



INTERNATIONAL TAFE STUDENT

> LOCAL CARER DECLARATION FORM

This form should be completed by students under the age of 18 NOT requiring homestay, or a confirmation of approved appropriate welfare letter (CAAW).

STUDENT DETAILS		
Please print the student's name as it app	ears in their passport. All fields r	requiring date/s to be filled in DD/MM/YY format unless specified.
Title (Mrs, Miss, Ms, Mr etc)	Date of birth	
Family name	Giv	ven name(s)
BLOOD RELATIVE DETAILS		
Please enter the details of blood relative pr	ovided to Department of Home Af	fairs to care for student until they reach 18 years of age.
Name(s)		
Number + Street		Suburb/City
Province/State	Country	Postcode/Zip code
Telephone (country code/area code/num	ıber)	Mobile
Email address	address	
Please provide the address where studer	nt will be living if known.	
Number + Street	Suburb/City	
DECLARATION		
I/We declare the above information	to be true.	
Mother's name		Mother's signature
Mother's email address		
Mother's name on passport		
Passport number		Expiry
Father's name		Father's signature
Father's email address		Date
Father's name on passport		
Passport number		Expiry