



**Marcellin College**

**Indemnity Document for Students living with a Designated Caregiver**

I/We designate \_\_\_\_\_ (*Name of Designated Caregiver*) to provide accommodation for my/our son/daughter, to attend **Marcellin College** as an international student from \_\_\_\_\_ to \_\_\_\_\_, subject to the approval of the Education Provider prior to enrolment.

Student's name (as it appears on the passport).....

Student's preferred name: .....

Print Designated caregiver's name: .....

Relationship to Student .....

(Uncle/Aunt/Grandparent/close family friend)

Address:

.....  
.....

Phone.....Mobile .....

Email.....

I/we understand that the education provider will:

- **Visit the home of the designated caregiver prior to enrolment to determine that the living conditions are of an acceptable standard**
- **Assess whether the designated caregiver will provide a safe physical and emotional environment for the student**
- **Determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home)**
- **Meet with the designated caregiver/s and establish communication with the caregiver**
- **Meet the student at least quarterly to ensure the accommodation is suitable**
- **May require a Police vet to be undertaken, if the education provider considers it appropriate**

Should this arrangement change I/we undertake to inform **Marcellin College** immediately.

I/we understand that **Marcellin College** will make every endeavour to ensure the safety and welfare of my/our child while studying in their school. Should there be a concern about the welfare of the student, the school will consult the pastoral care staff within the school and will discuss the concern with the designated caregivers and parents of the student. Further, I/we understand that should **Marcellin College** have any concerns regarding the welfare of my/our child, the school may relocate the student in an approved School Homestay. If necessary, the school will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.

**DECLARATION:**

I/we confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend.  
*(Proof of this relationship may be required)*

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

Print Name: Mr/Mrs .....

Contact Telephone number in Home Country: .....

Contact address in Home Country: .....  
.....

Email Address: .....

**Marcellin College** 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/goto/international>

Please return completed and signed form to MARCELLIN COLLEGE Fax no: 0064 9 685-7835 email smithco@marcellin.school.nz
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