

Guardianship Form - International Students under 18 years of Age

Student's Details:

Family Name: _____

Given Names: _____

Also known as: _____ Date of Birth: _____ / _____ / _____

Nationality: _____ Religion: _____

School Year Level: _____ Passport Number: _____

Home Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Parent's Details:

	Father's Details	Mother's Details
Full Name:		
Place of Birth:		
Occupation:		
Telephone (home):		
Telephone (work):		
Fax Number:		
Email:		

Sibling Details:

Name	Gender	Date of Birth

Emergency Contact Information: *(details of a person other than parents who can be contacted)*

Name of Person: _____

Relationship to Student (e.g. uncle): _____

Telephone Number: _____ Fax Number: _____

Email: _____

Student's Medical History:

Is there any medical problem which should be noted on CQUniversity records? ☐ No ☐ Yes, please provide details:

Special Family Circumstances: *(e.g. divorced, deceased, etc)*

Guardianship:

I / We have nominated _____ *(Family's details)* to act as the guardians for _____ *(Student's Name)* during his/her study at CQUniversity Australia.

We agree to make direct contact with the guardians at least once a week for a report on our child. We agree to the guardians contacting CQUniversity to discuss any issues that may arise with our child and expect that the University will advise us immediately of any issues of concern.

Guardianship Family Details:

	<i>Father's Details</i>	<i>Mother's Details</i>
<i>Family Name:</i>		
<i>First Name:</i>		
<i>Address:</i>		
<i>Occupation:</i>		
<i>Telephone (home):</i>		
<i>Telephone (work):</i>		
<i>Fax number:</i>		
<i>Email:</i>		
<i>Details of Children: (names; date of birth and gender)</i>		

Special Details: *(special diets or allergies CQUniversity should note on the student's record)*

Other Relevant Information:

Signatures of Parents / Guardians:

I / We agree to abide by the policies of Central Queensland University and pay the necessary expenses related to the student including living and medical expenses.

I / We have read and understood Central Queensland University Refund Policy.

I / We have read and understood the Central Queensland University Grievance Policy and Procedures.

Signature of Father / Guardian

Signature of Mother / Guardian

Please return this document to:

International Student Support Officer
Student Support Centre
Building 31
Central Queensland University
Rockhampton, Queensland 4702
AUSTRALIA
Phone: +61 7 4930 9456
Fax: + 61 7 4930 9366
Email: helpme@cqu.edu.au