

### APPLICATION TO BE A TRINITY CATHOLIC COLLEGE HOMESTAY

### Please complete all sections of this form

Primary Caregiver's Name			Caregiver's Na	ame
Last Name:		Last Name:		
First Name:		First Name:		
Date of birth:		Date of birth	1:	
Address:				
		1		
Phone Numbers				
Home:				
Mobile:		Mobile:		
Work Number:		Work Numb		
Email address:		Email addre	SS:	
Occupation:		Occupation:		
Оссирации.		Occupation.		
Employer:		Employer:		
Employer.		Employer.		
Bank Account:		Į.		
(For homestay payments)				
Family profile:				
Total number of household	members			
Complete these details for e	ach nerson living in the ho	me		
complete these details for e	den person nying in the ne	Jilic		
Name:		DOB	M/F	Relationship to Hosts
Preferred Placements – Pleas	e tick the appropriate bo	xes		
☐ 1 student	☐ 12/13 years	☐ Male	only	☐ 1-2 Terms
_				
2 students	☐ 14/15 years	☐ Fema	le Only	2-3 Terms
☐ 3 students	☐ 16/17 years			☐ 4 Terms +
	☐ Age - no Preference			☐ Other

Family Interests:								
☐ Animals	☐ Cricket	:		Hockey	□R	owing		Table Tennis
☐ Athletics	☐ Cycling	S		Horse Riding	□R	ugby		Tennis
☐ Badminton	☐ Dance			Lawn Bowls	□s	ailing		Theatre
☐ Basketball	☐ Family Outings			Mountain Biking	□ s	kateboard		Touch Rugby
☐ Beaches	☐ Fencin	g		Movies	□s	kiing		Trampoline
☐ Board Games	☐ Fishing	S		Netball	□s	now Boarding		Travel
☐ Cars	☐ Garde	ning		Outdoors	□So	ccer		TV
☐ Chess	☐ Go-Ca	rts		Photography	□s	ports		Volleyball
☐ Church	☐ Golf			Reading	□Sq	uash		Walking
☐ Computers	☐ Gymna	astics		Rock Climbing	□s	UP		Water polo
☐ Cooking	☐ Hiking			Rollerblading	□Su	rfing		Water Sports
					□ s	wimming		Other
Please provide brief d we do not allow stude  Pool Garden Wifi – Unlimited broadband Wifi Other Pool table  Transport to School: a	ents to share	a room, e.	Nea Boat Spa Tab Bicy	r Beaches  Pool  le Tennis  cle for student use	/ group	-	ps lome	t. Please note,
Walking	<u>, , , , , , , , , , , , , , , , , , , </u>	Mins		By Bus		Bus No.		Mins
☐ By Car		Mins		Approx. cost of bu	s per tr			
Pets – Please list all Are these pets indoording Diet – Do you have a Would you accept a Total number of bed Study facilities for st Number of Bathroord Religion – Churchgod Main language spoked Do members of your	ors or outdoo special diet' student with rooms in you rooms for st udent, e.g. d ms in your ho er Yes/No en in home?	Pe.g. Gluti a special cur home? udents esk in roon me	diet?					
Does either host par	ents go away	overnight	or fo	or weekends?				

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Do both caregivers have a full driver's license?

	s any family member have a medical con	ndition the student	
	uld know about? Give details		
	you have any relatives/friends who som		
who	you have not mentioned above? Provid	de details	
Reas	sons for offering homestay accommodati	ion	
Doy	ou wish to host any particular nationalit	y?	
Any	other comments or requests?		
Detai	ls of an emergency contact outside of yo	our household:	
Full	Name:	Relationsh	ip:
Add	ress:	Email Add	ress:
Hon	ne No:	Mobile No	):
PART	2	-	
	os – We require 3 photos (.jpeg or .png fil ew student.	le) which will also be he	d on file and sent, as part of your family profile,
1.	The outside of your home		
2.	The student's bedroom		
3.	Your family members		
Send	digital copies as an attachment to: <u>inte</u>	rnational@trinity.sch	pol.nz
TFRM	IS AND CONDITIONS		
		v for International stud	lents attending Trinity Catholic. As part of this
			greement' and carefully read the terms and
	tions it contains.		,
	acknowledge that the above information turns - Homestay caregiver(s):	on is true and correct	
ыБпа	tare mornestay caregiver(s).		
Printe	ed Name:		
Date:			

Thank you for taking the time to complete the Application Form

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#### 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
- All adults living in the home must be vaccinated against Covid 19.
- 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 are generally only able to accept homestay families who are within one bus stage of our school. This is because students like to be able to easily get to and from school and to meet their friends at weekends and after school.
- Our peak demand periods for homestay families are: late January, end of March/April, & July,
   August

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

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# TRINITY CATHOLIC COLLEGE 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 Photos provided to the school in electronic format
Homestay Carer Agreement read, understood and signed
Referee Forms provided to referees (at least 1 for each caregiver)
Police Vetting forms filled in for each family member 18 or over
2 Forms of ID (one photographic) for each family member 18 or over Shown to school staff
Homestay Parent Handbook <a href="https://hail.to/kavanagh-college/publication/rlMvelR">https://hail.to/kavanagh-college/publication/rlMvelR</a> has been 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.

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### **HOMESTAY REFEREE CHECK**

(Please supply this form to at least 1 referee for each caregiver and ask them to return it directly to the school (See details at end of form)

### Confidential

This form is to help us in the assessment of an applicant's suitability to provide homestay care for an international student attending Trinity Catholic College.

The information you provide is strictly confidential.

Thank you for taking the time to complete the form. We appreciate your honest response to the questions below.

Name of Applicant		
Name of Referee		
Referee's email		
Mobile phone		
Relationship to Applicant (eg.	friend, workmate, associate, employer)	
How long have you known the	e Applicant?	
Do you consider the Applican	t to be a suitable person to care for an internation	al student?
Please comment on the follow	_	

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	ease consider attitudes to other cultures, motivation, knowledge,
en	notional and psychological stability and strength, role modelling.
<u>The sι</u>	uitability of the home. Please consider other family members and
	uitability of the home. Please consider other family members and priateness of the physical and emotional conditions in the home

If you have any comments or would like to contact the school directly please contact

Thank you for completing this form. Please return to:

Trinity Catholic College, International Department 340 Rattray Street, Dunedin 9054

international@trinity.school.nz

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