

APPLICATION TO BE A HOMESTAY FORM

Please complete all sections of this form

Primary Caregiver's Name			Caregiver's N	ame
Last Name:		Last Name:		
First Name:		First Name:		
Date of birth:		Date of birt	h:	
Address:				
Phone Numbers				
Home:				
Mobile:		Mobile:		
Work Number:		Work Num		
Email address:		Email addre	ess:	
Occupation:		Occupation	1:	
Employer:		Employer:		
Bank Account:				
(For homestay payments)				
Family profile:				
Total number of household	members			
Complete these details for	each person living in the h	nome		
Name:		DOB	M/F	Relationship to Hosts
Preferred Placements – Plea	se tick the appropriate b	oxes		
☐ 1 student	☐ 12/13 years	☐ 1-2 Te	erms	
☐ 2 students	☐ 14/15 years	☐ 2-3 Te		

☐ 3 students] 16/17	years		☐ 4 Term	ns +			
] Age -	no Pre	ference	☐ Other				
Family Interests:									
☐ Animals	☐ Crick	æt		☐ Hockey	У	□R	owing		☐ Table Tennis
☐ Athletics	☐ Cycli	ng		☐ Horse	Riding	□R	ugby		☐ Tennis
☐ Badminton	☐ Dano	ce		☐ Lawn E	Bowls	□ s	ailing		☐ Theatre
☐ Basketball	☐ Fami	-		☐ Mount Biking	ain	□s	kateboar	·d	☐ Touch Rugby
☐ Beaches	☐ Fend	ing		☐ Movie	S	□s	kiing		☐ Trampoline
☐ Board Games	☐ Fishi	ng		☐ Netbal	I	□s	now Boa	rding	☐ Travel
☐ Cars	☐ Gard	lening		☐ Outdo	ors	□So	ccer		□ т∨
☐ Chess	☐ Go-C	Carts		☐ Photog	graphy	□s	ports		☐ Volleyball
☐ Church	☐ Golf			☐ Readin	ıg	□sq	uash		☐ Walking
☐ Computers	☐ Gym	nastics		☐ Rock C	limbing	□s	UP		☐ Water polo
☐ Cooking	☐ Hikir	ng		☐ Rollerb	olading	□Su	rfing		☐ Water Sports
						□ s	wimming	3	Other
Your Home Facilities: Please provide brief de note, we do not allow		-			-		-		udent. Please
☐ Pool			□и	ear Beache	es		☐ Ne	ar Shops	5
☐ Garden			□в	oat			☐ Pia	no	
☐ Wifi – Unlimited broadband	Fibre		□ s _i	oa Pool			□ но	liday Ho	me
☐ Wifi Other			□та	able Tenni	S		☐ Tra	mpoline	2
☐ Pool table			□ ві	cycle for s	tudent use		☐ Otl	ner	
Transport to School: a	idvise how	your st	udent	will get to	and from sch	nool			
☐ Walking		Mins	i	□ ву	Bus		Bu	s No.	Mins
☐ By Car		Mins		Approx	. cost of bus	per tri	p: \$		
Pets – Please list all p		2							
Are these pets indoo Diet – Do you have a			Gluten	free					
Would you accept a									

Total number of bedrooms in your home?		
Total number of bedrooms for students		
Study facilities for student, eg desk in room		
Number of Bathrooms in your home		
Religion – Churchgoer Yes/No		
Main language spoken in home? Second language spok	ken in home?	
Do members of your home smoke?		
Does either host parents go away overnight or for wee	ekends?	
Do both caregivers have a full driver's license?		
Does any family member have a medical condition the should know about? Give details	student	
Do you have any relatives/friends who sometimes st who you have not mentioned above? Provide details	tay with you	
Reasons for offering homestay accommodation		
Do you wish to host any particular nationality?		
Any other comments or requests?		
Details of an emergency contact outside of your house	hold:	
Full Name:	Relationship	0:
Address:	Email Addre	ess:
Home No:	Mobile No:	
PART 2		
Photos – We require 3 photos (.jpeg or .png file) which profile, to a new student.	will also be h	neld on file and sent, as part of your family
The outside of your home		
2. The student's bedroom		
3. Your family members		
Send digital copies as an attachment to: jwarisali@stjo	hns-hamiltor	n.school.nz
TERMS AND CONDITIONS		
Thank you for offering to be a homestay host for Interrithis application process, please sign the attached 'Home conditions it contains.		
I/We acknowledge that the above information is true a Signature – Homestay caregiver(s):	and correct	
Printed Name:		
Date:		



A few points to note before submitting your forms:

- Every person living in your home (or someone who regularly stays overnight in your home)
 who is 18 years of age or over must submit a police vetting form
- Being a homestay family should not be relied upon as a constant source of income. Students
 come for short or long stays and when one leaves we may not be able to place a student
 with you again immediately.
- Homestay payments should be considered more of a reimbursement for costs associated with having an additional person in your family rather than an additional source of income.
- We are generally only able to accept homestay families who are within one bus stage of our school. This is because students like to be able to easily get to and from school and to meet their friends during weekends and after school.
- Our peak demand periods for homestay families are: late January, end of March/April, & July, August

PLEASE USE THE CHECKLIST ON THE FOLLOWING PAGE TO ENSURE YOU HAVE NOT FORGOTTEN ANYTHING



HOMESTAY APPLICATION CHECKLIST

Please check that you have completed all forms and processes listed below before submitting your application:

Application to be a Homestay form filled in and signed
3 Photos provided to the school in electronic format
Homestay Carer Agreement read, understood and signed
Referee Forms provided to referees (at least 1 for each caregiver)
Police Vetting forms filled in for each person aged 18 or over, and residing in the home
2 Forms of ID (one photographic) for each family member 18 or over Shown to school staff
'Homestay Handook' has been read and understood

Please note: Once all paperwork has been received by the school, and all procedures completed, if we consider you suitable to host a student, we will contact you to arrange a home visit and interview. We require both caregivers to be present at the interview.



HOMESTAY REFEREE CHECK

(Please supply this form to **at least 1 referee for each caregiver** and ask them to return it directly to the school (See details at end of form)

Confidential

This form is to help us in the assessment of an applicant's suitability to provide homestay care for an international student attending St. John's College.

Thank you for taking the time to complete the form. We appreciate your honest response to the questions below.

Name of Applicant _		
Name of Referee		
Referee's email		
Mobile phone		
Relationship to Applicant (eg.	friend, workmate, associate, employer)	
How long have you known the	e Applicant?	
Do you consider the Applicant	to be a suitable person to care for an international student	?

Please comment on the following: (Use a separate piece of paper if required)

The information you provide is strictly confidential.

and psychological st	caomey and sereng	,	6.	
			-	
The suitability of the appropriateness of			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	

LI at 022 087 9508

Thank you for completing this form.

Please return to:

Dean of International Students St. John's College 85, Hillcrest Road, Hillcrest Hamilton 3216

Phone: (07) 856 7091

e-mail: rcook@stjohns-hamilton.school.nz