

# APPLICATION FORM

BANDUNG, INDONESIA  
MISSION FIELDWORK EXPERIENCE  
16 - 30 JUNE, 2019



Please complete the entire application form and return with deposit by **1st March, 2019.**

**Please note:**

- A deposit of \$300 is required with the submission of this application form. This can either be in the form of cash, cheque, credit card or bank transfer.
- All Application Forms are confidential and all information will be used for the sole purpose of administrating the Field Experience Program.
- Please complete one application form per person.
- Please ensure that you have completed and signed all relevant pages.
- Travel Insurance Documents can be completed and submitted at a later date.
- Please attach a photocopy of your passport to this application.
- Applications can be made for children to be included on this Field Experience as part of a family unit but ACOM reserves the right to deny this request if they feel the student experience will be compromised. This will be determined on a case by case basis. No children under the age of 12 will be permitted.
- Parents / guardians must complete an individual application form for each accompanying child.
- Applicant is not required to submit an online Unit Registration form as this is included in this application.

**Successful applicants will be notified once approved by the Field Experience Leader. This may require the approval of the ACOM Registrar and Student Engagement Manager where appropriate.**



# PERSONAL DETAILS

Full Name (**exactly** as it appears on your Passport):

\_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

City of Departure (Please circle one):    Sydney    Melbourne    Brisbane    Perth

Daytime Phone No.: \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

Do you have a current Passport:  Yes  No **If NO please arrange one immediately.**

Passport Number: \_\_\_\_\_ > (Please attach a photocopy of your  
passport to this application).

Date Passport Expires: \_\_\_\_\_

Nationality of Passport: \_\_\_\_\_

Occupation: \_\_\_\_\_

## **Emergency Contact 1 (at home):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## **Emergency Contact 2 (at home):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Hospital or other health care workers will not have access to your medical records whilst overseas and may need the following information. Information will also assist us in providing you with the necessary forms for Travel Insurance. All information is strictly confidential.**

How is your health?  Poor  Fair  Good  Excellent

Please list any medications you will be taking and their general purpose:

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Do you have any physical or emotional limitations or restrictions? If so please elaborate.

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Please list any and all other health issues that we may need to be aware of: (Pre existing medical conditions, mental health issues, claustrophobia, fear of heights, allergies, special dietary needs, sleep apnoea machines etc.):

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Family Doctor's Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

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Medicare Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Private Health Insurance Details: \_\_\_\_\_

**Please indicate if you are planning to extend your travels after the Field Experience Program is completed;**

- Yes  No

**Please tick the following that apply to you;**

Current Student completing the following Award \_\_\_\_\_ \*

Non-Student

Potential student intending to undergo Admission process prior to Field Experience \*\*

*\* By ticking this box you are requesting us to enrol you in the subject attached to this Field Experience unit*

*\*\* By ticking this box you are agreeing to start the Admission process immediately. For help with this please contact [info@acom.edu.au](mailto:info@acom.edu.au) 1800 672 692 or 02 8719 2606 and mention you want commence study with the Indonesia Field Experience*

**Please tick the payment method that applies to you;**

Upfront payment of fees

Fee-Help Deferred Payment Scheme for unit fee

Non-student

**What are you hoping to experience in this Field Experience?**

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**What, if any, are your fears for this trip?**

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**Is there anyone in particular you would like to share a room with?**

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**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY.  
PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING**

Release of Liability for Australian College of Ministries (ACOM) Rhodes, NSW, including its Board and Staff.

## 1. Definitions

- 1.1 **“ACOM Indonesia Field Experience”** refers to the period of time between the group of travellers at a departure place appointed by ACOM’s organizers and the return of the travellers to the arrival place appointed by ACOM’s organizers, during which time, travel by air, land and/or water to Indonesia, accommodation, tours, meals, worship, meetings and other activities of whatsoever kind arranged by ACOM, Envision Indonesia and other organisations both Christian and secular, may occur.”
  - 1.2 **“ACOM** means Australian College of Ministries, 3 Rider Boulevard, Rhodes, NSW 2138”.
  - 1.3 **“child”** includes a biological or adopted child of mine, a child of which I am the appointed guardian, a dependent child of which I am the sole carer and a person who, though over the age of 18 years, is in my care and lacks adult comprehension, by reason of intellectual impairment, to appreciate the terms of this document. **“children”** has the plural meaning.
  - 1.4 **“the associated persons”** means the members of the Board of ACOM, its employees, agents, contractors, volunteers and representatives.
2. I understand that participating in the ACOM Field Experience Program and travel in cooperation with ACOM is a privilege. In consideration for that privilege I am signing this document on behalf of myself and on behalf of any child or **children who may accompany me**.
  3. I hereby grant permission to ACOM to photograph me and my child or children during the ACOM Field Experience and to use these photographs in ACOM audio-visual, website and printed material without compensation or further approval by me.
  4. I am aware that there are risks and dangers involved in international travel and Field Experiences including but not limited to harm or injury (physical or emotional), or death, due to hijackings, kidnappings, robbery, riots, wars, insurrections, common-carrier accidents, illnesses, terrorism, accidents of any kind, disease, hazardous materials, natural disasters, inadequate medical care, and other unfortunate events. In addition, I understand that there may be other risks involved of which I may not be presently aware. I expressly accept full responsibility for and assume all such risks during the entire course of this trip, whether they are known or unknown to me at this time, for me and for any of my children on the ACOM Field Experience.
  5. By signing this document, I expressly accept full responsibility for and hereby release and hold harmless, for myself, and my heirs, family and estate, executors, administrators, assigns, and personal representatives, ACOM and the associated persons and do discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death suffered by me during or otherwise arising from my participation, or the participation of any child in the ACOM Field Experience and travel related thereto. (Note: Spouses must sign own release)

6. Further, on behalf of any of my children that may participate in the ACOM Field Experience, I hereby release and hold harmless ACOM and the associated persons and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that any such child may have or sustain with respect to all property damage, personal injury, and/or death suffered by any of my children during or otherwise arising from their participation in the ACOM Field Experience and travel related thereto.
7. This release of liability shall include (without limitation) any claims that I and any child or other members of my family, may have against ACOM and the associated persons including claims for their negligent acts or omissions, and excepting any claims to the extent required under applicable law.
8. I further agree to indemnify, save and hold harmless ACOM and the associated persons from any and all claims, demands, losses, damages and liabilities for indemnity, contribution or otherwise with respect to any and all property damage, personal injury and/or death arising from or during my or my children's participation in the ACOM Field Experience as may be asserted by a third party (defined as a person other than ACOM and the associated persons and me, but including any person as a representative or next friend of any child of mine on the ACOM Field Experience or any such child as a claimant in his or her or their own right), except to the extent prohibited by applicable law.
9. I understand that it is my responsibility to contact the Department of Foreign Affairs and Trade (DFAT) and enquire which, if any, vaccinations are recommended for the country/countries that I will visit while on this trip. Once I obtain this information, it is my choice to either take or not take the vaccination(s) and to have those of my children on the ACOM Field Experience take such vaccination(s). I take full responsibility for these matters, and for any diseases I or my minor children may contract by failing to follow the DFAT recommendations, or for any adverse reactions to vaccines taken by following said recommendations.

In the event that a specific vaccination is required by law to either enter the country/countries that will be visited while on this trip, or to re-enter my home country at the conclusion of the trip, it is my responsibility to obtain the proper vaccination(s) and to carry on my person a proper certificate of vaccination for me and my child or children. If I fail to obtain the required vaccination(s) or if I lose the vaccination certificate(s), I am solely responsible for the disruption of travel and any resulting inconveniences, financial or otherwise.

Nothing in this clause shall mitigate or detract from the provisions of clauses 4 to 8 hereof.

10. I acknowledge it is my responsibility to purchase the recommended Travel & Medical insurance cover (at either Premier Plus or A level Travel Plan), details of which are attached to this document.

Should my children on the ACOM Field Experience or I require medical assistance or hospitalisation during any part of this trip, I assume all financial responsibility for hospital fees, surgeries, medication, doctor's fees, or any other costs related to the medical assistance and hospitalisation. I further authorise ACOM and its accompanying staff and/or the associated persons who are the designated leaders on the ACOM Field Experience to consent to medical treatment on behalf of me and/or my child or children should I be incapacitated or otherwise unable to provide such consent.

# RELEASE OF LIABILITY

11. I agree to follow all payment requirements and schedules for this Field Experience. I agree that I am solely responsible for any loss or damage to my personal property and the personal property of any of my children during the entire course of the trip.  
**(Note: Each adult family member must sign their own release).**

I, the undersigned, attest that all the information I provided in this application is correct to the best of my knowledge; I have thoroughly read and understood all the provisions set out, in particular pages 6 to 8 of this application and agree to them all. I am of or over the age of 18 years and sign this document freely and voluntarily. I understand that the above provisions contain a **Release of Liability** and an **Indemnity against Claims** made by or on behalf of any child of mine engaged in the ACOM Field Experience.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**If a minor is accompanying you on this trip, please fill out the next page of this form.  
If not, leave blank the section below or put an x mark through it.**

**Consent to Participation of Minor:** By my signature below, I understand and agree to the provisions set forth in this document and hereby authorise the participation of each child listed below participating in the ACOM Field Experience and travel. I also understand that each child listed below is the sole responsibility of myself and I understand that at no time is my child under the sole care and responsibility of ACOM staff.

I represent that I am (delete inapplicable relationships)

\*the parent of:

\*the legal guardian of:

\*the sole carer of:

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who is/are under the age of eighteen (18) or otherwise is a minor in his or her state of residence and who will be travelling with me. In consideration for ACOM allowing the participating of each child in the ACOM Field Experience, I hereby agree to be bound by the terms of the above provisions.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

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

**IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING MUST ALSO BE SIGNED:**

I hereby certify that this document was signed by only one parent/guardian because:  
(delete inapplicable option)

\* (i) I am the sole parent/guardian responsible for the care and upbringing of the child due to death or other incapacity of the other parent or because of a court order; or

\*(ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_



## Before submitting your application, please go through this check list:

- I have completed pages 2 – 4 to the best of my ability.
- I have read fully the Release of Liability on pages 5 - 7.
- I have signed the Release of Liability on page 7..
- If I am bringing a child / minor on the Field Experience, I have signed page 8.
- I have attached a passport size photo to this application (or emailed photo to info@acom.edu.au) and written my introductory paragraph.
- I have attached a photocopy of my passport to this application.
- I have included my \$300 deposit with this application or evidence of bank deposit.
- If I do not have a passport yet I have started the application process immediately.
- I acknowledge that I will need to arrange my own Travel Insurance and provide ACOM with a copy
- If I am not yet a student but intend to be start my studies with this subject, then I have started the admission process.

## Deposits:

**Deposit of \$300 is a holding deposit for Group flight booking. Payment can be made by cash, cheque, credit card or internet bank transfer and must be made before 1st March 2019.**

- Cheques should be made out to Australian College of Ministries
- Credit cards accepted are Visa and MasterCard and can be made on the ACOM website at [www.acom.edu.au/payments](http://www.acom.edu.au/payments)
- Bank details are **ACOM General Fund**  
**BSB** 082-167  
**Acc** 509243953
- Please attach print out proof of any bank transfer or credit card payment, and indicate name and “Indonesia Experience” on memo line if possible.

## Return to:

ACOM Field Experience  
Attention: Neale Meredith  
ACOM  
PO Box 3694, Rhodes NSW 2138

Or by  
**Fax:** 02 8719 2604  
**Email:** info@acom.edu.au

# OFFICE USE ONLY

## Administration Checklist

- Application has been completed in full
- Deposit received. Date: \_\_\_\_\_ Method: \_\_\_\_\_
- Photo received
- Passport copy received
- Passport details current
- Passport Expiry checked
- Passport nationally checked

## Registrar Approval Checklist *(if participant is applying for Admission)*

- Admission in progress
- Admission completed. Award: \_\_\_\_\_
- Fee- Help status checked.     Yes     No

## Student Engagement Manager Approval Checklist *(if participant is a current student)*

- Course Plan has been reviewed
- Field Experience will fit into Course Plan

## Tour Leader Approval Checklist

- Approval given by Registrar
- Approval given by Student Engagement Manager
- Medical and Personal Information reviewed
- Travel insurance plans noted
- Further travel plans noted

Application Approved:     Yes     No

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

By: \_\_\_\_\_

Participant Notified by: \_\_\_\_\_

Date of Notification: \_\_\_\_\_