  

**2019 Study Abroad Application**

**Study Abroad Programs** *(Please* ***tick*** *your selection)*

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|  | Community Service Learning ‘Cambodia’ | 21st June – 6th July |
|  | Project Management, Melbourne, Australia | 14th May – 1st June |
|  | Short Exchange Program, ITE, Singapore | 27th July – 17th August |
|  | Short Exchange Program, KCC, Cedar Rapids, Iowa, USA | 8th – 30th September |
|  | Short Exchange to SAIT, Calgary, Canada | 8th – 30th September |

**Study Tours – coming soon ….**

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**Internship**

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|  | Wesley Stonehouse, Koto, Vietnam | 21st September – 12th October |

**Small world! Big opportunity!**

### Box Hill Institute Group (BHIG) provides students with this “once-in-a-lifetime” international learning opportunity. The study abroad program aims to provide students with educational, industry and cultural experiences that will professionally and personally prepare them to become part of the global community.

To apply for the study abroad program, applicants must be enrolled in a Box Hill Institute course and should have achieved a sound level of results in their study.

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| 1. **STUDENT DETAILS:** | | | | | | | | | | |
| **Student Number:** |  | | | | | | | | | |
| **Family Name:** |  | | | | | | | | | |
| **Given Name/s:** |  | | | | | | | | | |
| **Preferred Name:** |  | | | | | | | | | |
| **Date of Birth:** |  | | **Male:** | | |  | | **Female:** | |  |
| **Address:** |  | | | | | | | | | |
| **Suburb/Town:** |  | **Postcode:** | | |  | | | | | |
| **Mobile Phone:** |  | | | | | | | | | |
| **Home Phone:** |  | | | | | | | | | |
| **Box Hill Student Email:** |  | | | | | | | | | |
| **Personal Email:** |  | | | | | | | | | |
| **Are you registered with the Disability Liaison Unit?** | | | | **Yes:** | | |  | | **No:** |  |

#### Emergency Contact 1

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| **Name:** |  |
| **Relationship:** |  |
| **Mobile:** |  |
| **Work Phone:** |  |
| **Home Phone:** |  |
| **Email:** |  |

#### Emergency Contact 2

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| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Mobile:** |  |
| **Work Phone:** |  |
| **Home Phone:** |  |
| **Email:** |  |

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| **2. ACADEMIC INFORMATION:** | |
| **Course:** |  |
| **Year Level:** |  |

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| **3. STUDY ABROAD SCHOLARSHIPS:** | | | | | |
| Have you received a scholarship in 2019? | | **Yes** |  | **No** |  |
| If yes, please state the name of the Scholarship. |  | | | | |
| Amount |  | | | | |
| **GRANT CRITERIA:**   * Receipt of a study abroad scholarships maybe subject to the acceptance of the student’s application by the proposed host Institution; priority given to applicants participating in BHIG’s study abroad programs for the first time. * If a student withdraws from the program without the authorisation of the Executive Director, Academic Affairs (VET & HE) at Box Hill Institute, they will be liable to repay the financial grant in full, as determined by Box Hill Institute. * One scholarship per student per year. | | | | | |

**4. TRAVEL DETAILS/EXPERIENCE:**

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| **Are you an Australian Citizen?** | | | | **Yes** |  | **No** |  |
| **Full name on Passport:** |  | | | | | | |
| **Passport Number:** |  | **Place of Issue:** |  | | | | |
| **Date of Issue:** |  | **Expiry Date:** |  | | | | |
| **Nationality on Passport:** |  | | | | | | |
| Are you an Australian Citizen? Yes No | | | | | | | |
| If you have travelled overseas, which countries have you visited? | | | | | | | |

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| **5. WRITTEN STATEMENT:** |
| Please provide a written statement that explains your reasons for wishing to travel and study abroad. The purpose of the statement is to allow us to evaluate your qualities to be a representative for Box Hill Institute, as well as your intention to study overseas. The statement must include responses to the following questions.   1. What you hope to accomplish by taking part in the exchange program? 2. How the exchange links to your area of study? 3. How the exchange will impact your goals for the future? 4. Research and identify industries/companies would you be interested in visiting while on a study abroad program and state benefits arising from the visit. 5. Identify what classes are you interested in attending at the host institution while on exchange and state why, if applicable 6. Identify what other activities you are interested in taking part in or locations you wish to visit as part of the   study abroad program   1. What challenges do you anticipate?   **Statement:**  (250 word) |

**6. STUDENT DECLARATION:**

I hereby submit this application for placement in the study abroad program and have attached the following compulsory documents (please tick):

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|  | Written Statement as described in Section 7 |
|  | Approval from your Operations Manager and your Faculty Dean – Sections 8 and 9 |
|  | A current official transcript of results |
|  | One **WRITTEN** academic reference |
|  | I acknowledge that if I do not submit the compulsory documents listed above I may not be short listed for this exchange |

I confirm that approval of this overseas travel is subject to my undertaking to comply with all Box Hill Institute Group Policies and Procedures, and: ***(Tick boxes to indicate you agree)***

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|  | BHIG Student Code of Conduct/GEN Code of Conduct |
|  | BHIG Deed of Acknowledgement and Statutory Declaration |
|  | Read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the destination/s I am travelling to, and accept the security risks associated with the destinations and registered travel with Smartraveller. |
|  | Acknowledge and confirm that I understand the requirements placed upon me by undertaking this travel and I am undertaking this travel willingly. |
|  | Understand that BHI Group recommends that I visit my GP prior to travel to ensure that I am fully immunised and medically fit to undertake the travel as well as perform the duties outlined in the program. |
|  | Understand that if I have a pre-existing medical condition, a medical certificate is required from my GP indicating that I am fit to travel and perform the duties outlined in the program. A medical certificate will be provided to the Student Mobility Office prior to travel being approved. |
|  | Understand that I must read the Box Hill Institute’s VMIA Travel Insurance policy to familiarise with the content of the travel insurance coverage and ensure the policy is suitable for the approved travel. |
|  | Undertake to ensure that any necessary or urgent variations to the approved travel and itinerary whilst I am on the exchange/study tour will be advised to the Student Mobility Office or Travel Services, for appropriate approval. |
|  | Consent to my personal details including my email address being released to authorised BHI Group person/s, insurers and other relevant persons in relation to my travel, and in the event of an emergency arising. |
|  | Declare that the information I have supplied in this form is, to the best of my knowledge, complete and correct. I acknowledge that Box Hill Institute may terminate any grant if I have misrepresented my past and/or present circumstances. |

Signature: Date: / / 2019

**Your Privacy** - The Institute is required to comply with the national and state privacy regimes and is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. The information you have provided to BHIG’s Academic Affairs will be used, where applicable, for the purposes of placing you on waiting lists, assessing your application, accepting your enrolment, assessing your welfare needs (if any), and other communications to you as required. Where you have been asked to provide us with a unique identifier of another organisation, we will only use this identifier for the purposes to which you have consented or for which we may use it as authorised by law. A condition of your application or enrolment is that you consent to the release of your results or statement of progress to your employer, sponsoring organisations or government agencies where appropriate. We also provide information to various government agencies that is relevant to government funded targeted welfare or educational services.

The Institute may also take and publish photographs of Institute activities for promotion and publicity purposes.

You can request access to your personal information by writing to Student Mobility and Scholarship Coordinator or the Registrar, Private Bag 2014, Box Hill 3128 or by sending an email to [privacy@boxhill.edu.au.](mailto:privacy@bhtafe.edu.au) If you do not wish to provide the requested information, this may restrict the range of services and educational programs that the Institute can offer you. If you would like further information in relation to the Institute’s privacy handling practises, please write to the Privacy Officer, Private Bag 2014, Box Hill, Victoria 3128 or email [privacy@boxhill.edu.au](mailto:privacy@bhtafe.edu.au)

**Office use only:**

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| **7. OPERATION MANAGER'S SUPPORT:** | | | | | |
| I support the student’s application to participate in an overseas study abroad program. | | **Yes** |  | **No** |  |
| Comments: |  | | | | |
| I have read and support the student’s proposed Written Statement. | | **Yes** |  | **No** |  |
| **NAME:** |  | | | | |
| **TITLE:** |  | | | | |
| Approved: Date: / / 2019 | | **Yes** |  | **No** |  |
|  | | | | | |
| **8. DEAN OF FACULTY SUPPORT:** | | | | | |
| Comments: |  | | | | |
| **NAME:** |  | | | | |
| **TITLE:** |  | | | | |
| Approved: Date: / / 2019 | | **Yes** |  | **No** |  |

Please forward the completed application to:

Student Mobility and Scholarship Coordinator E-mail: [gen@boxhill.edu.au](mailto:gen@boxhill.edu.au)

Academic Affairs Phone: 03 9286 9601/9032

Box Hill Institute

Private Bag 2014

Box Hill Victoria 3128

**Office use only:**

**9. ENDORSEMENTS:**

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| **STUDY ABROAD OFFICE** | |
| I verify that appropriate student selection processes have been completed in accordance with the policy and I will ensure all required paperwork will be completed by the student prior to them undertaking the global education activity. I further undertake to ensure pre-departure briefing in line with the policy. | |
| **Name:** |  |
| **Title:** | Student Mobility and Scholarships Coordinator |
| **Signature:** |  |
| **Date:** | / / 2019 |

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| **EXECUTIVE DIRECTOR, ACADEMIC AFFAIRS (VET & HE)** | |
| Endorsement is required for Global Education activities on behalf of Box Hill Institute Group. | |
| **Name:** |  |
| **Title:** | Executive Director, Academic Affairs (VET & HE) |
| **Signature:** |  |
| **Date:** | / / 2019 |

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| **TRAVEL SERVICES** | |
| Travel Services has checked travel details and facilitated endorsement/s and approval/s for the travel contained within this form. Travel may now proceed to ticketing. | |
| **Name:** |  |
| **Title:** |  |
| **Signature:** |  |
| **Date:** | / / 2019 |

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| **Cost Centre** | |
| **Flights:** |  |
| **Accommodation:** |  |

**Travel ID:**