

# INDEMNITY DOCUMENT – DESIGNATED CAREGIVER FORM

**This form is to be completed by the parents/caregivers of a student who is under the age of 18 years and will be living with a relative or close family friend while studying at Victoria University of Wellington.**

The New Zealand Ministry of Education’s (Pastoral Care of International Students) Code of Practice 2016 requires that students under 18 years of age live in one of the following categories of accommodation while studying at Victoria University of Wellington:

- in a homestay organised by the University’s approved provider, Host Families New Zealand
- in University accommodation in a catered hall of residence (meals will be provided for you)
- with a caregiver designated by your parents. If your parents choose a designated caregiver, complete the Designated Caregiver Agreement Form and return it by email to the International team.
- with your parents—your parents must confirm that they will be living in Wellington at least until you turn 18

Failure to meet these requirements may lead to the termination of a student’s enrolment at the University.

STUDENT’S NAME

STUDENTS NUMBER

I/We, as parents/guardian of

have chosen for our son/daughter to stay with a Designated Caregiver in Wellington that has not been arranged by Victoria University of Wellington. I/We understand that the designated caregiver must be a family member or close family friend. I/We understand that this arrangement is subject to a home inspection and approval being granted by Victoria University of Wellington. The University will require police vetting of the designated caregiver and others in the house over 18 years of age.

STUDENT’S NAME

will also be interviewed until he/she turns 18 years of age, to

ensure the accommodation remains satisfactory.

I/We take full responsibility for the placement and the ongoing welfare of our son/daughter for the duration of their stay with the designated caregiver.

I/We undertake to inform Victoria University of Wellington immediately if this arrangement changes.

Caregiver’s name(s):

Relationship to student:

Current occupation:

Contact address

in Wellington:

Contact phone:

**Signature(s) of parent(s)/guardian(s)**

**Date (day/month/year)**

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN BY ONE OF THE FOLLOWING METHODS:**

**BY POST TO:**

Wellington University International  
Victoria University of Wellington  
PO Box 600  
Wellington 6140  
New Zealand

**BY EMAIL TO:**

international-support@vuw.ac.nz