

# INTERNATIONAL STUDENT ACCOMMODATION APPLICATION FORM 2003

**Compulsory**  
You must attach  
**2 passport**  
**photographs**

**Office Use Only**

Deposit Received: Yes / No

Receipt Number: \_\_\_\_\_

Amount: \_\_\_\_\_

NZ AID Study Award/ Postgraduate

Scholarship students exempt from deposit

Fill in this form and send it to:

The International Student  
Accommodation Coordinator  
Accommodation and Conference  
Services Office  
The University of Waikato  
Private Bag 3105  
Hamilton  
New Zealand



The  
University  
of Waikato  
Te Whare Wānanga  
o Waikato

Please indicate the period of time for which you are requesting accommodation:

A Semester (February - June)     B Semester (July - November)     Summer School (January - February)     Full Year (Feb - Nov)

**DUE DATE:** This form must arrive in New Zealand at least 2 weeks before you arrive. If we receive your application after this time, we cannot guarantee that you will get your first choice of accommodation. You may also have to stay in temporary accommodation at your own cost while we arrange your permanent accommodation.

## A: PERSONAL DETAILS

Student ID:

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Home Country: \_\_\_\_\_

Address for reply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth:  Day     Mth     Year

Gender:     Male     Female

Ethnicity: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

What Course of Study have you applied for?

Name of Course: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Expected Length of Study (e.g. one academic year / one semester): \_\_\_\_\_

Have you received: (tick one)     Formal Offer     Conditional Offer

Please indicate if your husband/wife/partner/children will be joining you on your immediate arrival:

No     Yes \* Please give details below (name(s), age(s), etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* There is no accommodation available on-campus for couples or families. By informing us of your plans, you will assist us in placing you in the most appropriate accommodation. If you are bringing your family with you, the complimentary shuttle we provide from the Auckland or Hamilton airports only applies to you and you will have to pay for extra family members.

### Guarantee of Accommodation:

- As a condition of obtaining a student permit, it is necessary to have a guarantee of accommodation.
- The University will provide a guarantee upon receipt of this completed form.
- Accommodation is only guaranteed for the student accepted to study at the University of Waikato, and does not cover a spouse or family.
- The accommodation guarantee does not mean that you will necessarily be placed in your first choice of accommodation.

## Under 18 year olds

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. **Go directly to Appendix 1** (page 4)

### B: PREFERRED ACCOMMODATION

- You should consult the Accommodation website for the types of accommodation available: [www.waikato.ac.nz/international/livingnz.htm](http://www.waikato.ac.nz/international/livingnz.htm)
- If you choose to reside in a Hall of Residence you are required to remain in your Hall of Residence until the end of the academic year (November) unless you are on a recognised one-semester Exchange/Study Abroad programme.
- Students requiring Halls of Residence accommodation MUST request it through this form.
- All applicants for the Halls of Residence Accommodation must enclose their NZ\$280 Contingency Deposit, or authorise it to be charged to a credit card (see page 3).
- All Homestay applicants must enclose their NZ\$300 Administration Fee, or authorise it to be charged to a credit card (see page 3).

INDICATE WHICH ACCOMMODATION OPTIONS YOU ARE SEEKING IN ORDER OF PREFERENCE (1 - FIRST CHOICE, 2 - SECOND CHOICE, ETC.)

#### Fully Catered Halls of Residence (on campus)

- |   |   |
|---|---|
| <input type="checkbox"/> Fale Pasifika (College Hall only)      | <input type="checkbox"/> Single Gender Area |
| <input type="checkbox"/> Alcohol Free Area (numbers permitting) | <input type="checkbox"/> Mixed Gender Area  |
| <input type="checkbox"/> International Area                     | <input type="checkbox"/> Quiet Area         |
| <input type="checkbox"/> Don't Mind (no preference)             |   |

#### Self Catered Halls of Residence (on campus)

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Free Flat  | <input type="checkbox"/> Mixed Gender Area          |
| <input type="checkbox"/> Single Gender Flat | <input type="checkbox"/> Don't Mind (no preference) |

Please advise: Do you have any special requirements you would like us to consider, when we arrange your accommodation (e.g. Internet connection availability...)?

#### Off - Campus

- Homestay** - please complete **Appendix 2: Homestay Application** (Page 4)
- Flatting** - You may need to stay in temporary accommodation when you first arrive. We will assist you to find a flat when you arrive.
- Temporary Accommodation** - Temporary accommodation is available for students who want off campus accommodation such as flatting or private board. This is charged at a daily rate for each individual person, and is approximately \$30 per night. If you require temporary accommodation, please advise us before your arrival, so we can organise this for you. This temporary accommodation will not be on campus, but it will be within walking distance. We suggest that you bring a sleeping bag with you or you may have to pay an extra cost for linen hire.
- I have arranged my own off-campus accommodation at the following address in Hamilton: \_\_\_\_\_

#### Emergency Contact Details

Name of Parent / Guardian: \_\_\_\_\_

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

Can they speak English?  Yes  No

If No, which language(s) do they speak? \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

### C: HEALTH AND DIETARY REQUIREMENTS

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 or psychological disorders can become serious under the 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.**

Please indicate if you have a disability or medical condition

- No  Yes - please complete the questions below

Please indicate if you have any special dietary requirements for cultural, religious or health reasons:

- No  Yes - please complete the questions below

1. Are you generally in good physical health?  Yes  No (If No, please explain) \_\_\_\_\_

2. Have you ever been treated, or are you currently being treated for any psychological or emotional problems?  
 No  Yes (If Yes, please explain) \_\_\_\_\_

3. Do you have any allergies to medication or foods?  No  Yes (If Yes, please explain) \_\_\_\_\_

4. Are you taking any medication?  No  Yes (If Yes, please explain) \_\_\_\_\_

5. Have you had any major injuries, diseases or ailments in the past 5 years?  No  Yes (If Yes, please explain) \_\_\_\_\_

6. Do you have a disability?  No  Yes (If Yes, please explain) \_\_\_\_\_

7. Are you a smoker?  Yes  No

8. Do you have any special dietary requirements?  No  Yes (If Yes, please indicate which of the following food do you NOT eat)

- Chicken  Eggs  Pork / Ham / Bacon  Lamb / Mutton (sheep meat)  
 Fish  Beef  Dairy Products (milk / cheese / yoghurt etc.)  I do not eat any meats or animal products whatsoever  
 Other (please explain) \_\_\_\_\_

9. Are there any religious events that you take part in (e.g. Ramadan, Lent, Sabbath...)?

Event: \_\_\_\_\_ Event: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Dietary requirement: \_\_\_\_\_ Dietary requirement: \_\_\_\_\_

## D: FEES CATEGORY

*How are you paying for your tuition fees (tick one)*

- Private fee paying student  
 Exchange Program (please specify University and/or Program) \_\_\_\_\_  
 Study Abroad Program (please specify which Program) \_\_\_\_\_  
 NZAid Scholarship Recipient \* (please specify your particular award)  NZAid Postgraduate Scholarship  
 NZAid Study Award Scholarship  
 Other Scholarship (please specify) \_\_\_\_\_

*\*(If you have been awarded a NZAid Postgraduate, or Study Award Scholarship, your \$NZ280.00 Halls of Residence Contingency Deposit will be paid for you out of your establishment grant.)*

## E: ACCOMMODATION FEE

COMPLETE THIS SECTION IF YOU HAVE APPLIED FOR A HALL OF RESIDENCE OR HOMESTAY

### Hall of Residence Fee (\$280.00)

- I have enclosed an international bank draft for NZ\$280.00, made out to "THE UNIVERSITY OF WAIKATO".  
 I have authorised a payment of NZ\$280.00 to be charged against my credit card, as detailed on the right.  
 I have sent this deposit with my tuition fees payment to the University of Waikato.

### Homestay Administration Fee (\$300.00)

- I have enclosed an international bank draft for NZ\$300.00, made out to "THE UNIVERSITY OF WAIKATO".  
 I have authorised a payment of NZ\$300.00 to be charged against my credit card, as detailed on the right.  
 I have sent this deposit with my tuition fees payment to the University of Waikato.

### Credit Card Authorisation

I authorise the University of Waikato to charge my credit card as follows:

Student's Name: \_\_\_\_\_

ID Number:

Amount (tick one):  \$300.00 (Homestay)  
 \$280.00 (Hall of Residence)

Credit Card Type: \_\_\_\_\_

*(Note: Diners Club and AMEX are not accepted)*

Card Holders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

## F: DECLARATION

- I have enclosed the appropriate fees and two passport sized photographs.  
 I certify that all responses under Health & Dietary Requirements section are true and accurate.  
 In the event of an emergency while in New Zealand, I authorise the University of Waikato to notify my specified emergency contact.  
 I have completed the Arrival Information section of this form.  
 I agree to inform the Accommodation Co-ordinator immediately (prior to my arrival), if I no longer require the accommodation I have requested.  
 I have read this form carefully and fully understand what I am signing.

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 Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>

## APPENDIX 1 - UNDER 18 YEAR OLD STUDENTS

**Under the Ministry of Education's Code of Practice, you are required to provide the University with the following information:**

Student's Name: \_\_\_\_\_

Student ID Number:

### Parent's or legal guardian's contact details:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What type of accommodation are you applying for? (tick one):

- Homestay ( complete Appendix 2)
- I (or my agent) have arranged my accommodation  
(Student's Parents must complete the Indemnity Document below)

### Indemnity Document:

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

- I/We, as the parents/legal guardian\* of \_\_\_\_\_ (students 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 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 student until suitable replacement accommodation can be found.

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.

Designated Caregivers Name: \_\_\_\_\_

Designated Caregivers Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designated Caregivers Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature of Parents/ Legal Guardian: \_\_\_\_\_

\* You are required to attach 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 legal guardianship over this child (an agent **cannot** fill in this section or sign on behalf of a parent).

## APPENDIX 2 - HOMESTAY APPLICATION

### **To be completed if you are requesting a Homestay**

Be aware that most of our Homestays are not located close to the University. Many students will need to travel up to 30 minutes by bus to get to the University.

Student ID Number:

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Known as: \_\_\_\_\_

Date of Birth:    (Day/month/year)

Gender:  Male  Female

Ethnicity: \_\_\_\_\_

Allergies/Dietary Requirements: Please complete **Section C: Health and Dietary requirements** (page 2).

Smoker  Non-Smoker

Religion: \_\_\_\_\_

How long do you think you will stay in a homestay? (1 month minimum)

1-3 Months (short term)  3+ months (long term)

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

	Yes	No
Infants (0-5yrs)	<input type="checkbox"/>	<input type="checkbox"/>
Children (5-12yrs)	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers (13-17yrs)	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to live with a family that has Pets?

(Many families have a dog, cat or bird)

	Yes	No
Inside (house)	<input type="checkbox"/>	<input type="checkbox"/>
Outside (in yard)	<input type="checkbox"/>	<input type="checkbox"/>

Are there any specific animal/s you are allergic to or do not like?

(Please specify) \_\_\_\_\_

Interests/Hobbies:

Reading  Sports  Music   
Computer  Travel/Sightseeing  Cooking

Other (please specify) \_\_\_\_\_

Would you consider yourself:

Quiet  Outgoing/Sociable  Adventurous

Other (please specify) \_\_\_\_\_

Write a paragraph describing yourself. Include any other hobbies not listed above and any specific information that will further help us in choosing your Homestay family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARRIVAL FORM

## Please Read These Instructions Carefully

This form must arrive at our office **AT LEAST 2 DAYS** before you arrive in New Zealand  
(i.e. Monday - Friday before 4.30pm NZ time)



The  
University  
of Waikato  
Te Whare Wānanga  
o Waikato

### Do you wish to be met at the airport upon your arrival?

**NO**  Please complete the **SECTION 1** of this form to let us know when you will be arriving in Hamilton.

**YES**  Please complete the **SECTION 1** and **SECTION 2** of this form.

You will be met at Auckland or Hamilton Airport by our complimentary shuttle service and delivered to your Hamilton accommodation. **This service is only possible if you inform us of your arrival details.**

## SECTION 1:

Student ID Number:

Family Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Country you are departing from: \_\_\_\_\_

Date of Arrival in New Zealand: \_\_\_\_\_

If you **DO NOT** wish to be met at the airport please indicate when you intend to arrive in Hamilton

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## SECTION 2:

(Please remember to use New Zealand time)

	DEPARTURE CITY OF ORIGIN	DEPARTURE 1ST STOPOVER	DEPARTURE 2ND STOPOVER	ARRIVAL IN NEW ZEALAND
Name of City:				
Date (day/month/year):				
Time:				
Flight Number:				
Airline Name:				

**EXTRA LUGGAGE:** Please tell us if you are planning to bring extra luggage (ie. more than two suitcases) so that we can make the necessary transport arrangements. You will be responsible to pay for the extra costs this will incur.

More than 2 suitcases  Bicycle  Surfboard  Golf clubs  Skis  Other (please specify) \_\_\_\_\_

If you do not inform us that you are bringing larger items they may have to be left at the Auckland airport and you will have to arrange for them to be sent down at a later stage (you will be responsible for these costs).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Send the completed form to:

International Student Accommodation Coordinator  
Accommodation and Conference Services Office  
Private Bag 3105  
Hamilton  
NEW ZEALAND  
Fax : 64 7 838 4058  
Email: int.accom@waikato.ac.nz