



## APPLICATION TO BE A HOMESTAY FAMILY

### **Main Contact Person:**

Mr/Mrs/Miss/Ms (*circle one*) Full Name: \_\_\_\_\_ (*underline family name*)

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

Phone: \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Work*) \_\_\_\_\_ (*Mobile*)

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

### **Emergency Contact:**

Name & Phone Number: \_\_\_\_\_

### **Please list ALL persons living in your house (including yourself):**

*It would be great if you can send us a family photo along with your application!*

| Name | M / F | Relationship | Occupation | DOB | Hobbies |
|------|-------|--------------|------------|-----|---------|
|      |       |              |            |     |         |
|      |       |              |            |     |         |
|      |       |              |            |     |         |
|      |       |              |            |     |         |
|      |       |              |            |     |         |
|      |       |              |            |     |         |

\* Everyone over 18 years old living at this address must fill out a separate police vetting form.

### **Medical information:**

Does any member of the family have an existing medical condition that an international student should be made aware of? (*E.g. asthma, epilepsy, etc*) **Yes / No**

If yes, please state which family member and the medical condition:

International students will usually be taken to the residential caregiver's general practitioner in the event of illness. Please give your family doctor details:





**International Student Arrangements:**

How would the student get to school from your home? (*Please circle*):

Walk      School bus      Public bus      Be driven      Other: \_\_\_\_\_

Will they be accompanied to school? **Yes / No**

If yes, by whom? \_\_\_\_\_

How would the student get home from school (*if different from above*): \_\_\_\_\_

How long will it take the student to get to and from school? \_\_\_\_\_

Please state what arrangements would be made for the care of an international student after school:

\_\_\_\_\_  
*Note: Your international student **must not be left at home** without reasonable provision being made for supervision and care.*

**Please provide two referees who are not your family members:**

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Declaration and Signature:**

I declare that the information set out in this application is correct and complete and I have not withheld any information.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**☞ If there are any changes to your circumstances in the future (i.e. got a cat/dog, or change of persons living in house), please let us know so we can keep our records up-to-date, and find a match that best suits both you and our student. Thank you.**

|   |
|---|
| <b>For Office Use Only</b>                      |
| Date Received: ___ / ___ / ___                  |
| Police Vetting Forms returned : ___ / ___ / ___ |

**Waikato Institute of Education**  
**Authorisation to disclose information**

**Exception – section 19(3)(e) Criminal Records (Clean Slate) Act 2004**

To: Licensing and Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
Wellington 6140

Note:  
A stamped, self-addressed  
envelope must accompany  
all requests

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~ SECTION 1 ~

**To be completed by organisation that is to receive the personal information:**

I believe that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of a child, young person or more vulnerable member of society, but not predominantly involving the delivery of education. The role parallels that of a parent/guardian/caregiver, in the child's or caregiver's home, or sole supervisor in an overnight situation.

**The role the applicant will be acting in is that of (please circle):**

Caregiver    Homestay Host Family    Paediatric Nurse    Other (*specify*): \_\_\_\_\_

I have explained the purpose for the vetting check, and agree that I will discuss the outcome or any Police comments with the applicant.

**Signed by Homestay Coordinator:** \_\_\_\_\_

**Print full name:** \_\_\_\_\_

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~ SECTION 2 ~

**To be completed by individual authorising release of personal information:**

I authorise Police to disclose **ANY** information relating to any interaction I have had with Police in any context, which may include family violence. It may include interactions where I have been a victim or complainant. I confirm that I am aware that my full criminal incidents record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of the exception in section 19(3) of that Act, as set out above.

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

Name: \_\_\_\_\_  
*Surname* *First name(s)*

\_\_\_\_\_ Sex : \_\_\_\_\_ ( M/F)  
*Maiden or any other names used*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ NZ Driver licence no.: \_\_\_\_\_

Full **residential** address: \_\_\_\_\_  
*Street name and number*

\_\_\_\_\_ *Suburb, City/town*

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**Comments of the New Zealand Police:**

**Agency code: W40400**