



Christchurch Girls' High School | Te Kura o Hine Waiora

APPLICATION TO BECOME A RESIDENTIAL CAREGIVER (HOMESTAY)

CAREGIVER DETAILS- *Please list who the main caregivers of the student will be, these include anyone who will be responsible for monitoring the student's whereabouts and transporting them. If more than 3 please supply additional paper.*

Caregiver 1: *note this person will be considered the main caregiver for the student*

Name	
DOB:	
Occupation	
Cell Phone:	
Work Phone	
Email:	

Caregiver 2:

Name:	
DOB:	
Occupation	
Cell Phone:	
Work Phone:	
Email:	

Caregiver 3:

Name:	
DOB:	
Occupation	
Cell Phone:	
Work Phone	
Email:	

FAMILY DETAILS – *Please list all persons residing in the household or likely to reside in the household*

First Name	Last Name	D.O.B	Relationship to family

RESIDENTIAL DETAILS			
Number & Street:			
Suburb:			
Town:		Postcode:	
Home Phone:			
Internet:			

PETS – Please list all pet/animals at your residence with a short description and if they are allowed inside	
Pet 1:	
Pet 2:	
Pet 3:	
Pet 4:	

AVAILABILITY	
Amount of students I am available to host at one time.	
Are you currently hosting another student or expecting to host more than one student	
Diets that can cater for:	Vegetarian/vegan Yes/No
	Halaal Yes/No
	Gluten/Dairy Free Yes/No
I am able/prefer to host a student for the following:	Long term: Yes/No
	Short term: Yes/No
	Overnight: Yes/No
Please list any times you are not available during the year i.e. Christmas , summer holidays etc.	

Any other comments relating to availability or preferences:	
Does your household insurance cover damage by an International student?	Yes/No

INFORMATION – Please list to the best of your ability anything that may impact on the student	
Medical conditions:	
Dietary Regime:	
Languages Spoken in the home	
Does anyone in the home smoke or vape?	Yes/No
Risks to health and safety:	

TRANSPORT – Please list all that apply	
Bus routes nearby	
How will the student travel to and from school:	
Are you willing/able to transport the student to after school activities and events or friend's homes:	Yes/No
Are you willing /able to transport the student in inclement weather or after dark:	Yes/No

ARRANGEMENTS FOR STUDENT- please provide a short description about the following:	
After school care:	

Household members that can help with homework:	
Expectations of student in family: <i>i.e make their own lunch, help with dishes</i>	
EXPERIENCE WITH INTERNATIONAL STUDENTS:	
Please list any schools you have hosted for previously:	
Please list any schools you are currently hosting for or are on their database for hosting.	
If you have hosted before please describe the types of students you have hosted: Please include age, duration, gender.	

FAMILY ROUTINE <i>Please fill in general information about your family routine</i>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please describe why you want to host international students and what you can offer them.

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REFERENCES – *Please provide a reference for each caregiver we can contact regarding your suitability to become a residential caregiver*

Reference 1		Reference 2	
First Name:		First Name:	
Last Name:		Last Name:	
Phone:		Phone:	
Email		Email:	
Relationship:		Relationship:	

DECLARATION

I understand that making a false statement is an offence under the Crimes act 1961.

Pursuant to Principle 11d of the Privacy Act 1993, I agree to the disclosure and use of the information on this form by Christchurch Girls' High School to authorised bodies in response to requests under statutory authority.

I hereby declare that the information I have given above is true and correct. No information which could have a material bearing on my application to host an international student has been withheld.

I understand that under the Privacy Act 1993 I have the right to have access to all personal information held by Christchurch Girls' High School about me and I also have the right to ask Christchurch Girls' High School to correct any information which is inaccurate.

I understand that I have an obligation to advise Christchurch Girls' High School if/when any of the personal information I have provided changes.

Date:	
Name:	
Signature:	

