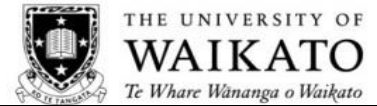


Off Campus Accommodation for International Students



Information

- All International students who do not require on-campus accommodation are required to complete this form as well as an arrival form.
- Thank you for choosing Homestay, please complete all pages of this form.
- **Please note: Under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students, if you are under 18 years old, you are required to stay in an approved Homestay or with a Designated Caregiver approved by the University of Waikato.**
- **Please fill in an 'Under 18 Accommodation Form' if you are under 18 years old**
- This form should arrive at least 3 weeks before your arrival in New Zealand.

Please complete and return to:

**International Student
Accommodation Co-ordinator
Accommodation Office
The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand**

Fax: +64 7 838 4058

Section 1 - Applicant Details

Student ID: _____ Date of Birth: _____ (DD/MM/YYYY)

Family Name: _____ Gender: Male Female

First Name(s): _____ Ethnicity: _____

Preferred Name: _____ Home Country: _____

Address for reply: _____ Telephone Number: _____

_____ Fax Number: _____

_____ E-mail: _____

Section 2 – Length of Stay in Homestay

- 4 weeks Only (Minimum stay) 1 – 3 months (Short term) 3 – 6 months (Long term)
- Full Year Summer School (Nov – Feb)

Section 3 – Type of Accommodation Required

- Homestay Accommodation (Living with a New Zealand family) – Complete Pages 2, 3 & 4**

Please complete all pages of this form. This information will enable the University of Waikato to place you with a suitable host family. Please note that homestay accommodation is for a minimum of 4 weeks unless the duration of your course is shorter.

- Designated Caregiver (Under 18 year old students only) – Complete Pages 2, 3 & 4**

A designated Caregiver must be a family member or a close family friend. Please note that you will be placed in Homestay Accommodation should the University of Waikato deem the designated caregiver unsuitable. You must therefore also complete the Homestay section.

**This accommodation has been assessed by the University under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students.*

**Please note: The University provides a complimentary shuttle from Auckland International Airport for University students (If students are only enrolled in an English Language Course, they will need to pay for the Shuttle Service. Additional family members are required to pay their own shuttle costs.*

Declaration

- I agree to inform the International Student Homestay Office (prior to my arrival) of any changes to my requested accommodation.

Student's Signature: _____ Date: _____

"The University of Waikato has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this Institution or from the New Zealand Ministry of Education website at <http://minedu.govt.nz>"

Additional Information for Homestay



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

- The information provided will assist us in placing you with a suitable host family.
- **If you are under 18 years of age, you are required under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students to stay in an approved Homestay or with a Designated Caregiver approved by the University of Waikato.**
- Section E is to be completed by students under 18 years only.
- Be aware that most of our Homestays are not located close to the University. Many students will need to travel up to 45 minutes by bus to get to the University.
- This form should arrive in New Zealand at least three weeks before you arrive.
- Homestay accommodation is for a minimum of 4 weeks unless the duration of your course is shorter. Please note: the University will charge under 18 year old students the full amount of homestay money for the period until the student turns 18 (may be deducted from the Living Expenses if applicable).
- Host families are not required to provide students with internet access.

Compulsory

You must attach

1 passport size photograph

Section A - Emergency Contact Details

Name of Parent / Guardian: _____ Address: _____
Can they speak English? Yes No _____
If NO, which language(s) do they speak? _____
Country: _____ Telephone No: _____
E-mail: _____

Section B – Course of Study

What course of study have you applied for: _____
Expected length of Study: One academic year One semester
Have you received: Formal Offer Conditional Offer

Please indicate your student category:

- Private paying student
- Exchange Programme (please specify University and/or Programme) _____
- Study Abroad Programme (please specify which Programme) _____
- NZAID Scholar Recipient (please specify your particular award) _____
- Other (please specify) _____

Section C – Health, Dietary and Accommodation Requirements

The purpose of this section is to help the University to be of maximum assistance to you during your stay in New Zealand. Mild physical and psychological disorders can become serious under stresses of life while studying abroad. It is important that we are aware of any medical or emotional problems, past or current, which might affect you in a foreign context. The information provided will remain confidential. It will only be shared with the necessary University of Waikato staff and/or appropriate professionals – this is only if it is pertinent to your well-being. ***This information will not affect your admission to the University of Waikato.***

1. Do you have a disability or medical condition: No Yes (if yes, please explain)

2. Are you in good physical health? Yes No (if no, please explain)

3. Have you ever been treated, or are you currently being treated for any psychological or emotional problems:
 No Yes (if yes, please explain)

4. Are you taking medication? No Yes (if yes, please explain)

5. Do you have any allergies to medication or foods? No Yes (if yes, please explain)

6. Have you had any major injuries, diseases or ailments in the past 5 years? No Yes (if yes, please explain)

7. Are you a smoker: Yes No

8. Do you have any special dietary requirements? No Yes (if yes, please indicate the foods you DO NOT eat)
 Chicken Pork / Ham / Bacon Halal Lamb / Mutton (sheep meat) Beef Eggs Fish
 Dairy products e.g. milk, cheese, yoghurt I do not eat any meat or animal products
 Other (please explain) _____

9. If you are a Vegetarian or Vegan, do you mind living with a family who eats meat? Yes No

10. Do you want to live in a home with children? (please tick the appropriate box)
 No Children Infants (0-5yrs) Children (5-12yrs) Teenagers (13-17yrs) Other International Students

11. Do you want to live with a family that has pets? (many families have a dog, cat or bird)
 Inside House Yes No Outside Yes No

12. Are there any specific animal/s you are allergic to? No Yes (if yes, please specify)
(if yes, a medical certificate is required with this application. If a certificate is not supplied, we will not guarantee that the family will meet these requirements.

13. Are there any specific animal/s you do not like? No Yes (if yes, please specify)

14. Do you have any special requirements for cultural or religious events? No Yes (if yes, please explain)

15. Interests and Hobbies:
 Reading Sports Music Computing
 Travel/sightseeing Cooking Other (please specify) _____

16. Would you consider yourself:
 Quiet Outgoing/Sociable Adventurous Other (please specify) _____

17. Write a paragraph to describe yourself. Include personal, cultural and/or sporting interests or other specific information that will assist us in choosing your Homestay family.

Section D – Accommodation Fees

Homestay Administration fee \$470.00 First 4 Weeks Homestay fees \$1428.00 Additional Week \$357.00

Please Tick Below if you have special requirements:
 Students with Additional Special Needs such as dietary requirements (Halal, Lactose Intolerant, Gluten Free) Where the family needs to buy special foods, Allergies where the family is required to be on high alert (use of an epipen is required), identified Medical Issues where families are expected to provide a high level of Medical Awareness (Epilepsy, diabetes, Asthma). As well as identified Mental Health Issues such as depression, autism, ADHD, bi-polar where a family needs to be alert to the students additional requirements for their well-being.

I authorise a payment of \$1898.00

Students Name: _____

Student ID Number: _____

Credit Card Type: _____
(Visa and Mastercard only)

Card Holders Name: _____

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Card Holders signature: _____

I have enclosed an International bank draft for NZ 1898.00 made out to 'The University of Waikato.

I have sent these funds with my Tuition fees payment to the University of Waikato.

Please note: - If under 18 yrs complete section E, otherwise go to Section F – Homestay Declaration

Section E - Under 18 year old students only

Under the Ministry of Educations Code of Practice, you are required to provide the University with the following information:

Student's Name: _____

Student ID: _____

Parent's or legal guardian's contact details:

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

What type of accommodation are you applying for? (please tick one):

Homestay I/my parents have arranged my accommodation (Student's Parent / Guardian must complete Indemnity Document below)

Indemnity Document

To be completed by the student's parents / legal guardians only

- I/we, as the parents/legal guardian* of _____ (students name), have chosen for our child to stay with a Designated Caregiver in Hamilton that was not arranged by the University of Waikato.
- I/we understand that a Designated Caregiver must be a family member or a close family friend.
- I/We take full responsibility for the placement and the ongoing welfare of our child for the duration of their stay with the Designated Caregiver.
- If the University of Waikato deems the accommodation to be unsuitable, the University retains the right to refuse enrolment to the students until suitable replacement accommodation can be found.
- I/we understand that the education provider will visit the home of the designated caregiver prior to enrolment to determine that a safe physical and emotional environment will be provided and establish communication with the caregiver, charge a fee of \$200 for the designated caregiver assessment, determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home), follow the provisions relating to boarding establishment as set out in the Code of Practice if the accommodation designated by the parents is a boarding establishment, meet the student at least twice a year to ensure the accommodation is suitable.

You are required to provide us with the following information about the Designated Caregiver in Hamilton. This Caregiver will be visited by the University of Waikato to assure that they meet with our Caregiver regulations.

Caregiver's Name: _____

Designated Caregiver's Phone Number: _____

Caregiver's Address: _____

E-mail Address: _____

Signature of Parents / Legal Guardian: _____

*You may be required to provide proof of your parentage / legal guardianship status. This can be the child's birth certificate with the parent's name/s on it, or a legal document stating you have the legal guardianship over this child (an agent cannot fill in this section or sign on behalf of a parent).

SECTION F – Homestay Declaration

- I have enclosed the appropriate fee and passport sized photographs.
- I certify that all response under Health, Dietary and Accommodation requirements are true and correct
- In the event of an emergency while in New Zealand, I authorise the University of Waikato to notify my specified Emergency contact
- I agree to inform the International Student Accommodation Co-ordinator (prior to my arrival) of any changes to my requested accommodation.
- I have read this form carefully and fully understand what I am signing.

Student's Signature: _____

Date: _____