

Homestay ID: \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

**NZEAS – Homestay Interview Sheet**

Full Name of Applicant \_\_\_\_\_  
*Family Name* *First Names*

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: *Home* \_\_\_\_\_ *Work* \_\_\_\_\_ *Mobile* \_\_\_\_\_

Email: *Home* \_\_\_\_\_ *Work* \_\_\_\_\_

Applicant’s Nationality \_\_\_\_\_ Number of years living in New Zealand \_\_\_\_\_

**All Family Members in residence (including applicant):**

Name	Gender	Age	Date of Birth	Occupation or school

Are the other family members aware you are applying to be a homestay carer? Yes / No

Is there anyone over the age of 18 years who does not live at the home, who will have regular contact with the host family or student? *(Include any family members who have left home and visit regularly.)*  
Any other persons who may hold a key?

\_\_\_\_\_

Would you prefer a female or male student? \_\_\_\_\_ Aged \_\_\_\_\_

Can the student have Internet Access? \_\_\_\_\_ Broadband? \_\_\_\_\_

Bus Number(s) \_\_\_\_\_? Are you close to the Orbiter or Metrostar bus route? \_\_\_\_\_

Have you ever hosted any international students? \_\_\_\_\_

Which school/language college did they attend? \_\_\_\_\_

Details of pets (number) Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others \_\_\_\_\_ Inside or outside? \_\_\_\_\_

Does anyone smoke inside? \_\_\_\_\_ Can students smoke yes / no Inside or outside? \_\_\_\_\_

**The basic requirements for the international student's room are:**

**Bed / Drawers / Wardrobe / Desk / Lamp / Safe Heating / Clean Linen / Blankets or Duvet**

- Is the student's room available and suitably furnished from today? Yes / No
- Is the room suitably ventilated? Yes / No
- Does the room get the sun during the day? Yes / No
- Is there extra blankets/duvets available for the student, if required? Yes / No
- Is there a phone line in the room? Yes / No
- Would you object to the student requesting and paying for the installation of a second phone line? Yes / No
- Is there a smoke alarm fitted in or near the students' room? Yes / No

**Accommodation Details**

- |                  |        |                          |                |           |                          |                 |         |                          |
|------------------|--------|--------------------------|----------------|-----------|--------------------------|-----------------|---------|--------------------------|
| <i>Bedroom</i>   | Small  | <input type="checkbox"/> | <i>Bed</i>     | Single    | <input type="checkbox"/> | <i>Bathroom</i> | Shower  | <input type="checkbox"/> |
|                  | Medium | <input type="checkbox"/> |                | Double    | <input type="checkbox"/> |                 | Bath    | <input type="checkbox"/> |
|                  | Large  | <input type="checkbox"/> |                | Queen     | <input type="checkbox"/> |                 | Ensuite | <input type="checkbox"/> |
| <i>Furniture</i> | Desk   | <input type="checkbox"/> | <i>Storage</i> | Drawers   | <input type="checkbox"/> | <i>Heating</i>  | Oil/Fin | <input type="checkbox"/> |
|                  | Lamp   | <input type="checkbox"/> |                | Cupboards | <input type="checkbox"/> |                 | Fan     | <input type="checkbox"/> |
|                  | Chair  | <input type="checkbox"/> |                | Wardrobe  | <input type="checkbox"/> |                 | Other   | <input type="checkbox"/> |

What is the **total** number of: Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Toilets \_\_\_\_\_

How many **student bedrooms** are available? \_\_\_\_\_ Does the student have their own bathroom? \_\_\_\_\_

Description of house \_\_\_\_\_

\_\_\_\_\_

Family Interests.....

.....

Bank Account number: \_\_\_\_\_

Bank Branch Account number Suffix

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**Office use only:**

Police vet \_\_\_\_\_

Health declaration \_\_\_\_\_

Referee form \_\_\_\_\_

## Homestay Hosts – Health Declaration



Caring for an international student should be fun, but the addition of another household member also adds to the overall workload. If the main carer or a close family member is of ill health, time resources may be taken up in helping the sick person. While this is only understandable, it could compromise student care. Because of this we ask you for your assistance in signing this health declaration.

I ..... (Principal applicant), testify that to the best of my knowledge, members of my household and immediate family do not have health complaints that could interfere with providing a good standard of care for an international student residing in our home. Should our health circumstances change I agree to inform the homestay co-ordinator.

.....  
Signed

.....  
Date

Please list any other common ailments to help inform the student. This will aid in avoiding misunderstandings between the student and you.

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Eyesight |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Allergies    | <input type="checkbox"/> Cancer   |
| <input type="checkbox"/> Other        |                                   |

**Thank you for your assistance**

Referee interview authorisation

I (name of principal homestay applicant) \_\_\_\_\_

Grant my consent for New Zealand Education Adviser Services Limited (NZEAS) to contact the two referees given below. I understand that I will not be able to obtain information gained in communication between NZEAS and my referees.

Referee 1:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Referee 2:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signed

Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consent to disclosure of information**  
**Exception – section 19(3)(e) Criminal Records (Clean Slate) Act 2004**


To: Licensing and Vetting Service Centre  
Office of the Commissioner of Police  
PO Box 3017  
Wellington

Note:  
A stamped, self-addressed  
envelope must accompany  
all requests

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**To be completed by third party that is to receive the personal information**

I declare that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person. The role the person will be acting in is that of (briefly describe role):  
HOMESTAY CARER

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


Print full name: Meredith Burrows

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**To be completed by individual authorising release of personal information**

I hereby authorise you to disclose any information you may hold about me to the abovesigned third party. I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of exception contained in section 19(3) of that Act, as set out above.

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

Name: \_\_\_\_\_  
*Surname* *First names*

\_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)  
*Maiden or any other names used*

Date and place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Driver licence no.: \_\_\_\_\_

Full residential address: \_\_\_\_\_  
*Street name and number*

\_\_\_\_\_ *Suburb, City/town*

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**Comments of the New Zealand Police**