

Primary Caregiver's Name

Last Name:

First Name:

Date of birth:

TRINITY CATHOLIC COLLEGE

Hei ākonga mā te Karaiti

APPLICATION TO BECOME A HOMESTAY FAMILY

Please complete all sections of this form

Last Name:

First Name:

Date of birth:

Secondary Caregiver's Name

Address:			
Phone Numbers			
Home:			
Mobile:	Mobile:		
Work Number:	nber:		
Email address:	Email add	ress:	
Occupation:	Occupatio	n:	
Employer:	Employer:		
Bank Account: (For homestay payments)			
(101 Homestay payments)			
Family profile:			
Total number of household members			
Complete these details for each person li	ving in the home		
Name:	DOB	Gender	Relationship to Hosts
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Preferred Placements – Please tick the appropriate boxes									
☐ 1 student ☐ 11/1		l3 years		☐ Male only		☐ 1-2 Terms			
☐ 2 students ☐ 14/1		5 years		☐ Female Only		☐ 2-3 Terms			
☐ 3 students ☐ 16/1		7 years					☐ 4 Terms +		
		☐ Age Preferer						□ Ot	her
Family Interests:									
☐ Animals		Cricket		☐ Hocke	₅ y	□R	owing		☐ Table Tennis
☐ Athletics		Cycling		☐ Horse	Riding	□R	Rugby		☐ Tennis
☐ Badminton		Dance		☐ Lawn	Bowls	□s	ailing		☐ Theatre
☐ Basketball		amily Outings		☐ Moun Biking		□s	katebo	ard	☐ Touch Rugby
☐ Beaches	П	encing		☐ Movies ☐		□s	Skiing		☐ Trampoline
☐ Board Games	□ F	ishing		☐ Netba	all	☐ S Boar	now ding		□ Travel
☐ Cars		Gardening	Ţ)	☐ Outdo	oors	□So	ccer		□ т∨
☐ Chess	☐ Go-Carts			☐ Photography		☐ Sports			☐ Volleyball
☐ Church	ırch 🗆 Golf			☐ Reading		□Squash			☐ Walking
☐ Computers	☐ Gymnastics		:S	☐ Rock Climbing		□ SUP			☐ Water polo
☐ Cooking	☐ Hiking			☐ Rollerblading		□Surfing			☐ Water Sports
						□s	wimmi	ng	☐ Other
Your Home Facilities: Please provide brief details about your home and the bedroom you intend to provide for a student. Please note, we do not allow students to share a room, except for some short-stay group tours.									
☐ Pool				Near Beac	hes		□ и	ear Shc	pps
□ Garden □			Boat			☐ Piano			
☐ Wifi – Unlimited Fibre broadband			☐ Spa Pool			☐ Holiday Home		Home	
☐ Wifi Other			☐ Table Tennis			☐ Trampoline			
☐ Pool table				Bicycle for	student u	se	□о	ther	

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Transport to School: advise h	ow your stud	ent will get to and fro	om scho	ol	
☐ Walking	Mins	☐ By Bus		Bus No.	Mins
□ By Car	Mins	Approx. cost of b trip:	us per	\$	
Pets – Please list all pets					
Are these pets indoors or ou	ıtdoors?				
Diet – Do you have a special		ıten free			
Would you accept a student					
Total number of bedrooms i					
Total number of bedrooms					
Study facilities for student, e		m			
Number of Bathrooms in yo					
Religion – Churchgoer Yes/N					
Main language spoken in ho		language spoken			
in home?					
Do members of your home	smoke?				
Does either host parents	go away d	overnight or for			
weekends?					
Do both caregivers have a fu	ıll driver's lice	ense?			
Does any family member l	have a medi	cal condition the			
student					
should know about? Give de					
Do you have any relatives/fri					
you who you have not ment	ioned above?	Provide details			
Reasons for offering homestay accommodation					
Do you wish to host any particular nationality?					
Do you wish to host any par	ticulai Hation	anty:			
Any other comments or requests?					
Details of an emergency contact outside of your household:					
Full Name:		Relationship	:		
Address: Email Address:					
Home No: Mobile No:					

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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: international@trinity.school.nz

TERMS AND CONDITIONS

Thank you for offering to become a homestay for International students attending Trinity Catholic College. As part of this application process, please sign the attached 'Homestay Carer 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	e:					
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
- 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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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
'Guidelines for Hosting an International Student' and 'Homestay Caregiver Handbook' read and understood

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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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TRINITY CATHOLIC COLLEGE

Hei ākonga mā te Karaiti

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.

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

The information you provide is strictly confidential.

Name of Applicant	
Name of Referee	
Referee's email	
Mobile phone	
Relationship to Applicant	(eg. friend, workmate, associate, employer)
How long have you know	n the Applicant?

Do you consider the Applicant to be a suitable person to care for an international student?

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	e comment on the following: a separate piece of paper if required)	
1	The suitability of the applicant to care for international sto Please consider attitudes to other cultures, motivation, ke skills, emotional and psychological stability and strength, modelling.	nowledge,
2	The suitability of the home. Please consider other family me the appropriateness of the physical and emotional condition	

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

Thank you for completing this form. Please return to:

The International Director
Trinity Catholic College, Dunedin

Phone: 477 3408 EXT 244

e-mail: international@trinity.school.nz

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