

## APPOINTMENT OF DESIGNATED CAREGIVER

### STUDENT DETAILS

Student First Name:		Student NZLC ID# (if known):	
Student Family Name:		NZLC Campus (circle one):	Auckland / Wellington
Does this student have any special needs or medical conditions?		<input type="checkbox"/> NO <input type="checkbox"/> YES. Details: _____	

### DESIGNATED CAREGIVER DETAILS

First Name:			
Last Name:			
Relationship to student: (e.g. uncle, grandmother, close family friend)			
Dates of stay:	<b>From:</b> _____ / _____ / _____ <b>To:</b> _____ / _____ / _____ <b>Number of Weeks:</b> _____ <b>Number of Days:</b> _____		
Address:			
Email Address:			
Phone Number:		Mobile Number:	
First language:		Approximate English Level:	Basic / Intermediate / Advanced
Emergency Contact Person:		Mobile Number of Emergency Contact :	

#### DECLARATION:

1. I/we declare that that person/s nominated as the Designated Caregiver/s is/are a 'bona fide' relative or close family friend and I/we designated them to provide accommodation for my child during the above mentioned dates and make decisions related to the student and be responsible for them on my / our behalf when I am / we are not contactable.
2. I/we understand that NZLC will contact the above nominated person to conduct an over-the-phone safety and suitability assessment and depending on the outcome of the over-the-phone assessment, a home visit may also be required. I/we understand that in the case that a home visit is required, there will be a fee of \$250.
3. I / we understand that if the student is staying for 5 weeks or more, a home visit by NZLC staff for a fee of \$250 is mandatory in all cases.
4. I / we understand that we must inform NZLC immediately if the student's living situation changes in any way at any time.
5. I/we understand that NZLC will establish communication channels with the Designated Caregiver.
6. I/we understand that NZLC will make every endeavor to ensure the safety and welfare of my/our child while studying in the school. Should there be any concerns about the welfare of the student, the appropriate department will be consulted and the concerns will be discussed with the designated caregiver and parents of the student. I/we understand that NZLC is not responsible for the student outside of school hours whilst in the care of the designated caregiver.
7. I/we understand that should NZLC have any concerns regarding the welfare of my/our child, the school may relocate the student to an approved school Homestay and rearrangement fees will occur. If necessary, the school will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.
8. I / we understand that NZLC undertakes to comply with the provisions set out for Young Learners in the NZQA Code of Practice for the Pastoral Care of International Students. More information found here: [www.nzqa.govt.nz/](http://www.nzqa.govt.nz/)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Must be signed by student's Father, Mother or Legal Guardian only)*

**Print Name: Mr/Mrs** \_\_\_\_\_

Contact Telephone numbers in NZ and / or home country: **1.** \_\_\_\_\_ **2.** \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact address in Home Country: \_\_\_\_\_