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| *Material supplied in this online resource is supplied as an example ONLY and will not necessarily be appropriate for a school or tertiary signatory’s particular circumstance.*  *Documents used should be approved by a signatory’s governing board and independent legal advice should also be sought before documents are used.* |

Clauses 53 and 76 of the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 (the Code) outlines tertiary and school signatories’ responsibilities for a learner’s safety and well-being in relation to accommodation. A signatory is required to “ensure that an appropriate safety check has been completed for a residential caregiver”.

In reviewing this template consider the information that you will need to:

* be confident that the learner will be safe and well cared for; and
* ensure that you can best place an international school/tertiary learner to meet their needs.

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| APPLICATION TO BE A RESIDENTIAL CAREGIVER FOR [NAME OF EDUCATION PROVIDER] |

*This form could be used for:*

* *a homestay carer*
* *a designated caregiver*
* *a supervisor (in the case of temporary accommodation).*

*It would need to be modified for a licensed hostel manager or other person responsible for the care of international school learners in a licensed hostel*

***To apply to become a residential caregiver for an international learner please complete this form and return it to:*** *[Name of education provider’s accommodation person] [education provider’s address]*

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| **Name:** |
| Residential address: |
| Postal address (if different from above): |
| Telephone:(work) (home) (cell) |
| Email: |
| Best telephone/cell number to use in emergency:  Whose number is this? |

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| **Household members:** | | | |
| *Parents:* | Name: | Occupation: | Full time or part time? |
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|  |  |  |  |
| Children/siblings: | Name: | Age: |  |
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| Other household members |  |  |

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| **Medical information:** |
| Does any member of the family have an existing medical condition that an international learner should be made aware of? (*e.g. asthma, epilepsy, etc – please circle)*  Yes / No |
| If yes please state which family member and the medical condition: |
| International learners will usually be taken to the residential caregiver’s general practitioner in the event of illness. Please give your family doctor details: |

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| **Family activities:** | | |
| Please list the hobbies, sporting activities, and interests of family members: | | |
| Hobby / Sport / Interest: | Family member participating: | How often: |
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| **Household information:** | | | |
| Total number of bedrooms: |  | Number of spare bedrooms: |  |
| Number of bathrooms: |  | Number of telephone lines: |  |

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| **International learner preferences:** | | | |
| Number of learners you would like to have: |  | Preferred gender: | Male / Female |
| Preferred nationalities and/or native languages. | | | |
| Any other requests or comments: | | | |

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| **Family information:** | | |
| Religious affiliation: | | Do members of your family regularly attend a place of worship?  Yes / No |
| Do you follow any special dietary regime? (*E.g. vegetarian, don’t eat chicken or pork, etc)* | | |
| What languages are spoken in the home by family members? | | |
| Do any household members smoke? Yes / No | | |
| Are there any possible risks to the health and safety of the international learner in the accommodation? | | |
| Are there any unusual lifestyle patterns or procedures that an international learner should know about? | | |
| Will your insurance policy cover any breakages or damage caused by your international learner? | | |
| Please give a brief description of your typical weekly family routine: | | |
| Sunday |  | |
| Monday |  | |
| Tuesday |  | |
| Wednesday |  | |
| Thursday |  | |
| Friday |  | |
| Saturday |  | |

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| **International learner arrangements:** | | | | | |
| How would an international learner get to school/campus from your home? (*Please circle):* | | | | | |
| Walk | School bus | Public bus | Be driven | Train | Other (*please state):* |
| Will they be accompanied to school? Yes / No  By whom? | | | | | |
| How would the learner get home from campus/school (*if different from above*)? | | | | | |
| How long will it take the learner to get to and from school/campus? | | | | | |
| Please state what arrangements would be made for the care of an international learner after school/class:  *Note - Your international learner must not be left at home without reasonable provision being made for supervision and care.* | | | | | |
| Which family member(s) will help the learner with his/her homework? | | | | | |
| What can your family offer an international learner? | | | | | |
| Describe what your family would do with an international learner on a typical Saturday: | | | | | |

How many other international learners live or will live in your household?

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***As part of its obligations under the Code [name of education provider] is required to complete a safety check of residential caregivers (Clauses 53 (1) (b) for tertiary signatories and 76 (1) (b) for school signatories of the Code).***

*NZQA expects that a police or criminal history check or all persons aged 18 and over living in accommodation where international learners under 18 are being hosted.*

*Please have all family members and other persons living on the property aged 18 and over sign the following declaration:*

Police Vetting Declaration:

I hereby give permission for [name of education provider] to request a police vet:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for [name of education provider] to request a police vet:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for [name of education provider] to request a police vet:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referees:**

Please nominate two referees who can provide information on your suitability to care for an international learner in your home. If you have provided residential care before, the person or organisation who employed you in that situation should be one of your referees.

1. Referee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Referee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I declare that this information is true and complete to the best of my knowledge and I have not left anything out.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signed by applicant to host international learner: [name]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_