## 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 <u>under 18 years old</u>, you are required to stay in an approved Homestay or with a Designated Caregiver approved by the University of Waikato.
- 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:
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 (S☐ Full Year ☐ Summer School (Nov – Feb)	
Section 3 – Type of Accommodation Required	
note that homestay accommodation is for a minimum of 4 we  Designated Caregiver (Under 18 year old students  A designated Caregiver must be a family member or a clo	rill enable the University of Waikato to place you with a suitable host family. Pleas reeks unless the duration of your course is shorter.
*This accommodation has been assessed by the University Pastoral Care of International Students.	under the New Zealand Ministry of Education's Code of Practice for the
	ntary shuttle from Auckland International Airport for University In Language Course, they will need to pay for the Shuttle Service. Ir own shuttle costs.
Declaration	
☐ I agree to inform the International Student Home accommodation.	estay Office (prior to my arrival) of any changes to my requested
Student's Signature:	Date:
"The University of Waikato has agreed to observe	re and be bound by the Code of Practice for the Pastoral Care of

"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 <a href="http://minedu.govt.nz">http://minedu.govt.nz</a>"

## **Additional Information for Homestay**



- 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 Co	ontact Details			
Name of Parent / Guardian:		Address:		
Can they speak English?	Yes 🛘 No			
	ney speak?			
Country:		Telephone No:		
Section B – Course of Stu	dy			
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 ca	ategory:			
☐ Private paying student				
☐ Exchange Programme (ple	ase specify University and/or P	Programme)		
☐ Study Abroad Programme	(please specify which Program	me)		
□ NZAID Scholar Recipient (please specify your particular award)				
Other (please specify)				
Section C – Health, Dietary and Accommodation Requirements				
		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				
<u>aware of any medical or emotional problems, past or current, which might affect you in a foreign context.</u> 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. <i>This information will not affect your admission to the University of Waikato.</i>				
1. Do you have a disability or medical condition: ☐ No ☐ Yes (if yes, please explain)				
2. Are you in good physical he	ealth? ☐ Yes ☐ No (if no, p	lease explain)		
3. Have you ever been treated, or are you currently being treated for any psychological or emotional problems:				
□ No □ Yes (if yes, ple	ase 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		
8Do 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? $\square$ No $\square$ 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)		
Section D – Accommodation Fees		
Homestay Administration fee \$450.00 First 4 Weeks Homestay fees \$1372.00 Additional Week \$343.00		
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.  Special Requirement Fees:		
Homestay Administration fee \$450.00 First 4 Weeks Homestay fees \$1400.00 Additional Week \$350.00		

☐ I authorise a payment of \$1822.00 or ☐ I authorise a payment of \$1850.00		
	Student ID Number:	
Credit Card Type: (Visa and Mastercard only)	Card Holders Name:	
Card Number: / / / / / / /		
Card Holders signature:		
☐ I have enclosed an International bank draft for NZ 1822.00 or NZ \$1850.00, made out to 'The University of Waikato.		
I have sent these funds with my Tuition fees payment to the U	-	
Please note: - If under 18 yrs complete section E, otherwise go	o to Section F – Homestay Declaration	
Section E - Under 18 year old students only		
Under the Ministry of Educations Code of Practice, you are require	ed 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		
<ul> <li>I/we, as the parents/legal guardian* of</li></ul>		
<ul> <li>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.</li> </ul>		
If the University of Waikato deems the accommodation to be unsuitable, the University retains the right to refuse enrolment to		
<ul> <li>the students until suitable replacement accommodation can be found.</li> <li>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.</li> </ul>		
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: Des	signated Caregiver's Phone Number:	
Caregiver's Address: E-m	nail Address:	
Sigr	nature 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		
<ul> <li>□ I have enclosed the appropriate fee and passport sized photographs.</li> <li>□ I certify that all response under Health, Dietary and Accommodation requirements are true and correct</li> <li>□ In the event of an emergency while in New Zealand, I authorise the University of Waikato to notify my specified Emergency contact</li> </ul>		
<ul> <li>I agree to inform the International Student Accommodation Co-accommodation.</li> <li>I have read this form carefully and fully understand what I am s</li> </ul>	, , , , , , , , , , , , , , , , , , , ,	
Student's Signature:	Date:	