



Homestay Host Application Form

Thank you for applying to become a registered homestay host with Hamilton Homestay Services (HHS). Before completing this form, please ensure you have read and agree to follow our Homestay Handbook for Host Families, available on our website.

Please complete this form and return it to hamiltonhomestayservices@gmail.com with:

- Vetting Service Request & Consent Form(s) for all household members aged 18 or above
- Two (2) forms of photo ID for all household members aged 18 or above
- A recent family photo

Home Address:

Section 1: Host Information

(A) Host 1 Details:

(Host 1 will be the primary host / residential caregiver of the student)

Full name:

Date of birth (dd/mm/yyyy):

Gender:

Email address:

Phone number:

Occupation / Job title:

Employer:

Usual work schedule (days, start/finish times, and work location):

Please state your ethnicity:

Please state your religion (if applicable):

What is the main language spoken at home?

Other than English, what other languages do you speak?

If English is not your first language, is your proficiency level in English at a native speaker's level?

Yes

No

Driver license held:

Full license

Restricted license

Learner license

No license

How long have you lived in New Zealand?

(B) Host 2 Details:

Full name:

Date of birth (dd/mm/yyyy):

Gender:

Email address:

Phone number:

Occupation / Job title:

Employer:

Usual work schedule (days, start/finish times, and work location):

Please state your ethnicity:

Please state your religion (if applicable):

What is the main language spoken at home?

Other than English, what other languages do you speak?

If English is not your first language, is your proficiency level in English at a native speaker's level?

Yes

No

Driver license held:

Full license

Restricted license

Learner license

No license

How long have you lived in New Zealand?

Section 2: Household Details

Please enter details of any other person(s) who live in the home (e.g. children, family members, boarders).
If the household member is a student, please enter the name of school under 'Occupation':

Full Name	D.O.B (dd/mm/yyyy)	Gender	Occupation / Name of School	Relationship to You
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Please enter details of any other person(s) who are or will be sleeping in your home for 5 or more consecutive nights in any month (e.g. other family members, part-time boarders, boyfriend/girlfriend):

Full Name	D.O.B (dd/mm/yyyy)	Gender	Occupation	Relationship to You
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Do you have any pets? If yes, please describe (type of pet, size, age, temperament, indoor or outdoor, etc.):

Are your pets vaccinated and safe around children?

Yes

No

Do you own or rent the home?

Own

Rent

Number of bedrooms in total:

Number of bedrooms available for homestay:

Number of bathrooms:

Number of toilets:

Number and size of bed(s) available for students:

Will the student have a private bathroom and toilet? If no, whom they will share the facility with?

Are there any amenities available for the student (e.g. pool, piano, gym, bicycle, scooter for student use)?

Do you have unlimited Wi-Fi at home?

Yes

No

Is the home insured?

Yes

No

Name and type of insurance policy:

Do you have working smoke alarms installed?

Yes

No

Does anyone in your household smoke or vape?

Yes

Yes but outside only

No

Does anyone in the home have a long-term illness or disability? If yes, please provide some details:

Does anyone in the home have dietary restrictions (e.g. vegan, vegetarian, food allergies, restricted food items)?

Section 3: Family Lifestyle & Interests

What are the interests or talents of each family members?

What are some activities or hobbies your family enjoys doing together? What do you usually do on weekends or holidays?

How would you describe your household atmosphere (e.g. quiet, busy, social, relaxed)?

What do you think are your family's strengths as a homestay host?

Have you had experience interacting with young people or people from other cultures? If yes, please describe briefly:

Section 4: Hosting Capacity & Preferences

Preferred student age:

Under 10 (students under 10 must stay with a legal guardian)	Between 10-13
Between 14-17	18+
No preference	Other

Gender preference:

Male	Female	No preference
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Preferred length of stay:

Short-term (≤ 4 weeks)	Mid-term (5–10 weeks)	Long-term (11+ weeks)
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Maximum number of students you can host at a time:

1	2	3	4
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Would you consider hosting a student with a parent or guardian?

Yes	No	Depends on the situation
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Are you generally available to provide school transport on school days?

Yes	No	Sometimes
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If your answer is 'Sometimes', please provide more details (e.g. under what situations would you be able to or not be able to provide school transport?):

Can you cater for special diets (tick all that apply):

Halal	Vegetarian
Vegan	Gluten-free
Lactose-free	Other

Would you host a student who smokes or vapes?

No	Yes (outside only)
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Any other requests or preferences for student matching?

Section 5: Hosting Background

Have you hosted international students before? If yes, please describe briefly:

Why do you want to host international students?

Are you currently hosting or registered for another organisation? If yes, which organisation(s)?

Section 6: Emergency Contact

Please provide an emergency contact outside of your household:

Full Name	Relationship to You	Phone Number	Email Address
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Section 7: Verification & Consent

Please provide two referees who can confirm your suitability as a homestay host. They must be one of the following:

- A. your current or previous employer, professional body, or registration authority, or
- B. the licensing authority that is relevant to your business or professional activities, or
- C. a person who knows you well but is not related to you (e.g. friend or colleague)

Full Name	Relationship to You	Phone Number	Email Address
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By signing below, I confirm that:

- All information provided is true and correct.
- I have read and agree to follow the HHS Homestay Handbook for Host Families.
- I understand that all household members aged 18 and over must complete police vetting and provide photo ID before hosting, and that vetting must be renewed every 3 years or when household members change.
- I consent to HHS contacting my referees and conducting home inspections.
- I consent to photos of my home (student bedroom and shared areas) being shared with prospective students and parents.
- I understand that completing this form does not guarantee acceptance as an HHS host.

Host 1 Full Name:

Signature:

Date:

Host 2 Full Name:

Signature:

Date:
