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.
• This form should arrive at least 3 weeks before your arrival in New Zealand.

Section 1 - Applicant Details

Student ID: __ __ __ __ __ __ __ __ __ __ __ __
Date of Birth: __________________ (DD/MM/YYYY)
Gender: ☐ Male ☐ Female

Family Name: ________________________________
First Name(s): ____________________________
Preferred Name: __________________________
Ethnicity: ________________________________
Home Country: ___________________________
Telephone Number: ________________________
Fax Number: ______________________________
E-mail: __________________________________
Address for reply: __________________________________

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 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.

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

<table>
<thead>
<tr>
<th>Homestay Administration fee</th>
<th>First 4 Weeks Homestay fees</th>
<th>Additional Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>$380.00</td>
<td>$1232.00</td>
<td>$308.00</td>
</tr>
</tbody>
</table>

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 $380.00  First 4 Weeks Homestay fees $1288.00  Additional Week $322.00
I authorise a payment of $1612.00 or ☐ I authorise a payment of $1668.00

Students Name: ___________________________ Student ID Number: ___________________________

Credit Card Type: ___________________________ Card Holders Name: ___________________________

Card Number: __ __ __ __ / __ __ __ / __ __ __ / __ __ __ Expiry Date: __ __ / __

Card Holders signature: ___________________________

☐ I have enclosed an International bank draft for NZ $1612.00 or NZ $1668.00, 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 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: ___________________________