

EDUCATION CONSULTANT HOST FAMILY ASSESSMENT VISIT

COMPLETED BY: DATE:

Student Name: ID No.:

Course Start Date: Number of Week(s):

People present during visit

HOST FAMILY INFORMATION

Host Family Name:			
Address:			
Email Address:			
Home Phone:		Mobile:	
Emergency Contact:		Phone:	
First Language:		Approx. English Level:	☐ Low ☐ Intermediate ☐ High

FAMILY MEMBERS / OTHER STUDENTS LIVING IN THE HOUSE

Name	Sex	D.O.B	Occupation	Interests

HOUSE AND ENVIRONMENT

		Above Average	Average	Below Average	Notes
Location	Distance to bus stop	☐	☐	☐	
	Environment (clean, safe, comfortable)	☐	☐	☐	
Facilities	House facilities & cleanliness	☐	☐	☐	Others
	Bedroom facilities & cleanliness	☐	☐	☐	Pets ☐ Yes ☐ No
	Linen & bedding provided	☐	☐	☐	Smoking ☐ Yes ☐ No
	Bathroom facilities & cleanliness	☐	☐	☐	Police vetted ☐ Yes ☐ No
	Heating Provided	☐	☐	☐	Working fire alarm ☐ Yes ☐ No
	Laundry	☐	☐	☐	First aid supplies ☐ Yes ☐ No
	Internet	☐	☐	☐	Hosted before? ☐ Yes ☐ No

SUMMARY OF IMPRESSIONS

Organised	☐ Yes ☐ No	Good communication skills	☐ Yes ☐ No
Experienced/Mature	☐ Yes ☐ No	Cultural awareness	☐ Yes ☐ No
Flexibility	☐ Yes ☐ No	Caring	☐ Yes ☐ No
Accommodating	☐ Yes ☐ No	Positive	☐ Yes ☐ No
Patient / Friendly	☐ Yes ☐ No	Safe / clean environment	☐ Yes ☐ No
YL suitable?	☐ Yes ☐ No	Free time for students?	☐ Yes ☐ No
Working hours suitable?	☐ Yes ☐ No		
General Comments			

HOST FAMILY SUITABILITY RATING

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
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DECLARATION

1. I declare that we are familiar with the *NZQA Code of Practice for the Pastoral Care of International Students* and comply with the accommodation provisions set out in *Part 4: Safety and Well-being*.
2. I can confirm that we have visited the host family and the information provided on this form is complete and accurate.
3. The host family we have appointed has been duly assessed and police vetted.
4. The host family has received, read, and agrees to follow the rules outlined in the *NZLC Guidelines for Hosting Young Learners* and has NZLC contact details.
5. I confirm that the student has the means to stay in regular contact with their parents during their stay, (i.e. access to WIFI in the house).
6. I acknowledge that if the information provided on this form is deemed unsatisfactory by NZLC staff in any way, we will contact the family directly via phone for clarification. If the outcome of the phone call is also deemed unsatisfactory, NZLC will arrange a home visit for a fee of \$250.
7. I understand that NZLC will make every endeavour to ensure the safety and welfare of the student while studying in the school. Should there be any concerns about the welfare of the student, the appropriate department head of the school will be consulted and the concerns will be discussed with the student's parents/host family.
8. I understand that should NZLC have any concerns regarding the welfare of the student, the school may relocate the student to an approved NZLC homestay and rearrangement fees will occur. If necessary, NZLC will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.

 NAME (INSPECTOR):

 RETAIL PARTNER COMPANY NAME:

Date

Signature