

Waikato Institute of Education

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:



Waikato Institute of Education

Other Details:

Total bedrooms:	No. of spare bedroor	oms:	No. of bathrooms:	No. of toilets:
Facilities available (i.e. computer, piano, wireless internet connection, swimming pool):				
Any pets? (give details):				
Does anyone in your fam	nily smoke? Yes / No			
Does anyone in your fam	nily live with a long ter	rm illness, si	gnificant injury or disab	ility? Yes / No
If yes, please give the de	etails:			
Languages spoken in the	e home:			
Primary language spoke	n in the home:			
How far away is your hou	use from the nearest b	bus stop (wa	alking distance/time)? _	
Homootov Droforon	0001			
Homestay Preferen				
Preferred Nationality(ies)):	Preferred	gender: M / F / either	Preferred age:
What is your preference	for duration of homes	stay? long-t	erm / short-term / eith	ler
Do you mind if the stude	nt is a smoker? Yes /	Νο		
Are you happy to host ve	egetarian students? Ye	′es / No		
Are you happy to host Muslim students? (Require halal food) Yes / No				
What household duties would you expect the student to help with?				

International students would like to know what kind of family they are going to live with. Please describe your family and environment and why you would like to host international students:



Waikato Institute of Education

International Student Arrangements:

How would	the student get to	o school from ye	our home? (<i>Pl</i> e	ease circle):	
Walk	School bus	Public bus	Be driven	Other:	
Will they be	accompanied to	school? Yes /	No		
If yes, by wh	10m?	· · · · · · · · · · · · · · · · · · ·			
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 I supervision		lent must not k	oe left at home	e without reasonable provision being made for	

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: /	/
y		

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.

For Office Use Only		
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 <u>Note:</u> A stamped, self -addressed envelope must accompany all requests

~ SECTION 1 ~

To be completed by <u>organisation</u> 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 4	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: _____

\sim SECTION 2 \sim

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 num	ber
Suburb, City/town	

Comments of the New Zealand Police: