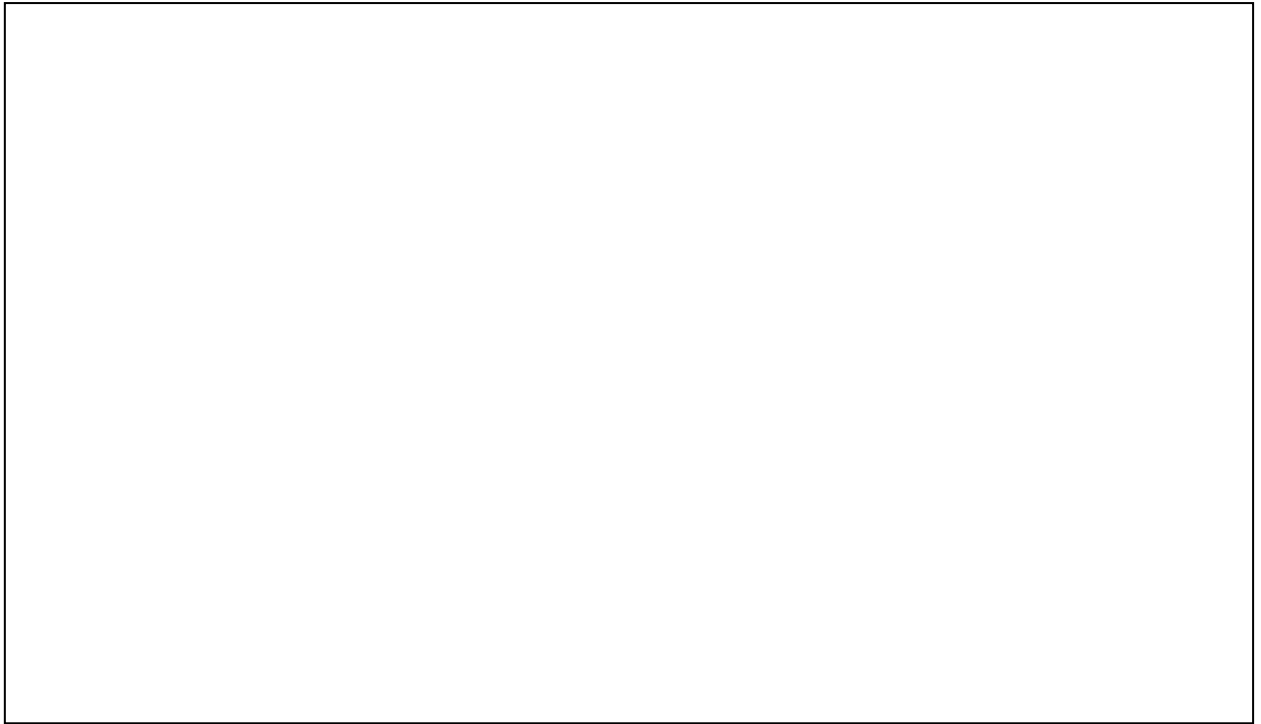
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# Photographs



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Is the applicant taking injections or medications? Yes  No  If yes, please give name(s) of medication(s) and injections and diagnosis

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Does the applicant have a history or present evidence of nervous, emotional or mental abnormality? For example, is there any history of enuresis, nervous breakdown, nervous fatigue, recurrent nightmares, sleepwalking, stammering, stuttering or other similar conditions?

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Has the applicant ever consulted a neurologist, psychiatrist or any other specialist in nervous or emotional disorders? Yes  No

Does the applicant have any health limitations or do you know of any pertinent medical information which is important, should the applicant be considered for placement abroad? Yes  No  If yes, please comment fully

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Will the applicant need any orthodontic care during the coming year? Yes  No   
If yes, attach a statement from the orthodontist, including present status, exact care essential to the orthodonture and date care will be completed

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse Rate \_\_\_\_\_

Is the pulse rhythm normal? \_\_\_\_\_

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Are pupillary and knee reflexes normal? \_\_\_\_\_

What is the applicant's vision: Without eyeglasses? OD \_\_\_\_\_ OS \_\_\_\_\_  
With eyeglasses? OD \_\_\_\_\_ OS \_\_\_\_\_

Has the applicant any history or present evidence of any allergy: \_\_\_\_\_

Type of allergy (e.g. eczema, hives, hay fever, asthma, or other): \_\_\_\_\_

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Allergen (food, drug, pollen or other) if known \_\_\_\_\_

Year on onset \_\_\_\_\_

Frequency of symptoms \_\_\_\_\_

Duration of symptoms (hours? days?) \_\_\_\_\_

When were the last symptoms (month and year)? \_\_\_\_\_

Describe symptoms in detail and indicate severity \_\_\_\_\_

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Have the allergic symptoms ever interfered with the patient's ordinary activities at home or at school? Please give details and dates

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In the past year has the applicant received for the allergy(ies):

a) injected medications (give names, dosages and dates)\_\_\_\_\_

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b) oral medications (give names, dosages and dates)\_\_\_\_\_

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Has the applicant had asthma? (if so, give details and dates)\_\_\_\_\_

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When will allergy treatment and medication be entirely discontinued?

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How long has the applicant been your patient?\_\_\_\_\_

In my opinion the general state of the applicant's health is (Check one)

Excellent  Good  Fair  Poor

Comments:\_\_\_\_\_

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Name of physician (Print or Type)

Degree

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of examination Day/Month/Year

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Phone

# Following to be Completed by Parent or Guardian

Student's Name \_\_\_\_\_

Indicate the most recent year applicant received the following immunisations or tests:

IMMUNISATION:	Year
Flu	
Measles	
Mumps	
Polia	
Small Pox	
Diptheria	
Tetanus	
Typhoid	
Measles (Rubbles)	
Other (specify)	
TESTS:	
Chest X-Ray	
T.B. Skin Test	
Other (specify)	

S.C.C.E does not require any immunisations. Most schools, however do not allow a student's enrolment without records of immunisation.

Before undertaking additional shots, applicants may wish to

- wait for selection results.
- Wait to hear from your host family or representatives regarding entrance requirements of your school.

Upon receipt of the latter information, applicants will have to act promptly and send records to S.C.C.E. Otherwise, the first week of school may be an unpleasant series of shots.

Parents or applicants objecting to any of these immunisations or tests for various reasons should enclose an explanatory letter.

## PERMISSION FOR MEDICAL CARE and RELEASE

We, the applicant's parents or legal guardians, agree to authorise S.C.C.E or the Host Family to act for us in any emergency, accident or illness during the period of time the student is involved in the S.C.C.E Program. This covers the period from the time the student boards transportation scheduled by the Program until the student leaves the return-transportation scheduled by the Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date of Birth: \_\_\_\_\_  
(Day) / (Month) / (Year)

**Contact for Austria and Hungary:**



**FSTS – GESELLSCHAFT FÜR STUDIENREISEN    PFEILG.1A    1080 WIEN**  
**Tel: 01/4033251    E-Mail: [fsts@fsts.at](mailto:fsts@fsts.at)    Web: [www.fsts.at](http://www.fsts.at)    Fax: 01/4081480**