APPLICATION TO BE A RESIDENTIAL CAREGIVER FOR PUKEKOHE HIGH SCHOOL



Applicable for:

- A homestay family
- designated caregiver
- A supervisor (in the case of temporary accommodation)

Please complete this form and return to homestay@pukekohehigh.school.nz

If you are an approved Homestay family for another School/Institution, can you please give us the name of the School
here:

Parent Details								
Family name:			First Name:				Date of Birth:	
Family name:		I	First Name:				Date of Birth:	
Physical Address:	:							
Postal Address (if different from Physical Address)								
Home Phone Nur	nber:							
Parent 1	Email:							
Contact	Occup	ation:					Part time or Full time?	
Contact	Mobile	à: 	W	Work Phone:		Hon	Home Phone:	
Parent 2	Email:	Email:						
	Occupation:						Part time or Full time?	
Contact	Mobile:		v	Work Phone:		Hon	Home Phone:	
EMERGENCY Nur	nber:		Whose number is this?					
Medical Information								
Does any member of the family have an existing medical condition that we need to be aware of? Eg: asthma, epilepsy etc. If Yes, please note on the right:					Condition:			
If yes, please state which family member has the condition:								
	Please provide your family doctors' details as international students will normally be taken to this Doctor if needed							

Household Members:										
		Name: Date o						Date of Birth:		Age:
Child 1		School/Tertiary Institution Attended:								
Child 4		Name:						Date of Birth:		Age:
Child 1		School/Tertiary Institution Attended:								
Child 1		Name:						Date of Birth:		Age:
Child 1		School/To	ertiary lı	nstitution A	ttended:					
Child 1		Name:						Date of Birth:		Age:
Cilia I		School/To	ertiary lı	nstitution A	ttended:					
House	hold Pets	:								
Do you	Do you have pets? If so, please describe them here Are they inside or outside animals?									
Pet(s)										
Pet(s)										
Pet(s)										
House	ehold Info	rmation:								
Total Nur Bedroom		Number of Spare Number of Bathrooms Bedrooms								
Family	y Informat	tion:								
vegetaria	Does your family follow a particular diet? Eg vegetarian, kosher, halal, vegan etc. If so, please advise us									
What lan	guages are	spoken in y	our hon	ne?						
previous	If your family has hosted international students previously with another provider, please give us details here:									
	Will your insurance policy cover any breakages or damage caused by your international student? Yes/No									
Does any	Does any member of the household smoke/vape? Yes/No									
What facilities does your household have?										
Unli	imited Inte	Internet Access Limited Internet Acce			t Acces	SS	No Internet Access			
Nea	Near the Beach Near a Mall					Near a corner store/dairy				
Piar	10			Pool				Spa pool		
Ten	nis court					Bicycles				
Wat	ter sports	·				Other				

Please tick below and add in hobbies and activities your family participate in: **Board Games** Cooking/Baking Soccer/Football Badminton Basketball Going to the beach Pool swimming Surfing Going to the Religious participation eg cinema temple, church Cricket Fishing Gardening Music Concerts Theatre Bush walking 10 pin bowling Water sports

Please add	in any	other	activities	here

Please give us a brief description of a typical week in your household (activities, sports, work, school, hobbies, after school activities etc):					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

International Student Preferences						
Number of students you would like to host at any given time (maximum number is 2)		Male or Female Preferred Age preferred: (usually 13-18 years old):				
Preference is Short Term (3 week						
Would you be available for emer homestay immediately)	Yes/No					
Are you willing to collect your student from Auckland International Airport when they first arrive into NZ? Yes/						
Would your family be available t break?	Yes/No					

International Student Arrangements:						
How will your student get to	Walk (how long w	vill it take?)	School Bus (n	umber?)		
School each day and home again?	Be driven (by who	om)	Public Bus			
uguiii.	Other (please stat	te)				
What arrangements will be made for your student after School?						
Students who are under 14yos can not be left unsupervised and need to have someone at least 14 years old at home with them.						
Which family member(s) will help the student with his/her homework if needed?						
Can you detail how your family will offer your student a welcoming family atmosphere and hospitable experience?						
Describe what your family will do with your student on a typical weekend?						
Are you happy to take your student on family outings and/or let your student meet their friends etc in the weekends?						
As part of its obligations under The Education (Pastoral Care of International Students) Code of Practice 2016, Pukekohe High School, is required to complete a safety check of residential caregivers (Clause 26 (1) (b) of the Code).						
NZQA expects that a police or criminal check on all persons aged 18 years and over living in accommodation where international students under 18 years old are being hosted. If there are members of the family that are turning 18 years old during an international student stay in the house, the Police Vet will need to be carried out for them too.						
Please have all family members and other persons living on the property aged 18 years old, sign the following declaration:						
Police Vetting Declaration I hereby give permission for Pukekohe High School to request a police vet:						
Name:		Signed:		Date:		
Name:		Signed:		Date:		
Name:		Signed:		Date:		

Please nominate two referees (not immediate family) who can provide information on your suitability to care for an international student in your home. One must be your current or previous employer, professional body or registration authority . If you have provided residential care before, the person or organisation who employed you in that situation should be one of your referees.							
Referee Name:							
Contact Phone details:			Best time to contact:				
Referee Name:							
Contact Phone details:			Best time to contact:				
'							
		Bank Account D	Details				
Bank Name and Branch							
Bank Account Number							
·							
I declare that this information is true and complete to the best of my knowledge							
Signature: By the main applicant to host a international student	n						
Date:							