

# HOMESTAY PROVIDER APPLICATION FORM

AIE-PO-01/F01

Code of homestay provider (For office use only)

## 1. General information

Family Surname	
Street Address	
Suburb	
Landline No.	
Work phone No.	
Mobile phone No.	
Email	

## 2. Details of all family members (everyone living in house)

Name	Position (e.g. Mother)	DOB	Police Vetting (if over 18 years old?)	Smoker	Occupation	Interests
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 3. Other family details

Ethnic backgrounds	
Mother tongue	
Other languages spoken	
Religion	
Pets	
Food restrictions	
Health conditions	
Reason for hosting	

## 4. House details

Type of accommodation offered	Single bedroom	Number of available rooms
	Double bedroom	
	Twin shared bedroom	
	Self-contained flat	
	Own bathroom	
	Shared bathroom	
	Ensuite bathroom	
Pastoral care of international	<input type="checkbox"/> Working smoke alarms <input type="checkbox"/> Evacuation plan <input type="checkbox"/> First aid kit	

students requirements	
Facilities in student's room	<input type="checkbox"/> Desk/table <input type="checkbox"/> Mirror <input type="checkbox"/> Electric blanket <input type="checkbox"/> Lamb <input type="checkbox"/> Drawers <input type="checkbox"/> Direct sunlight <input type="checkbox"/> Wardrobe <input type="checkbox"/> Heater <input type="checkbox"/> Adequate ventilation
Do students have internet access at your home	<input type="checkbox"/> Yes (unlimited) <input type="checkbox"/> Yes (limited), please specify _____ <input type="checkbox"/> No
Facilities in your area	<input type="checkbox"/> Shopping centre <input type="checkbox"/> Park <input type="checkbox"/> Dairy / Supermarket <input type="checkbox"/> Swimming pool <input type="checkbox"/> Beach <input type="checkbox"/> Sports ground <input type="checkbox"/> Others, please specify
Transport (Please understand that due to student requirements we reserve the right to decline any application due to travel distance)	How long does it take to the nearest bus/train stop to the city on foot?
	How many minutes does it take to the city by bus/train?
	How many bus/train zones to the city?
	Which bus/train numbers will your students catch?

## 5. Your preferences for students

Tour group students	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Twin share	
General students	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couples	
Age	<input type="checkbox"/> 13 years <input type="checkbox"/> 14-16 years <input type="checkbox"/> 16+ <input type="checkbox"/> 18+ <input type="checkbox"/> 50+	
Length of stay	<input type="checkbox"/> Short term 4 weeks or less <input type="checkbox"/> Mid-term (5-11 weeks) <input type="checkbox"/> Long-term (12+ weeks)	
Can you accommodate students with these restrictions	Smokers (Outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vegetarians	<input type="checkbox"/> Yes <input type="checkbox"/> No
	No pork	<input type="checkbox"/> Yes <input type="checkbox"/> No
	No beef	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Halal meat	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Gluten free	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lactose intolerant	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vegan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other requests / preferences		
Bank account details (For direct credit payments)	Account name	
	Bank name and branch	
	Account No.	

## 6. Police vetting

To become a Host family for Angel International Education (AIE) everyone in your household who is over the age of 18 must undergo a Police check. This will be submitted with your application and renewed every 3 years.

It is also your responsibility to advise if your children turn 18 or if new adults join your household to ensure that the police checks are constantly updated. If this is not done, we may not be able to continue placing students with you.

You must also advise AIE if anyone in your home is convicted of a crime as soon as possible as we must be able to assure our students safety at all times.

## SCHOOL / PROVIDER AGREEMENT

(Please read and sign below):

- I / we have received, read and agree to follow the guidelines set out in AIE's Homestay Introduction for New Providers.
- I / we have received and read the Code of Practice for the Pastoral Care of International Students and agree to the conditions and obligations set out. Copies of the full code are available on the NZQA website: <http://www.nzqa.govt.nz/assets/Providers-and-partners/Code-of-Practice/2016-Code-pdfs/2016-Code-ofPractice-English.pdf>
- I / we hereby allow the above information to be passed to a third party, being restricted to the students of AIE, their parents and/or their education consultant.
- By signing this application form, I / we acknowledge that we are still subject to approval and that this is not confirmation of becoming a homestay provider for AIE.
- By signing this application form, I/we acknowledge that if I/we are convicted of a crime we must inform AIE as soon as possible.
- I / we hereby acknowledge that subject to becoming an AIE homestay family, AIE has the right to remove students from my / our house at any point if there is reason to be concerned for their safety and wellbeing. AIE also has the right to discontinue student placement if there is reason to believe the residence is unsatisfactory.

Family members		
Name	Signed	Date
Name	Signed	Date

## HOMESTAY PROVIDER REFEREE LIST

### Emergency contact details for your family

(e.g. someone who we can contact if we cannot get in touch with yourself or your spouse)

Full name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Home address	
Home phone No.	
Mobile phone No.	
Work phone No.	

**Referee contact details** (Referees must be someone who has known you personally for at least 2 years and are not a relative or spouse)

	Referee #1	Referee #2
First name		
Surname		
Email		
Relationship to you		
Office use only	<input type="checkbox"/> Checked, date Comments	<input type="checkbox"/> Checked, date Comments