



## Round Square Year 8 Exchanges - Outgoing Students

*To be completed by students where applicable. Please print single sided and complete in black pen..*

STUDENT NAME			HOME GROUP	
ACADEMIC YEAR			DATE OF BIRTH	/ /
AGE AT TIME OF APPLICATION			DATE OF APPLICATION	
HOME ADDRESS				
STUDENT EMAIL				
PARENT/GUARDIAN CONTACT DETAILS:	NAME:		MOBILE:	
	EMAIL:			
Relationship to student e.g. Mother / Father / Step-parent / Grandparent *This person will be the 1st contact in an emergency				
PARENT/GUARDIAN CONTACT DETAILS:	NAME:		MOBILE:	
	EMAIL:			
Relationship to student e.g. Mother / Father / Step-parent / Grandparent *This person will be the 2nd contact in an emergency				
FAMILY DETAILS (GUARDIANS/SIBLINGS)	GENDER	LIVING AT HOME?	WWC CARD	
	Male / Female	Yes / No	Yes / No	
	Male / Female	Yes / No	Yes / No	
	Male / Female	Yes / No	Yes / No	
	Male / Female	Yes / No	Yes / No	
	Male / Female	Yes / No	Yes / No	

### Region and school preferences for exchange

Please indicate your regional preference from the list below. Each column needs a response, so please choose from "Very interested" if you wish to go to that region, through to "Not interested" if you do not wish to go to that region. Please note that consideration of preference is taken into account when organising exchanges. However, no guarantees can be made as all exchanges are dependable on availability from the other Round Square schools.

*Remember this is a learning experience, not a holiday to your favourite destination.*

LOCATION	TAS	NSW	SA	ACT	NT	VIC	QLD
Very interested							
Interested							
Would consider							
Not interested							



Indicate below any dates that would NOT be suitable to an exchange this year:

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## ACADEMIC PERFORMANCE FOR LAST SEMESTER

SUBJECT	GRADE
English	
Mathematics	
Science	
Humanities	
RaPS	
Health/Sport/PE	
Languages	
Options (Please name)	
Options (Please name)	

HAVE YOU RECEIVED ANY ACADEMIC AWARDS, ACHIEVEMENTS AND CERTIFICATES WHILST AT BCGS?

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### CO-CURRICULAR ACTIVITIES:

Involvement in school life including sport teams, team leadership positions and other co-curricular activities:

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**STUDENT'S MEDICAL DETAILS**

Please tick yes or no to ALL questions in the table below. Provide detailed information wherever possible. *How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is it self-managed? Anticipated special management? Attach a sheet with additional information if required.*

**Does your child have any food allergies or intolerances?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Dizzy spell/fainting?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Headaches or migraines?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Ear infections / hearing implants?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Epilepsy or seizures?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Kidney or bladder issues?**

Yes ☐  
No ☐

If **Yes**, please provide a diabetic action plan:

**Does your child experience dizzy spell/fainting?**

Yes ☐  
No ☐

If **Yes**, please provide details below

**Does your child suffer from any recurring injury, physical disabilities, disorders or major operations?**

Yes ☐  
No ☐

If **Yes**, please provide details below:

**Has your child suffered any recent illnesses or injuries?**

Yes ☐  
No ☐

If **Yes**, please provide details below:

**Please add any additional medical conditions if required?**

please provide details below



Does your child have asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If <b>Yes</b> , Please complete the asthma & allergenic Reaction management plan; page 12 of this form
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If <b>Yes</b> , Please complete the asthma & allergenic Reaction management plan; page 12 of this form
Does your child have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If <b>Yes</b> , please provide a Diabetic Action plan:
<p>Are there any medical, psychological, behavioural or relationship issues (past or present) that we need to be aware of for the care of your son or daughter while on exchange:</p> <p>.....</p> <p>.....</p> <p>We will make the school aware of any changes that occur after this date. Yes <input type="checkbox"/></p>		

## IMMUNISATION

If your child is not immunised it is your responsibility to look into the hosting schools policies on this matter

DATE OF LAST IMMUNISATION	
MMR – Measles, Mumps, Rubella	
dTpa – Tetanus,Pertussis,Diphtheria	
Tetanus Boostrix (Administered in Year 7)	
COVID-19 (please supply vaccination certificate)	

## MEDICATION PERMISSIONS

Paracetamol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen (Nurofen)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cetirizine (Zyrtec)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cold & Flu Tablets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Salbutamol (Asthma Reliever)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>SPECIFIC NEEDS:</b> Does your child have specific needs e.g. diet, medical, religious observances, which need to be taken into account?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: ..... .....



## MEDIA INFORMATION

The School often promotes the student exchange program to the School community through the website and social media as well as in the local newspapers. Please advise whether you give permission for your child's:

- ☐ Name or photograph to be published as part of a media article.
- ☐ Photograph to be published on the School website (password protected).
- ☐ Photograph to be published on Bunbury Cathedral Grammar School's social media accounts (Facebook and Instagram).

## ROUND SQUARE IDEALS

Please provide information of your understanding of the six Round Square pillars.

**Internationalism:** .....

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**Democracy:** .....

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**Environment:** .....

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**Adventure:** .....

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**Leadership:** .....

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**Service:** .....

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## MOTIVATION

**Reasons for applying for exchange:**

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**Do you think that you would be a good ambassador for BCGS? Explain why?**

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## PERSONAL INFORMATION

**What are your hobbies and interests?**

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**Do you have any pets? If so what are they?**

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How do you think you would cope being away from your family? What would you do if you felt homesick?

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What would you do if you had a problem while on exchange?

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Please describe the nature of the accommodation at your home to be provided to a visiting student:

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Where would you like to take your exchange student when they stay with you in WA?

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## STATEMENT OF AWARENESS & RESPONSIBILITY

***“Round Square’s role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever.”***



**THE FOLLOWING IS TO BE COMPLETED BY THE PARENTS/GUARDIANS OF THE APPLICANT**

I/We \_\_\_\_\_ (please print name) have read this application from our son/daughter and I/we fully support it.

1. It is a condition of application that all due School Tuition and Boarding Fees, at the time of application and time of exchange, must be paid in full or be under a payment program that is pre-approved by the School Bursar.
2. It will be necessary to provide Student's personal information, including sensitive information to potential host schools for the primary purpose of your child participating in exchange. Further information regarding the disclosure of personal information to recipients, please refer to the BCGS privacy policy at [www.bcgswa.edu.au](http://www.bcgswa.edu.au)
3. We understand that we will need to apply for a "Working with Children" card prior to an exchange taking place. Please collect the paperwork for this through the Head of School's Assistant. The cost of the card is minimal (\$11) as this is for category # 5 on the form.
4. We undertake to forward a copy of the "Working with Children" cards for all members of the household over 18 years to the Exchange Co-ordinator as soon as we have received them – OR – we have attached current copies of our "Working with Children" with this application
5. We understand that it is expected that our family will host an incoming exchange student in return for my son/daughter participating in the exchange program. The incoming exchange student is usually the student in the reciprocal arrangement with my child.
6. We understand that we will be responsible for meeting the reciprocal exchange student at Perth Airport and transporting the student back to Bunbury at the start of the exchange. We are also responsible for transporting the student back to Perth Airport at the end of the exchange, and ensuring that the student is checked onto their correct flight home.
7. We understand that our child may be staying in a home where a background check on the host family has not taken place, and we accept that this is the case. There is a certain amount of trust, good will and common sense in all exchanges. In some states of Australia there is no equivalent for the Working with Children check.
8. Parents must contact the parents of the reciprocal exchange student for more advice with respect to specific dietary, health or medical conditions.
9. Students are expected to complete the schoolwork from the host school where possible during the exchange. Students are responsible for alerting their BCGS teachers of their absence due to exchange and may need to take with them work they may miss – usually only for Mathematics.
10. Students should take a copy of their immunisation documents and any other specific medical records with them.
11. There will be additional paperwork to complete from the school the student will be attending.
12. Parents should also visit the website of the exchange school for more information about the school's ethos.
13. All possible care is taken of each student's safety, health and general welfare while participating in the exchange program. Safety regulations are applied in all activities. The School wishes to encourage a spirit of adventure and independence. Consequently, there is bound to remain a residual risk of personal accident and the School cannot acknowledge liability for accident or injury to a Student.





14. Participating in the exchange program is not a right but a privilege. Students accepted to participate in exchange will be expected to make a donation to help support a student from Starehe in Kenya. Students participating in the regional exchange program are asked to donate \$50. Students are encouraged to raise this money for themselves.

Starehe Boys' Centre & School is a boy's school supported by Round Square in Kenya, and aims at offering homely support and a holistic education founded on strong principles of discipline, character formation and leadership development for underprivileged children. The Starehe centre has a vision to be a global centre of excellence in youth development, effectively providing leadership and academic skills geared towards promotion of a just and caring society that is founded on high moral standards.

The Round Square values are practiced through the broad curriculum and co curricula activities offered in the centre by all students and staff.

Round Square schools from all over the globe sponsor students to attend. An entire year's tuition is approximately \$1200. We think that if we are lucky enough to be able to go to a good school and travel the globe to other schools then we should help those less fortunate than ourselves to get a better education.

More can be learnt about this school by visiting <http://www.stareheboyscentre.ac.ke/>

Having read, understood and agreed to the above, on this basis, we are prepared to host an incoming exchange student in our home and meet the financial costs associated with our child's exchange. We accept responsibility for being satisfied with the exchange arrangements before committing to them, and we understand that the School's role is to facilitate the process.

Parents' signatures: \_\_\_\_\_

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

\_\_\_\_\_

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



## RULES FOR STUDENTS ON ROUND SQUARE EXCHANGES

**Below are a few rules and guidelines which students need to consider carefully and understand prior to applying for an exchange.**

Whilst on a Year 8 Round Square exchange you are acting as an ambassador for BCGS. This is a position not to be taken lightly, as your time with the host school obviously leaves a deep and lasting impression and one that will affect future exchange prospects with that institution. To help you with this, please read and understand the following points.

1. Students must abide by the rules and regulations of the particular school with which they are exchanging.
2. Students must act positively as a member of the school, the boarding house or the host family and fulfil responsibilities and perform duties appropriate to their age.
3. While visiting the host community, students must abide by its laws.
4. When on exchange, students may only be permitted to travel when they are accompanied by a staff member, a host parent or when participating in an organised trip. At any time travel must be with the express permission of the host parent or Head Teacher of the host school.
5. Students will keep a journal or record of their experiences whilst on exchange and they should be prepared to give a written report of their exchange for publication in school magazines or journals. Students may be asked to make a presentation at Year 8 Eucharist in the year following their exchange as a way of promotion.
6. Engaging in any of the following acts prior to or during the period of the exchange, will put the continuation of a student's exchange in jeopardy and may cause the exchange to be cancelled or the host school to send a student home:
  - a. driving a motorcycle or motor vehicle without express permission.
  - b. absenteeism from school without adequate reason.
  - c. possession or use of an illegal drug.
  - d. disobeying school rules regarding alcoholic beverages and smoking.
  - e. disobeying other published rules and regulations of the host school.
7. Students will be expected to support Round Square activities at BCGS upon their return to the School. This includes attending meetings at recess and lunchtime and playing an active part in Round Square activities, such as fundraising and helping to organise Round Square conferences.

I agree that I understand the information above and will abide by these rules.

**Student signature:** \_\_\_\_\_

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

**Parents' signatures:** \_\_\_\_\_

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

\_\_\_\_\_

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



**To be completed by staff after submission by the student**

**Head of House or Associate Head of House**

Please comment on the student's responses in this application and his/her suitability for exchange.

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**Please rate the following:**

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Ability to mix with people					
Representation of House					
Involvement in School life					
Personal Maturity					
Behaviour at School					

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Head of Secondary**

**Do you support this application?**

YES / NO

Head of Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Exchange Coordinator**

Before a student can be considered for exchange, they must meet several criteria:

Commitment to the Round Square IDEALS ☐

Approved by Head of Secondary ☐

Approved by School C.F.O ☐

**Do you support this application?**

YES / NO

Exchange Co-ordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Asthma & Allergic Reaction management plan

Asthma	
Usual maintenance medical program followed:	
Preventer medication:	
Reliever medication:	
Medication and treatment regime to be used during an asthma attack	Please attach an Action Plan if available
List any known asthma triggers:	
Has asthma interfered with participation in normal physical activities within the last 12 months?	Yes [ ] No [ ] Details:
Has your child been admitted to hospital due to asthma in the past 12 months?	Yes [ ] No [ ] Details:
Has your child been on oral cortisone for asthmas in the last 12 months?	Yes [ ] No [ ] Details:
Has your child suffered severe asthma attacks requiring hospitalisation within the last 12 months?	Yes [ ] No [ ] Details:
Allergic Reaction	
What is your child allergic to?	
What are the signs and symptoms of your child's reaction?	
Historically, has your child suffered from any of the following:	
A localised reaction (rash, itching, swelling at the site that poison/irritant entered)	Yes [ ] No [ ] Details:
A systemic reaction (rash, itching swelling away from the site that the poison/irritant entered)	Yes [ ] No [ ] Details:
An anaphylactic reaction (sever breathing problem, total body swell, emergency situation)	Yes [ ] No [ ] Details:
What does your child take for their allergic reaction? (if any)	
Have allergies interfered with participation in normal physical activities within the last 12 months?	Yes [ ] No [ ] Details:
Has your child been admitted to hospital as a result of allergies in the past 12 months?	Yes [ ] No [ ] Details:
Does your child take adrenaline (Epi-pan) when suffering an allergic reaction?	Yes [ ] No [ ] If YES please supply recent Anaphylaxis Action Plan