



Educating for Excellence

# Australian Ideal College

Registered as Australian Ideal College Pty Ltd  
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## Pastoral Care Agreement

'Guardians' or 'Local Carers' must be preferably 25 years of age, but not under 21. They must be approved by the College and must be aware of and willing to carry out the duties as described herein.

Local Carers must be living in Australia for the time the Student is under 18.

Local Carers need the support of the school and an understanding of emergency procedure in case of an accident while the student is in their care.

The performance of Local Carers may also be subject to review based on the feedback from students, their families and institutional staff. Guardianship is not just some formal requirement.

### The Duties of Carers ('guardians') of students are as follows:

- Be readily available for contact by the student and school, and be able to communicate effectively with both.
- In conjunction with the school, ensure that the all arrangements have been made for the student to be met at the airport and transferred to the school and vice versa.
- You must also ensure the maintenance of the student's health and medical well being, including being able to provide written consent from the parents giving you authority to approve medical or counselling procedures in case of an emergency. (Students 16 years and under cannot approve this themselves) It is important that consent and payment for medical treatment is dealt with between the parents and yourself.
- Liaise with appropriate adults regarding the student's social activities on weekends, and holidays in particular when the student is outside the school's jurisdiction, ensuring that the student is not vulnerable to activities which will put her/him in danger of under-age drinking, extortion, gambling or other unsuitable and illegal activities.
- Be willing to take full responsibility for any financial, moral or physical injury which the student may incur while s/he is in your care
- Assist the student with the purchase of items such as school uniform, stationery, or computer as required and opening a bank account or mobile phone.
- Liaise with the school's appointed person (Director of Studies, Coordinator or School Academic Counsellor) on **academic** matters such as attendance, subject choice, meeting deadlines, assessments, need for extra tuition (for example in English) and further study/career pathways.
- Liaise with Homestay on the student's **physical** well-being to ensure that the student is eating properly; is not putting on or losing too much weight; is not too tired; is sleeping well, is comfortable and contented with the living arrangements; has adjusted to living in Australia and is getting some exercise through sport or physical activity.
- Ensure that the homestay situation is appropriate and that the student feels welcome, comfortable and secure in the home

- Advise the student generally and counsel on personal issues
- Assist with everyday living activities essential for the student's maintenance, for example, finances, budgeting, travel and transport.
- Provide formal consent to school or social activities, as required.
- Monitor the student's compliance with school and government requirements, for example, attendance, visa renewals, Tax File Number, tax returns, Medicare requirements.
- Liaise with the school as required for grievances (student's or school's), behavior and discipline

**Please complete the following in full:**

I \_\_\_\_\_  
*(full name of Parent/Guardian)*  
 of \_\_\_\_\_  
*(address)*

Tel No: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Agree to the above terms and conditions, and agree to take full responsibility for the guardianship for the following student

\_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(student name)* *(Student's date of birth)*  
 until the time that the student is of 18 years of age.

I also agree to pay any costs incurred by the student or Homestay members in communicating with me or members of the student's family. I agree to advise the School immediately if the student moves away from their approved homestay.

I nominate \_\_\_\_\_ to act as an emergency contact/guardian in my absence.

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

Tel No: \_\_\_\_\_ MOB: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For AIC Office Use Only</i>			
Date of Receipt		Received by	
Remarks			