

**CARE ARRANGEMENTS DECLARATION FOR UNDER 18 INTERNATIONAL STUDENTS – DHA approved relative**  
**(To be completed by parents if they nominate a relative living in Australia to be responsible for the student's welfare whilst under 18)**

I/We .....

of (address) .....

Telephone: ..... Fax: .....

**CONFIRM THAT:**

Name of Relative: .....

Relationship to Student: .....

Address of Relative: .....

..... Postcode: .....

Telephone: ..... Fax: .....

**WILL BE RESPONSIBLE FOR THE CARE AND WELFARE OF MY SON/DAUGHTER:**

Name: .....

Date of Birth: ..... Passport No: .....

and that **I/WE** have given the above named relative the authority to act on my/our behalf concerning the welfare, discipline and academic progress of my/our **son/daughter** whilst **he/she** is studying at Swinburne University of Technology.

**Signature of Parent/s:** .....

**Name of Parent/s:** ..... **Date:** .....