



Alfriston College

APPLICATION TO BE A HOMESTAY FORM

Please complete all sections of this form

Primary Caregiver's Name Last Name: First Name:	Secondary Caregiver's Name Last Name: First Name:
Date of birth:	Date of birth:
Address:	
Phone Numbers Home: Mobile: Work Number:	Mobile: Work Number:
Email address:	Email address:
Occupation:	Occupation:
Full Drivers License? Yes / No	Full Drivers License? Yes / No

Family profile:

Total number of household members:	List all Pets: Inside / Outside		
Complete these details for each person living in the home			
Name and Relationship to Hosts	DOB	M/F	Hobbies/Interests

Preferred Placements – Please tick the appropriate boxes

<input type="checkbox"/> 1 student	<input type="checkbox"/> Male only	<input type="checkbox"/> 13/14 years	<input type="checkbox"/> 1-2 Terms
<input type="checkbox"/> 2 students	<input type="checkbox"/> Female Only	<input type="checkbox"/> 15/16 years	<input type="checkbox"/> 2-3 Terms
<input type="checkbox"/> 3 students		<input type="checkbox"/> 17/18 years	<input type="checkbox"/> 4 Terms +
Preferred nationality (if any)		<input type="checkbox"/> Age - no Preference	<input type="checkbox"/> Short Term (1-4 weeks)

Your Home Facilities:

Please provide brief details about your home and the bedroom you intend to provide for a student.

<input type="checkbox"/> Security Alarm	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Wifi – Unlimited Fibre broadband
<input type="checkbox"/> Wifi Other	<input type="checkbox"/> Heating	<input type="checkbox"/> Garden
<input type="checkbox"/> Piano	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Holiday Home
<input type="checkbox"/> Boat	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Pool	<input type="checkbox"/> Pool Table	<input type="checkbox"/> Near Shops
<input type="checkbox"/> Near beaches	<input type="checkbox"/> Bicycle for student use	<input type="checkbox"/> Other

Your Students Bedroom (Students must have their own room unless they are part of a short-term group and have agreed to share a room with another international student or a child of your family of the same sex and age range):

Room 1	Room 2	Room 3
<input type="checkbox"/> double bed	<input type="checkbox"/> double bed	<input type="checkbox"/> double bed
<input type="checkbox"/> single bed	<input type="checkbox"/> single bed	<input type="checkbox"/> single bed
<input type="checkbox"/> ensuite	<input type="checkbox"/> ensuite	<input type="checkbox"/> ensuite
<input type="checkbox"/> bed with linen & warm duvet	<input type="checkbox"/> bed with linen & warm duvet	<input type="checkbox"/> bed with linen & warm duvet
<input type="checkbox"/> Wardrobe	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> Wardrobe
<input type="checkbox"/> Chest of drawers	<input type="checkbox"/> Chest of drawers	<input type="checkbox"/> Chest of drawers
<input type="checkbox"/> Heating	<input type="checkbox"/> Heating	<input type="checkbox"/> Heating
<input type="checkbox"/> Desk & Chair	<input type="checkbox"/> Desk & Chair	<input type="checkbox"/> Desk & Chair
<input type="checkbox"/> Bedside table	<input type="checkbox"/> Bedside table	<input type="checkbox"/> Bedside table
<input type="checkbox"/> Bedside light	<input type="checkbox"/> Bedside light	<input type="checkbox"/> Bedside light
<input type="checkbox"/> Mirror	<input type="checkbox"/> Mirror	<input type="checkbox"/> Mirror

Transport to School: advise how your student will get to and from school

<input type="checkbox"/> Walking	Mins	<input type="checkbox"/> By Bus	Bus No.	Mins
<input type="checkbox"/> By Car	Mins	Approx. cost of bus per trip: \$		

Diet – Do you have a special diet? e.g. Gluten free	
Would you accept a student with a special diet?	
Total number of bedrooms in your home?	Number of bedrooms for students?
Total Number of bathrooms in your home?	Number of bathrooms for students?

Religion – Churchgoer Yes/No	
Main language spoken in home? Second language spoken in home?	
Do members of your home smoke?	
Does either host parents go away overnight or for weekends?	
Does any family member have a medical condition the student should know about? Give details	
Do you have any relatives/friends who sometimes stay with you who you have not mentioned above? Provide details	
Why would you like to host an International Student?	
Any other comments or requests?	

Details of an emergency contact outside of your household:

Full Name:	Relationship:
Address:	Email Address:
Home No:	Mobile No:

Homestay Reference Check (1 x referee for each host parent - an employer or someone who is not related to you)

Name of Applicant	_____ (Host Mother)
Name of Referee	_____
Referee's email	_____
Mobile phone	_____
Relationship to Relationship (eg. friend, workmate, associate, employer)	
How long have you known the referee?	
Name of Applicant	_____ (Host Father)
Name of Referee	_____
Referee's email	_____
Mobile phone	_____
Relationship to Relationship (eg. friend, workmate, associate, employer)	
How long have you known the referee?	

PART 2

Photos – We require 3 photos (.jpeg or .png file) which will also be held on file and sent, as part of your family profile, to a new student.

1. The outside of your home
2. The student’s bedroom
3. Your family members

Send digital copies as an attachment to: s.cathcart@alfristoncollege.school.nz

TERMS AND CONDITIONS

Thank you for offering to become a homestay for International students attending Alfriston College. As part of this application process, please sign the attached ‘Residential Caregiver Agreement’ and carefully read the terms and conditions it contains.

I/We acknowledge that the above information is true and correct

Signature – Homestay caregiver(s):

Printed Name:

Date:

Thank you for taking the time to complete the Application Form

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 expect our families to treat the student as one of their own, including involvement in sporting activities, parent /teacher interviews etc. **A student is NOT a boarder – they are a member of your family.**
- Our peak demand periods for homestay families are: late January, end of March/April, & July, August, September

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



Alfriston College
550 Porchester Road
Auckland, NEW ZEALAND

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 x Photos provided to the school in electronic format

Residential Caregiver Agreement read, understood and signed

Police Vetting forms filled in for each family member 18 or over

2 x Forms of ID (one photographic) for each family member 18 or over shown to school staff

'Residential Caregivers Guidelines' booklet 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.