

# Sudent Meeting Form

FRM022 Linked to POL029 U18 Welfare Management Policy



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**Purpose:** This form is used to record welfare and pastoral care meetings with students Under 18 enrolled at Shafston International College. Monthly welfare check meetings are required under POL029 and the National Principles for Child Safe Organisations.

Section 1: Student's Personal Details			
Family Name:		DoB & Age:	
Given Name:		Student ID No.:	
Email Address:		Mobile No.:	
Course Name:		Course code:	
Campus:	<input type="checkbox"/> Brisbane <input type="checkbox"/> Gold Coast <input type="checkbox"/> Sydney	Request Date:	
Homestay Family:		Agent:	
Parent/Guardian:		Emergency Contact:	
Meeting Date:		Meeting Time:	

Section 2: Meeting Type	
<input type="checkbox"/> Monthly Welfare Check (routine)	<input type="checkbox"/> Follow-up Meeting (from previous concern)
<input type="checkbox"/> Triggered Meeting (attendance, behaviour, homestay issue, or incident)	
<input type="checkbox"/> Other:	

Section 3: Welfare Check Areas		
Staff member to discuss the following areas with the student and record observations:		
Area	Status	Notes/Observations
General Wellbeing & Mood	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Homestay / Accommodation	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Attendance & Punctuality	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Academic Progress	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Social / Friendships	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Health (physical / mental)	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> N/A	
Safety Concerns	<input type="checkbox"/> None <input type="checkbox"/> Concern raised	
Other		

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## Section 4: Student Comments

Record any comments, concerns, or requests raised by the student:

Large empty box for recording student comments, concerns, or requests.

## Section 5: Action Required

Action Item	Responsible Person	Due Date

- No action required — student welfare satisfactory
- Concern escalated to PEO / Welfare Coordinator
- Incident Report Form (FRM003) lodged
- Complaint and Appeal Form (FRM-CA01) provided to student
- Follow-up meeting scheduled for: \_\_\_\_\_
- Parent/Guardian notified on: \_\_\_\_\_
- Homestay provider contacted on: \_\_\_\_\_

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## Section 6: Signatures

Staff Member Name & Signature:	
	Date:

Student Name & Signature:	
	Date:

Interpreter (if used) Name & Signature:	
	Date:

**Filing:** This completed form must be scanned and saved in the student's file in aXcelerate. A copy is retained by the Welfare Coordinator.

## Document Control

Document Number	FRM022
Document Title	Student Meeting Form
Version	1.0
Approval Date	March 2026
Approved By	Principal Executive Officer
Linked Policy	POL029 U18 Welfare Management Policy v3.0
Standards Reference	National Code 2018 Standard 5; NPCSO; Standards for RTOs 2025