

2022-24

University of Waikato

Under 18 Administrator
International Services Office

UNDER 18 ACCOMMODATION

This document contains

Parental Consent Form

Homestay Requirements while living with New Zealand Family

Indemnity for living with Designated Caregiver

Indemnity for living with your Parent

Off Campus Accommodation for Under 18 International Student



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Information

- Under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students, if you are under 18 years old, you are required to stay in an approved Homestay or with a Designated Caregiver approved by the University of Waikato.
- You must complete an Arrival Form
- Accommodation Forms must arrive **at least 4 weeks before** your arrival in New Zealand
- **FULL Payment up to the student's 18th birthday must be received before a placement with a Homestay Family can be made (See Section A)**

Please complete and return to:

International Student Services
Office
Student Centre
The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand

Email: internationalsupport@waikato.ac.nz

Section 1 - Applicant Details

Student ID: _____ Date of Birth: _____ (DD/MM/YYYY)

Family Name: _____ Gender: Male Female

First Name(s): _____ Ethnicity: _____

Preferred Name: _____ Home Country: _____

Address for reply: _____ Telephone Number: _____

Fax Number: _____

E-mail: _____

Section 2 Course of Study

What course of study have you applied for: _____

Expected length of Study: One academic year One semester

Have you received: Formal Offer Conditional Offer

Section 3 - Parental Consent

I/We give consent for _____ to enrol at University of Waikato until his/her 18th birthday. I/We have read my son/daughter Offer Letter(s) which includes information about the course of study and associated fees. I/We agree that my son/daughter can sign their Enrolment Agreement(s).

Signed _____ Relationship to student _____ (mother, father, legal guardian)

Signed _____ Relationship to student _____ (mother, father, legal guardian)

Parent s or legal guardian s contact details:

Name: _____ Address: _____

Phone Number: _____

E-mail address: _____

Can you speak English? Yes / No

If No, which language(s) do you speak? _____

Section 4 - Emergency Contact Details

Name of Parent / Guardian: _____ Address: _____

Can they speak English? Yes No

If NO, which language(s) do they speak? _____

Country: _____ Telephone No: _____

E-mail: _____

Section 5 Stay Duration

A Semester (Feb Jun) B Semester (Jul Nov) Full Year (Feb Nov) Summer School (Nov Feb)

Section 6 Type of Accommodation Requested for Under 18 students

Homestay Accommodation (Living with a New Zealand family) Section A, B and F

Please complete all questions of this form. This information will enable the University of Waikato to place you with a suitable host family. Please note that homestay accommodation is for a minimum of 4 weeks unless the duration of your course is shorter.

*Designated Caregiver Section A, B, C, D and F (Fee: \$200.00 applicable)

A designated Caregiver must be a family member or a close family friend. Please note that you will be placed in Homestay Accommodation should the University of Waikato deem the designated caregiver unsuitable. You must therefore also complete the Homestay section.

Living with a Parent Section C and E

Full responsibility for the accommodation and welfare of the student is in the control of the parents during their stay.

You are required to remain in Homestay until you are 18 years old

**This accommodation has not been assessed by the University under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students.*

Declaration

I agree to inform the International Student Accommodation Co-ordinator (prior to my arrival) of any changes to my requested accommodation.

Student's Signature: _____ Date: _____

The University of Waikato has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this Institution or from the New Zealand Ministry of Education website at internationalsupport@waikato.ac.nz

Information for Homestay (under 18)



- While under 18 years of age, you are required under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students to stay in an approved Homestay or with a Designated Caregiver approved by the University of Waikato. You may also stay with your parent if they are accompanying you.
- Homestay accommodation is for a **minimum of 4 weeks** unless the duration of your course is shorter.
- **Please note: the University will charge under 18 year old students the FULL AMOUNT of homestay money for the period until the student turns 18 before his/her arrival.**
- Designated Caregiver Assessment Fee is only payable if this service is required

Compulsory

You must attach

1 passport size photograph

Section A Accommodation Fees

Homestay Administration fee \$450.00 OR Designated Caregivers Assessment Fee \$200 (only if using this service)

Homestay fees in FULL up to student's 18th birthday @ \$343.00 per week to be paid at least one month prior to arrival

- I authorise a payment of **\$343.00 per week** to be charged until the student's 18th birthday against my credit card below
- I authorise a payment \$450.00 to be charged against my credit card for Homestay Administration
- I authorise a payment \$200.00 to be charged against my credit card for the ****Designated Caregivers Assessment Fee**

Students Name: _____ Student ID Number: _____

Credit Card Type: _____ Card Holders Name: _____
(Visa and Mastercard only)

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Card Holders signature: _____ Quotation Amount to charge: \$ _____

NOTE: FULL Payment is calculated from 2 weeks prior to the Offer Start Date up to the student's 18th birthday. Remit those funds at least one month prior to arrival.

I have enclosed an International bank draft for full payment made out to The University of Waikato .

I have sent these funds with my Tuition fees payment to the University of Waikato.

The purpose of this section is to help the University to be of maximum assistance to you during your stay in New Zealand. Mild physical and psychological disorders can become serious under stresses of life while studying abroad. It is important that we are aware of any medical or emotional problems, past or current, which might affect you in a foreign context.

The information provided will remain confidential. It will only be shared with the necessary University of Waikato staff and/or appropriate professionals this is only if it is pertinent to your well being. ***This information will not affect your admission to the University of Waikato.***

1. Do you have a disability or medical condition? Are you taking any medication?: No Yes (if yes, please explain)

2. Do you have any allergies to medication, foods or animals? No Yes (if yes, please explain)

3. Are you a smoker: Yes No

4. Do you have any special dietary requirements? No Yes (if yes, please give details eg vegetarian)

Details _____

5. If you are a Vegetarian or Vegan, do you mind living with a family who eats meat? Yes No

6. Do you want to live in a home with children? (please tick the appropriate box)

No Children Infants (0-5yrs) Children (5-12yrs) Teenagers (13-17yrs)

7. Do you want to live with a family that has pets? (many families have a dog, cat or bird)

Inside House: Yes No Outside: Yes No

8. Do you have any special requirements for cultural or religious events? No Yes (if yes, please explain)

9. Interests and Hobbies:

Reading Sports Music Computing

Travel/sightseeing Cooking Other (please specify) _____

10. Write a paragraph to describe yourself. Include personal, cultural and/or sporting interests or other specific information that will assist us in choosing your Homestay family.

Section C - Under 18 year old students living with Parents / Family / Friends

Under the New Zealand Qualifications Authority's Code of Practice, you are required to provide the University with the following information:

Student's Name: _____

Student ID: _ _ _ _ _

What type of accommodation are you applying for? (please tick one) then complete the relative section below:

Designated Caregiver (Section D)

Living with Parent/s (Section E)

Section D: Indemnity Document For Designated Caregiver

To be completed by the student's parents / legal guardians only

- I/we, as the parents/legal guardian* of _____ (student's name), have chosen for our child to stay with a Designated Caregiver in Hamilton that was not arranged by the University of Waikato.
- I/we understand that a Designated Caregiver must be a family member or a close family friend.
- I/We take full responsibility for the placement and the ongoing welfare of our child for the duration of their stay with the Designated Caregiver.
- If the University of Waikato deems the accommodation to be unsuitable, the University retains the right to refuse enrolment to the students until suitable replacement accommodation can be found.
- I/we understand that the education provider will visit the home of the designated caregiver prior to enrolment to determine that a safe physical and emotional environment will be provided and establish communication with the caregiver, charge a fee of \$200 for the designated caregiver assessment, determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home), follow the provisions relating to boarding establishment as set out in the Code of Practice if the accommodation designated by the parents is a boarding establishment, meet the student at least twice a year to ensure the accommodation is suitable.
- Student is required to stay in homestay provided by the University of Waikato until security checks are completed.
- A minimum period of six weeks is required for security checks to be carried out.

You are required to provide us with the following information about the Designated Caregiver in Hamilton. This Caregiver will be visited by the University of Waikato to assure that they meet with our Caregiver regulations.

Caregiver's Name: _____

Designated Caregiver's Phone Number: _____

Caregiver's Address: _____

E-mail Address: _____

****This service carries a fee of \$200.00 See Section A**

Signature of Parents / Legal Guardian: _____

Relationship of Caregiver to student: _____
(Uncle/Aunt/Grandparent/Close family friend Proof of this relationship may be required)

I/we understand that the education provider will:

- Visit the home of the designated caregiver prior to enrolment, if possible, to determine that a safe physical and emotional environment will be provided and to establish communication with the caregiver.
- Charge a fee of NZ\$200 for the designated caregiver assessment. (This is over and above the Application Fee of \$350). Please refer to the following link on how to pay: <http://www.waikato.ac.nz/study/money/internat-payments.shtml>
- Determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home)
- Follow the provisions relating to boarding establishments as set out in the Code of Practice if the accommodation designated by the parents is a boarding establishment.
- Meet the student at least twice a year to ensure the accommodation is suitable.

Signed: _____ Date _____
(Must be signed by student s Father, Mother or Legal Guardian only)

Print Name: _____

*You may be required to provide proof of your parentage / legal guardianship status. This can be the child s birth certificate with the parent s name/s on it, or a legal document stating you have the legal guardianship over this child
(an agent cannot fill in this section or sign on behalf of a parent).

Section E: Indemnity Document For living with a Parent/s

I, as the parent of _____ confirm that my child is living here in Hamilton with me.
(Student s name as it appears on their passport)

My child will be living with me/us in Hamilton, New Zealand for the duration of their studies.

If the situation changes, I will inform the International Services Office.

I take full responsibility for the accommodation and the ongoing welfare of our child for the duration of their stay with me.

Name of Parent/s: _____

Address: _____

Phone: _____ Email: _____

Signed: _____ Date: _____
(Must be signed by student s Father, Mother or Legal Guardian only)

Print Name: _____

SECTION F Homestay Declaration

- I have enclosed the appropriate fee and passport sized photographs.
 - I certify that all response under Health, Dietary and Accommodation requirements are true and correct
 - In the event of an emergency while in New Zealand, I authorise the University of Waikato to notify my specified Emergency contact
 - I agree to inform the International Homestay Co-ordinator (prior to my arrival) of any changes to my requested accommodation.
- have read this form carefully and fully understand what I am signing.

Student s Signature: _____ Date: _____

NOTE: The University of Waikato has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the New Zealand Qualification Authority Copies of the Code are available on request from this institution or from the New Zealand Qualification Authority website at www.nzqa.govt.nz