

These guidelines contain information that you need to be aware of prior to applying for an ACICIS Professional Practicum. Please contact the ACICIS secretariat if you have any questions.

Application Closing Date:

1 July: First Round

1 October: Second Round

ACICIS reserves the right to set quotas for placements, assess candidate suitability, change internship placements and arrangements should circumstances require, and to cancel the program if enrolment numbers are insufficient.

Please send all applications to:

ACICIS Secretariat
The University of Western Australia
(M363) 35 Stirling Highway
Perth, WA 6009
Australia

p +61 8 6488 6675
e enquiries@acicis.edu.au

Costs

AUD\$3245 tuition fee for member university students.

AUD\$4326 tuition fee for non-member university students/private participants.

AUD\$394 administration and orientation fee: all applicants.

Administration fees are due upon notification of acceptance into the program. Tuition fees are due 1 November.

Placements

Applicants should be aware that they are applying for the program, not a specific placement. Participants must accept that they may not get their preferred placement. All placements depend on the good will and preparedness of such organisations to host participants. Such organisations retain the right to withdraw from the program or vary the number of participants they host at any stage.

Visa and Travel Requirements

Applicants are responsible for arranging their own travel to and from Indonesia.

Applicants are required to have a passport valid for at least 12 months beyond the program commencement date.

Participants enter Indonesia on a pre-purchased 60 day Social-Cultural Visa. This is a single entry sponsored visa that is valid if presented within three months from the date of issue. The current fee for a Social-Cultural Visit visa is \$AUD70. Students may elect to obtain this in Perth with the assistance of the ACICIS Secretariat in late November (recommended) or nominate another mission following consultation with the Secretariat. At present, ACICIS only recommends the Indonesian Embassy in Singapore.

Participants who arrive in Indonesia with a Visa on Arrival (tourist visa) will not be permitted to commence the program.

Course Accreditation

For participants enrolled in an award program at an Australian university, it is a student responsibility to negotiate accreditation with their department/school/university. It is strongly recommended that the home university acknowledges accreditation **prior to participation in ACICIS programs**. For applicants from ACICIS member universities, this should be indicated on the 'University Approval Form' contained in this application package.

Withdrawal

All arrangements for withdrawal from ACICIS Professional Practicums are determined by the regulations in force at the home university or industry organisation. Withdrawal from or non-attendance at ACICIS Professional Practicums may result in the participant being deemed to have failed the program depending on home university or industry organisations regulations. Withdrawal from the program after tuition fees have been paid to ACICIS and up until 1 December will attract a withdrawal fee of \$919 with the balance of fees being refundable. After December 1, no refunds will be possible.

Proof of Insurance Cover

Travel insurance cover inclusive of provision for emergency medical repatriation is compulsory for all participants on ACICIS Professional Practicums.

Home University Responsibility

While undertaking ACICIS Professional Practicums, those participants who are university students remain bound by rules and statutes of the home institution in which they are enrolled, in accordance with the terms and conditions of the constitution agreed to by all member universities of the ACICIS consortium.

Business Professional Practicum Application Package Checklist

Applicant's name

Applicant's University/Organisation

Submitted DD/MM/YYYY

Completing the Application Pack

Applicants must ensure that all items on the checklist are included with their application before sending it in. All forms must be completed, signed and dated as required to avoid delays in administrative processing. Incomplete applications may hinder acceptance into the ACICIS Business Professional Practicum.

ACICIS FORMS

1. Personal Details
2. Educational/Professional Details
3. Placement Preferences
4. Statement of Objectives
5. Language Skills
6. Academic/Professional Evaluation Form (sealed)
7. University Approval Form from Faculty/Dean/Authorised Person
(Applicable for students from ACICIS member universities only)
8. Financial Guarantee Form (signed by parent/guarantor/bank)
9. Travel Insurance Policy Details
10. Personal Medical Statement
11. Statement of Good Health from Applicant's Doctor
12. Statement by Applicant
13. Student Acknowledgement and Waiver

SUPPORTING DOCUMENTS:

- Photocopy of first page of passport
+ two passport-sized photos (with name on back of each)
- Original or Certified Copy of University Academic Transcript
- Full Curriculum Vitae

To help efficient processing of applications, please ensure the following before submission:

- All forms have been **completed, signed** and **dated**
- Forms are in order as shown on the checklist
- All staples, paperclips and fastening devices have been removed
- Passport expiry date is valid for at least 12 months beyond the program commencement date.

ACICIS will notify all applicants of receipt of their application by either email or phone. Participants will be notified of the outcome of their application within ten working days of the application deadline.

Signature

Date DD/MM/YYYY

Please forward the completed application to:

ACICIS Business Professional Practicum
ACICIS Secretariat
THE UNIVERSITY OF WESTERN AUSTRALIA
(M363) 35 Stirling Highway
Perth, WA 6009
AUSTRALIA

1. PERSONAL DETAILS

Please fill in details as presented in your passport:

Title Surname

Given Names

Gender (M or F) Date of Birth **DD / MM / YYYY**

Place of Birth

Nationality

Passport Number

Place of Issue/Authority

Date of Issue **DD / MM / YYYY**

Expiry Date **DD / MM / YYYY**

*Your passport must be valid for at least 12 months beyond the program commencement date.

Contact Details

Contact Phone Numbers (including international/state extensions)

Mobile/Cell

Home

Business

Facsimile

Email

Permanent Home Address

.....

.....

.....

Postal Address As Above

.....

.....

.....

Next of Kin / Emergency Contact

Name

Relationship

Address

.....

.....

Telephone

Mobile

Email

Where would you like your visa issued?

Perth

Singapore

Other (please state)

If requesting visa to be issued in a place that is not Perth or Singapore, please contact the ACICIS secretariat to ensure that this is possible.

Do you consent to having your contact details shared amongst fellow ACICIS students in Indonesia?

Yes

No

Do you have any special dietary requirements?

Yes

No

Please detail (eg. vegetarian):

.....

.....

Where did you first hear about the ACICIS **Business Professional Practicum**?

University Lecturer

Study Abroad Office

Internet Search

Social Media

Former ACICIS Participant

ACICIS Poster/Flyer

At high school

Other _____

2. EDUCATIONAL AND EMPLOYMENT DETAILS

University

Faculty/Department

Degree Program/Major

Completion Date/

Expected completion date **MM / YYYY**

*You must attach a copy of your academic record with your application.

Applicant Category

From the list below, which category best describes you?

- Student from an ACICIS member university
- Student from a non-member university
- Private applicant
- Other (please provide details)

For what reason are you enrolling with ACICIS?

- Undergraduate Accreditation
- Postgraduate Accreditation
- Professional/Business Purposes
- Other Purposes

Student Outcome Document

Select *one* (1) of the following end-of-program outcome documents:

- Academic Report for university credit purposes
- Professional Reference for future employment

NB: Students wishing to obtain both documents will be subject to an AUD\$150 administration fee.

Travel Experience

If you have any had previous travel experience to Indonesia, please note when, where, and for what purpose.

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.....

Please outline any other recent travel experience you have had, please note when, where, and for what purpose.

.....

.....

.....

3. PLACEMENT PREFERENCES

To assist ACICIS in placing candidates at appropriate Host Organisations, please tick the field(s) of study suited to your study/professional area.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting and Finance | <input type="checkbox"/> Economics and Trade | <input type="checkbox"/> Consumer Behaviours |
| <input type="checkbox"/> Stakeholder Relations | <input type="checkbox"/> Marketing and Promotions | <input type="checkbox"/> Business Law |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Technology and Innovation | <input type="checkbox"/> Other _____ |

Please indicate your sector(s) of interest. Select your first preference as number 1, your second preference as number 2 and your third preference as number 3.

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| IT and Social Media | <input type="checkbox"/> | Hospitality and Retail | <input type="checkbox"/> |
| Media, Entertainment and Advertising | <input type="checkbox"/> | Fashion and Design | <input type="checkbox"/> |
| Health Services | <input type="checkbox"/> | Legal Services | <input type="checkbox"/> |
| Engineering and Construction | <input type="checkbox"/> | Government-Government Trade Promotions | <input type="checkbox"/> |
| Mining and Resources | <input type="checkbox"/> | Food Technologies and Agriculture | <input type="checkbox"/> |
| Banking, Finance and Insurance | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Placement Type

Please indicate if you have a preference for a placement with a host organisation in a particular area (all cater to non-Indonesian speakers). Tick all boxes that apply to you.

- Australian Commonwealth or State Government Representative Mission (i.e. Australian Embassy, State Trade Office)
- Indonesian Government Department (i.e. Indonesian Ministry of Trade)
- Business Association or Advocacy Group (i.e. Indonesian Chamber of Commerce)
- Small-Medium Enterprise (SME) or Startup
- Indonesian State Owned Enterprise
- Indonesian Private Sector Firm
- International Private Sector Firm
- Other _____

Placements Outside of Jakarta

ACICIS anticipates the availability of a number of placements outside of Jakarta. Please indicate your willingness to be considered for such placements, remembering that they will entail additional costs for internal flights.

- I would like to be considered for potential positions
- I would like to be placed in Jakarta only

Specific Placement Preferences

Please list any specific industry placements that you are strongly interested in (see ACICIS website for details on participating hosts). Nominated preferences are to assist in the placement process only. ACICIS cannot guarantee that candidates will receive their specific preferences. Please also indicate if there is an **academic requirement** in order for you to gain credit at your home university, i.e. *Must undertake a 'Law' placement for university credit.*

.....

.....

***Please note that students may be required to provide additional documents, i.e. police clearance, birth certificate, as requested by individual Host Organisations. Students will be notified by ACICIS if documents are requested.**

4. STATEMENT OF OBJECTIVES

Please provide a statement (approximately 300 words) outlining why you are applying to participate in the program. Statements will be reviewed by host organisations so please write in clear, concise, professional English. You should indicate the following:

- The benefits you expect to gain from participating in the program and the skills that you bring to the workplace;
- How these benefits relate to your academic and career aspirations;

Signature Date DD / MM / YYYY

5. LANGUAGE SKILLS

No previous study of the Indonesian language is required to undertake the Professional Practicum. Indonesian language competency may, however, assist ACICIS in determining placement allocation. Please circle the number next to the statement that best describes your language skills.

1. No Indonesian language skills.
2. I can speak very basic street level Indonesian. (I can count, direct a taxi driver, order a meal in a restaurant)
3. I speak a moderate degree of Indonesian. (I feel comfortable in simple conversations, and can read the newspaper with the aid of a dictionary.)
4. I have a moderate to advanced degree of Indonesian. (I can conduct conversations about most topics, understand most of a TV/radio news broadcast, and can read a newspaper without the aid of a dictionary.)
5. I have an advanced degree of Indonesian. (I can conduct conversations on specialised topics, understand almost every word of a TV or radio news bulletin, and write in a variety of formal and informal styles.)
6. I am completely fluent/native speaker

If you circled numbers 3 to 6, please indicate how many years of formal study you have undertaken.

.....

.....

Indicate if you have learnt any other languages and to what level:

.....

.....

6. ACADEMIC/PROFESSIONAL EVALUATION FORM

Instructions to applicant: Each applicant is required to submit the following referee report, to be completed by either an academic or professional **whom you have known for more than six months**. Please ensure this is completed by a direct supervisor (eg. a lecturer, Honours supervisor or program coordinator who has taught you; or by a manager or employer who has directly supervised you). Referees may **not** be family members. Please ensure you request this reference from your referee well in advance of the application deadline. Late referee forms and/ or incomplete application forms will not be accepted. It is your responsibility to obtain this completed referee report as part of your application. Evaluations must be posted to the ACICIS Secretariat in a sealed envelope or, alternatively, your referee may email through a scanned PDF to acicis@acicis.edu.au where it will be added to your application.

Instructions to referee: The following applicant has listed you as a referee in applying for the ACICIS program in Indonesia. ACICIS would be grateful if you could complete the following form regarding the applicant's skills and experience to the best of your knowledge. Please sign, date and include an organisational stamp/ seal where possible. Please either return this form in a sealed envelope with your signature across the seal (unless you are willing to allow the applicant to read the evaluation in its entirety. Alternatively you may email through a scanned PDF to acicis@acicis.edu.au.

Name of Applicant:

How long and in what capacity have you known the applicant?

- Less than six months
 6-12 months
 Over 12 months
 Lecturer
 Employer
 Other _____

To the best of your knowledge, please indicate the applicant's academic and/or professional capabilities on the following scale. (0 indicates 'unable to judge', 1 indicates 'poor', while 5 indicates 'excellent')

Applicant performance criteria	0	1	2	3	4	5
Demonstrated clear written and oral communication skills						
Strong analytical and problem solving skills						
Demonstrated initiative to work independently as required						
Demonstrated strong cross-cultural awareness and cross-cultural team player behaviours						
Professionalism (demonstrated in punctuality, appropriate office attire/ presentation, and respect for campus/workplace regulations)						

Additional Comments on the above criteria (Please list any specific achievements in these areas, strengths and weaknesses):

.....

To your knowledge, are there any potential behavioural or other issues which might affect the applicant's participation in this ACICIS program of study/ professional placement in Indonesia? If yes, please provide details here:

.....

I recommend this applicant for the Business Professional Practicum

- without reservation
 with reservation
 I do not recommend this applicant

Referee's name and position

University/Tertiary Institution/Company

Contact Number

Email

Signature

Date: DD / MM / YYYY

7. UNIVERSITY APPROVAL FORM (for ACICIS member universities).

Name of Applicant

University

In accordance with the terms of the constitution for member universities of ACICIS:

1. We acknowledge that, as an incorporated body, our university shall continue to be the institution responsible for its student/s participating in the **Business Professional Practicum** and that ACICIS will not be liable for any claims whatsoever resulting from student participation in the ACICIS **Business Professional Practicum**.

2. We accept that students will be subject, in the first instance, to all regulations and conditions set by ACICIS, participating Indonesian universities and Indonesian government authorities for the duration of their participation in the **Business Professional Practicum**. We understand further that students participating in the ACICIS program will also remain bound by the rules and statutes of the home institution in which they are enrolled.

3. We declare that this applicant **is / is not (delete as applicable)** fully covered by our university's travel insurance policy (*please append details of your university's insurance policy if the applicant is covered by it*).

4. We accept that tuition fees will be levied according to our status as a current financial member of ACICIS.

5. We declare that this student will, for the duration of their ACICIS **Business Professional Practicum**:

be enrolled in a HELP liable course, therefore the university agrees to pay tuition fees of AUD\$3245 tuition fees (AUD\$4326 for non-member universities) on behalf of this student. We guarantee full payment of tuition fees will be made to the ACICIS Secretariat by 1 November.

be enrolled in a non-HELP liable course, therefore we request that ACICIS invoice the student directly for the tuition fees of AUD\$3245 tuition fees (AUD\$4326 for non-member universities)(payable by 1 November) for the **Business Professional Practicum**.

6. We accept that no refund of tuition fees will be possible after 1 December and that the procedures governing student withdrawal from, or non-attendance at, program courses after this date will be dealt with by our university's regulations covering this situation.

7. We guarantee to provide assistance and advice for student applicants in determining appropriate health and travel insurance policies, as determined by current regulations and policies in force at our institution.

8. We will guarantee accreditation for this participating student, subject to the following requirements and conditions (if any):

.....
.....

9. We acknowledge that ACICIS reserves the right to assess the suitability of all student applicants for acceptance to the **Business Professional Practicum**, to set student quotas with preference to member universities for the program in the event of high demand, and to cancel the program if numbers are not sufficient. In addition, ACICIS reserves the right to determine and allocate the internship placements to participants.

10. We acknowledge that ACICIS has the right to terminate ACICIS programs in Indonesia if, in its view, the safety and wellbeing of participants may otherwise be at risk.

Please state any other factors which may be relevant in determining the applicant's acceptability to the Business Professional Practicum:

.....
.....

*This University Approval Form should be signed by the university official authorised to make student tuition fee payments to ACICIS on their university's behalf.

Name

University Position: Dean of Faculty / Head of Department / Authorised Person

Signature

Date DD / MM / YYYY

8. FINANCIAL GUARANTEE FORM

Name of Applicant

I (the applicant) state that I have sufficient funds to cover travel expenses, the cost of living, and of study in Indonesia during the full period of the **Business Professional Practicum**.

.....
Applicant's Signature

On behalf of the applicant we the undersigned guarantee to accept complete responsibility for any financial costs deemed the responsibility of the applicant should they not be able to meet those costs whilst participating in the ACICIS **Business Professional Practicum** or whilst residing in Indonesia under an ACICIS sponsored visa.

We furthermore guarantee to ensure payment of any such costs within thirty (30) days of notification of liability by either the ACICIS Secretariat or the Resident Director in Indonesia.

Name of Guarantor

Address

Phone Number

Email

Signature Date **DD / MM / YYYY**

Relationship to Applicant (eg parent / spouse / relative / guarantor / bank manager)

Name of Witness

Occupation

Signature Date **DD / MM / YYYY**

9. TRAVEL INSURANCE POLICY DETAILS

Health and travel insurance coverage including provision for emergency evacuation is compulsory for students in the ACICIS **Business Professional Practicum**. ACICIS requires proof of adequate cover, including a copy of the policy and policy number, policy type, and emergency contact number, be submitted to the secretariat before departure.

ACICIS is not liable for personal loss, injury, theft, damage, travel cancellations, etc. These are the responsibility of individual students, who are advised to obtain and take with them a copy of their insurance policy and any other relevant documentation that is required. ACICIS and its staff will not be responsible for any adverse health condition or any matters concerning your personal security or safety that may occur during the Business Professional Practicum.

Name of applicant

.....

Please indicate below which is relevant to your circumstances:

- I have checked with the Officer responsible for insurance matters at my university/place of employment and I can confirm that the university's/organisation's insurance policy covers me. The health and travel insurance policy details are as follows (**please note that a copy of the policy must also be sent to the ACICIS secretariat prior to departure**):

Company.....

Policy Number.....

Policy Type

Emergency Contact Phone.....

or

- I have not attached a photocopy of this policy but will provide one to the ACICIS secretariat well before I depart for Indonesia.

or

- My university's/employer's insurance policy will not cover me whilst undertaking the Business Professional Practicum/I am a private participant and not covered by a university insurance policy. Therefore, if accepted into the Business Professional Practicum, I undertake to arrange my own travel and health insurance, and will provide the ACICIS Secretariat with a photocopy of this policy by 1 December.

Signed

Date DD/MM/YYYY

.....

10. PERSONAL MEDICAL STATEMENT

In the event of a medical emergency arising while you are in Indonesia, it is *imperative* that the ACICIS officers can quickly provide accurate information to local medical authorities on medications currently prescribed or previous medical histories involving serious illness. For this reason we require all applicants to provide complete and accurate details*

ACICIS reserves the right to dismiss any students who fail to fully disclose medical conditions that may impact upon their ability to effectively participate in the program.

* All information is treated with the strictest confidentiality.

1. Please list any past medical or psychological conditions for which you required hospitalisation, long-term treatment or prescribed medication:

2. Please detail any current medical or psychological conditions for which you are taking prescribed medication:

3. Please list any prescribed medications that you envisage using during the Business Professional Practicum:

4. Please list any known allergies (including allergies to prescribed medications):

5. Please provide details of any other medical or psychological conditions that you consider may affect your participation in the ACICIS Business Professional Practicum in any way.

I declare that the above information is accurate and complete at the time of my application and I will inform an ACICIS officer if my circumstances change during my time on the Professional Practicum. I acknowledge that ACICIS will not take any responsibility for my personal health, safety or security during the Professional Practicum. I agree that the release of all or any part of this information to Indonesian medical authorities will be at the discretion of ACICIS but that otherwise all information provided will remain confidential.

Signature of Applicant

Date DD / MM / YYYY

.....

11. STATEMENT OF GOOD HEALTH FROM APPLICANT'S DOCTOR

Date

STATEMENT OF GOOD HEALTH on behalf of:

Full name

On examining the patient whose name appears above, I find them to be:

- in good health and capable of undertaking two weeks of intensive studies and a four-week internship placement in Indonesia

- NOT in good health and therefore NOT capable of undertaking two weeks of intensive studies and a four-week internship placement in Indonesia

- in generally good health, and capable of undertaking two weeks of intensive studies and a four-week internship placement in Indonesia, but suffering from the following minor health conditions which may need the treatment specified: (please elaborate)

.....
.....
.....

Doctor's signature

Doctor's name

Address

.....

Telephone

Facsimile

12. STATEMENT BY APPLICANT

- 1) I declare that the information contained in this application is complete and accurate to the best of my knowledge.
- 2) I have read and understood the information provided concerning the ACICIS Professional Practica and am willing to participate in the program on this basis.
- 3) I acknowledge that I have informed myself of the potential risks involved in participating in an ACICIS program in Indonesia, that I comprehend the nature and extent of the risks, and that I voluntarily accept those risks.
- 4) I acknowledge that, while on an ACICIS program, I am responsible at all times for my own safety and further acknowledge that neither ACICIS nor the University of Western Australia (as the Consortium's lead institution) will be liable for any claims whatsoever resulting from my participation in its BPP program in Indonesia.
- 5) I accept that ACICIS in no way can accept liability for my holiday travel.
- 6) I accept that academic credit, eligibility for Austudy and liability for HELP payments will be determined by the relevant Australian authorities as applicable.
- 7) I give my permission for ACICIS to provide to my home university (if applicable) details of my academic program, progress or results.
- 8) I acknowledge that no refund of tuition fees will be possible after 1 December. I understand that the procedures governing withdrawal from or non-attendance at program courses after this date will be in accordance with my home university regulations in this respect.
- 9) Without affecting clauses herein, I accept that ACICIS (and the Consortium's lead institution, the University of Western Australia) is entitled to terminate the program in Indonesia early if it reasonably determines that it is dangerous for ACICIS students to remain in Indonesia (whether owing to threat of terrorism, civil commotion, war, weather conditions, natural disasters or otherwise), or for any other reasons beyond the control of ACICIS and its constituent universities. I accept that, if the commencement of the ACICIS BPP program is terminated after the Orientation commencement date, no refund of money will be provided for fees and costs incurred.
- 10) I accept that the University of Western Australia (as the lead institution for ACICIS and on behalf of its employees and agents) is expressly excluded from any liability for any loss or damage suffered or sustained by ACICIS students as a result of or in connection with any negligent act or omission on the part of the University (or

its employees or agents) (including without limitation, a decision on the part of the University to suspend or early terminate or not to suspend or early terminate the ACICIS program) and for any loss or damage suffered or sustained by any student resulting from the suspension or early termination of the ACICIS program (including, without limitation, airfares, prepaid rent or other prepayments, foreign exchange losses, any loss or diminution in Austudy payments or other entitlements or allowances or any HELP liability incurred), and I release the University from any liability for any loss or damage suffered by the students as a result of the University (or any other consortium member) deciding not to credit the relevant ACICIS student with studies undertaken in Indonesia in the ACICIS program, resulting in any failure or delay in achieving a diploma, degree or other certification.

- 11) Without affecting any other provisions of this document, I accept that if an event of force majeure occurs any obligations which may be otherwise owed to me by the University of Western Australia or any relevant entity in the ACICIS consortium will be suspended for the duration of the event of force majeure or, where the event of force majeure has permanent effect, permanently. For the purposes of this clause, "force majeure" means any event which is beyond the reasonable control of the University of Western Australia and which has the practical effect of preventing performance of any obligation otherwise imposed upon the University of Western Australia or any member of the ACICIS consortium with respect to the ACICIS program.
- 12) I agree to abide by all university and government regulations or special conditions for the duration of my sponsored visa. I understand that failure to comply with the above, as determined by the ACICIS Program Officer, may result in my expulsion from the program and the immediate termination of my sponsored Indonesian visa.
- 13) I acknowledge that sponsorship of my Indonesian visa will no longer apply after the completion of my ACICIS courses and that further study or time in Indonesia will require arrangements for alternative sponsorship for which I am solely responsible.
- 14) I acknowledge my personal information is collected and retained by ACICIS and the University of Western Australia as the Consortium's lead institution in accordance with UWA's privacy policy available at <http://www.governance.uwa.edu.au/procedures/policies/policies-and-procedures?method=document&id=UP14%2F10>. I will advise ACICIS if I do not wish it to contact me beyond this application.

Signature of Applicant.....

Signature of Witness.....

Name of Applicant

Name of Witness.....

Date DD/MM/YYYY

Position / Occupation.....

Date DD/MM/YYYY

13. STUDENT ACKNOWLEDGEMENT AND WAIVER

The Australian Consortium for In-Country Indonesian Studies (ACICIS)

Home University: [print the name of your university]	
Host University:	Atma Jaya Catholic University, Jakarta
Student's full name	
Student's address	

I, being the student whose details appear above, acknowledge and agree that:

- I am aware that ACICIS is an unincorporated association of Australian and international universities, facilitating in-country Indonesian studies at, amongst others, the Host University.
- The Home University does not have any public liability/risk insurance that will apply to me during the period of my studies at the Host University.
- The Home University has advised me to seek independent financial/insurance advice in this regard.
- The Home University and its fellow members of ACICIS have further advised me, as they do all students contemplating travel to Indonesia, that (i) the Australian Department of Foreign Affairs & Trade issues and periodically revises its Travel Advisory regarding Indonesia, a copy of which is accessible at the following website, or via the 'Smarrtraveller Phone Service' on 1300 139 281; (ii) deciding to travel to Indonesia and participate in the ACICIS program is a personal decision that should be made on an informed basis; and (iii) I must ensure that I check the current status of the Travel Advisory for Indonesia at the time of applying for an ACICIS program and I should check for any updated Travel Advisory issued by the Department since they may change from time to time:

<http://www.smarttraveller.gov.au/zw-cgi/view/Advice/Indonesia>
- To the fullest extent permitted by law, neither the Home University nor any current or future ACICIS member has any liability to me whether under the common law or otherwise (and I release and forever discharge the Home University and current and future ACICIS members from any such liability) for death or any injury, disability, illness, and loss or damage of any kind suffered or sustained by me arising out of or connected with my involvement in the academic studies noted above and/or my presence at any Host University campus, including any death or any injury, disability, illness, and loss or damage caused by an act or omission of any Host University (whether negligent or otherwise).
- The Home University has strongly recommended that I discuss my plans to study in Indonesia, and this acknowledgement and waiver, with my next of kin.
- My acknowledgements as detailed above are conditions precedent to, and will be relied on by, the members of ACICIS for the time being and the Home University in considering and granting my application for acceptance into the programme.
- I acknowledge my personal information is collected and retained by ACICIS and the University of Western Australia as the Consortium's lead institution in accordance with UWA's privacy policy available at <http://www.governance.uwa.edu.au/procedures/policies/policies-and-procedures?method=document&id=UP14%2F10>. I will advise ACICIS if I do not wish it to contact me beyond this application.

Signature of Applicant.....

Signature of Witness.....

Name of Applicant

Name of Witness.....

Date DD / MM / YYYY

Position / Occupation.....

Date DD / MM / YYYY