



## Homestay Application Form

Host Family Name:			
Host Family Address:			
Host Family email:			
Home Phone:			
Host Mothers Name		Mobile Phone:	
Occupation/Employer:		Work Phone:	
Host Fathers Name:		Mobile Phone:	
Occupation/Employer		Work Phone:	
Name of other adults (over 18) living in home	Relative/Friend/Boarder		
Do all adults living in the home consent to a NZ Police Vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of children in home	Age	School	Hobbies/Sports
Please list any pets in the household:			
Travel to school and costs:			
<b>House details</b> —please describe style, age, number of bedroom, bathrooms			
<b>Bedroom details</b> (bed/linen must be provided) Please tick items that are also available:			
<input type="checkbox"/> Desk/Lamp	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> Heating	<input type="checkbox"/> Other (please state)
Are you happy with the bedroom being the students own area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Expectation of tidiness and access to room:			
<b>Bathroom:</b> <input type="checkbox"/> Shared with family <input type="checkbox"/> Own	<b>Laundry:</b> <input type="checkbox"/> Provided with family washing <input type="checkbox"/> Do own washing		
<b>Wifi Access:</b> <input type="checkbox"/> Yes	GB available:	<input type="checkbox"/> Unlimited Plan	<input type="checkbox"/> No Wifi
Internet Limitation/Rules:			
Is your home fitted with smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a house alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any household dietary limitations (i.e. Vegetarian)			

<b>FOR OFFICE USE ONLY:</b>	<b>Date available from:</b>	
Date visited:	Time:	Mileage:
Police Vet Completed:	Result:	

Please state typical meals available and time  
(e.g. Breakfast 7am, packed lunch, dinner 7pm):

Is the kitchen available for the student to prepare their own snacks?

Yes  No

Rules in household for  
international student:

What is the ethnicity of the household?

Is English the first language spoken at home?

Yes  No (please state which)

Have you hosted an international student before?

Yes  No

Motivation for hosting an International Student?

What experience/background do you have  
relevant to caring for an international student?

Do you have any preference to the student's nationality?

Yes (please state)

Do you currently have any international students?

Yes  No

Name of international students

Age

Nationality

Male/Female

Name of international students	Age	Nationality	Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any smokers in the household?

Yes  No

Does any member of your family have an existing  
medical condition that we should be aware of?

Yes  No

If yes, please explain:

### Family interests and activities

Is there anything else we  
should know about your  
household/family?

Date room is available from:

Host signature:

Date: