

# IIP International Presenters HOST APPLICATION FORM (NEW ZEALAND)

Thank you for your interest in IIP's Cultural Exchange Program. Our program offers schools and communities the opportunity to host a visitor from Asia who will share their culture with students and families for both educational enrichment and the building of friendships. Each visit is unique and centers on the matching of skills, needs and interests of host and visitor. A key concept of the program is that the visitor experiences an immersion into life and culture overseas and in so doing has greater opportunity to bring reward and benefit to the host community. To achieve this, visits are set up through a home stay in the local community. The visitor will therefore make a significant contribution not only to the school, but also to the family or families with whom they stay. The following application form has two sections; one for the school and one for host families. Please use these to provide IIP with as much information as possible – this will help us identify how best to place our candidates and ensure all parties enjoy the greatest possible experience.

\* Please note it is IIP's policy **not** to place female visitors in single male / male visitors in single female households.

## HOST SCHOOL INFORMATION

### A. SCHOOL DETAILS

<b>School Name:</b>			
<b>Principal</b>	<b>Title:</b>	<b>Name:</b>	
<b>Address</b>			
<b>City / Town</b>		<b>Direct Tel:</b>	(64)
<b>State / County</b>		<b>Mobile No.:</b>	(64)
<b>Post Code:</b>		<b>School Fax</b>	(64)
<b>Direct Email</b>		<b>Website / URL:</b>	

<b>Host Teacher</b>	<b>Title:</b>	<b>Name:</b>	
<b>Direct Tel:</b>	(64)	<b>Direct Email:</b>	

### B. LOCATION

<b>Locality</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	<b>Population</b>	
<b>Main City</b>	(nearest)	<b>Distance</b>	(to nearest city)
<b>Transport</b>	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car <input type="checkbox"/> Other:		

### C. ABOUT THE SCHOOL

<input type="checkbox"/> Public/ State <input type="checkbox"/> Private <input type="checkbox"/> Independent			<b>School Level</b>	<input type="checkbox"/> Kindergarten
<b>Numbers</b>	<b>Students</b>	<b>Staff</b>		<input type="checkbox"/> Elementary / Primary
<b>Age Range</b>	(youngest) to	(oldest)		<input type="checkbox"/> Middle / Jr. High School
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both			<input type="checkbox"/> High / Secondary School

### D. SCHOOL TERM DATES

<b>Term 1:</b>	Start:	End:	<b>Term 3:</b>	Start:	End:
<b>Term 2:</b>	Start:	End:	<b>Term 4:</b>	Start:	End:

### E. PAST IIP PARTICIPANTS (if applicable)

mm/yyyy	Name:	mm/yyyy	Name:
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### F. CURRENT SCHOOL DIVERSITY

	Staff	No.	Comments
<b>Country</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		

- *What languages are spoken in your school / community?*

<b>School</b>	<b>Community</b>
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**G. PREFERENCES - PARTICIPANT**

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	<input type="checkbox"/> Smoker <input type="checkbox"/> Non <input type="checkbox"/> Either
Nationality:	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Other:	

<input type="checkbox"/> I can accept an participant with a child. <input type="checkbox"/> No children	Comment:
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• **POSSIBLE STARTING DATES**

1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
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• **LENGTH OF STAY**

Place (1-4) in order of preference (1 = most preferred).	[ ] 12 [ ] 9 [ ] 6 [ ] 3 (months)
Can visits less than 12 months be extended?	<input type="checkbox"/> Yes (by mutual agreement) <input type="checkbox"/> No

**H. ARRIVAL INFORMATION** (*The most convenient place for you – please provide full details below.*)

Please indicate order of preference for pick up location.	[ ]: Airport [ ]: Train Station [ ]: Bus Station [ ]:
Name:	
Location:	
Details:	

**I. VACATION (SUMMER CAMP)**

Is there an opportunity for the participant to join a summer camp program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but another school.
Details:	

**J. CURRENT LANGUAGE COURSES**

Is your school currently offering any language courses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size
Language		<input type="checkbox"/> Compulsory	Hours Taught per Week	Class Size

**K. LESSON PREPARATION / PRESENTATION FACILITIES**

Workspace:	
Media Systems	<input type="checkbox"/> Overhead Projector <input type="checkbox"/> Slide Projector <input type="checkbox"/> Computer <input type="checkbox"/> DVD / Video <input type="checkbox"/> Other: <input type="checkbox"/> PAL only <input type="checkbox"/> NTSC <input type="checkbox"/> Multi System <input type="checkbox"/> Other:
<i>Pal system is used for France, Germany and Spain. NTSC for USA, Canada and Japan.</i>	
Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Is there anything left from previous participant?</i> )

**L. ROLE OF THE PARTICIPANT**

<input type="checkbox"/>	<b>Role #1. Language Teaching Assistant</b> – will support the teacher of their language.
<input type="checkbox"/>	<b>Role #2. Cultural Presenter</b> – will share and promote their culture within the school.
<input type="checkbox"/>	<b>Role #3. General Teaching Assistant</b> – will support general teaching staff ( <i>should not be the main focus for Cultural Presenters</i> )
<input type="checkbox"/>	<b>Role # 4. Special Education Teaching Assistant</b> – will support teachers of special needs students ( <i>specialized area</i> )

• **Role #1 “Language Teaching Assistant” – What level of language is required?**

<input type="checkbox"/> Beginner (Words)	<input type="checkbox"/> Elementary (Phrases)	<input type="checkbox"/> Intermediate (Dialog)	<input type="checkbox"/> Advanced (Discussion)
Details:			
<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)

• **Role #2 “Cultural Presenter” - What traditional and cultural aspects would you like introduced?**

<input type="checkbox"/>	<b>Arts &amp; Crafts:</b>	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Paper Folding	<input type="checkbox"/> Traditional Cuisine	<input type="checkbox"/> Costumes
<input type="checkbox"/>	<b>Performances:</b>	<input type="checkbox"/> Tea Ceremony	<input type="checkbox"/> Dance / Drama	<input type="checkbox"/> Music	<input type="checkbox"/> Instruments
<input type="checkbox"/>	<b>Sports &amp; Games:</b>	<input type="checkbox"/> Self-Defense	<input type="checkbox"/> Traditional Games	<input type="checkbox"/> Festivals	<input type="checkbox"/> Events
<input type="checkbox"/>	<b>Lifestyles:</b>	<input type="checkbox"/> School Life	<input type="checkbox"/> Housing	<input type="checkbox"/> Daily Life	<input type="checkbox"/> Politics
Details:					
<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)		

• **Role #3 “General Teaching Assistant” - What subjects / teaching areas are preferred?**

Details:			
<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)

• **Role #4 “Special Education Assistant” – How will the participant be utilized?**

Details:			
<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)

• **Are you planning to co-host the participant with another school?**  Yes  No

Details:			
<b>Hours / Week:</b>	<b>Grades:</b>	<b>Class Size:</b>	<b>Class Length:</b> (mins)
<b>Date:</b>		<b>Name:</b>	

**M. HOST SCHOOL ACKNOWLEDGEMENT**

<input checked="" type="checkbox"/> I acknowledge that I have read and understand our responsibilities as the ‘Host School’, which are outlined in the ‘International Presenters – Program Guide for Hosts’.			
<p><b>For the duration of the participant’s stay, we agree to:</b></p> <ul style="list-style-type: none"> <li>• Assist with finding suitable Host Family or Non-family accommodation for the participant on the condition they contribute no more than <b>\$480 NZD</b> per month.</li> <li>• Provide free lunches for every school day worked.</li> <li>• Arrange the participant’s transportation to and from school.</li> <li>• Assist with finding suitable Host Family or Non-family accommodation.</li> </ul>			
<b>Date:</b>		<b>Name:</b>	

Please return to your IIP Program Coordinator  
 Fax: 0011-81-3-5754-4343 | Email: [oceania@internship.or.jp](mailto:oceania@internship.or.jp)

**HOST FAMILY INFORMATION**

\* Please note it is IIP's policy **not** to place female visitors in single male / male visitors in single female households.

**A. HOST SCHOOL DETAILS**

<b>School Name:</b>			
<b>Principal</b>	<b>Title:</b>	<b>Name:</b>	
<b>Host Teacher</b>	<b>Title:</b>	<b>Name:</b>	

**B. HOST FAMILY INFORMATION**

☆ I / WE ARE THE 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> <b>HOST FAMILY.</b>	<b>From:</b>	<b>Until:</b>
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• **KEY CONTACT**

<b>Title:</b>	<b>Name:</b>	<b>Relationship to School:</b>	
<b>Occupation</b>		<b>Direct Tel.</b>	(64)
<b>Employer</b>		<b>Office Tel.</b>	(64)

• **OTHER CONTACT**

<b>Title:</b>	<b>Name:</b>	<b>Relationship to Key Contact:</b>	
<b>Occupation</b>		<b>Direct Tel.</b>	(64)
<b>Employer</b>		<b>Office Tel.</b>	(64)

• **OTHER HOUSEHOLD MEMBERS**

<b>Name:</b>	<b>M/F</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>M/F</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>M/F</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>M/F</b>	<b>Age:</b>	<b>Relationship:</b>

• **LOCATION DETAILS**

<b>Address</b>			
<b>City / Town</b>	<b>Direct Tel:</b>	(61)	
<b>State / County</b>	<b>Mobile No.:</b>	(61)	
<b>Post Code:</b>	<b>Direct Email</b>		

<b>Locality:</b>	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	<b>Nearest Main City:</b>	<b>Population:</b>
<b>City / Town</b>	<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small		
<b>Transport</b>	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Private Car	<input type="checkbox"/> None	<b>Other:</b>

• **LANGUAGE GENERALLY SPOKEN IN HOUSEHOLD**

<input type="checkbox"/> English	<b>Other/s:</b>
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• **PAST PARTICIPANTS** *Have you ever hosted an IIP participant before?*  Yes  No

<b>Year:</b>	<b>Name:</b>	<b>Nationality:</b>	<b>Months:</b>
<b>Year:</b>	<b>Name:</b>	<b>Nationality:</b>	<b>Months:</b>

**C. PARTICIPANT PREFERENCES**

<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either
<b>Nationality:</b>	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Other:

I <input type="checkbox"/> can / <input type="checkbox"/> can not accept an participant with a child.	Comment:
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• **SMOKERS**

There are <input type="checkbox"/> smokers / <input type="checkbox"/> non-smokers in our house.	Smoking is <input type="checkbox"/> allowed / <input type="checkbox"/> not allowed in the house.
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**D. AMMENITIES AVAILABLE**

There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared bedroom available.	There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared bathroom available.
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• **INTERNET ACCESS**

The internet <input type="checkbox"/> is / <input type="checkbox"/> is not available.	The intern <input type="checkbox"/> can / <input type="checkbox"/> can not use the host's computer.
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The internet is also available at: (library, school)
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**E. REGULAR FAMILY ACTIVITIES** *(please include hobbies, community life, etc)*

Details:
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**F. PETS** *(please indicate which type of pet/s)*

<input type="checkbox"/> Dog/s <input type="checkbox"/> Cat/s <input type="checkbox"/> Poultry <input type="checkbox"/> Farm Animals <input type="checkbox"/> Reptiles <input type="checkbox"/> Other:
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Are any of these animals indoor pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please give details)</i>
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Details:
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**G. VACATION / HOLIDAYS**

• <b>Note: Vacation / holiday accommodation and / or activities are understood to be the participant's own responsibility.</b>	
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However, is there any possibility of arranging activities with/for him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there any possibility the participant may stay in your house over the vacation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**H. CULTURAL ACTIVITIES**

Are there any cultural learning activities in your local area (Community colleges, language schools, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details:
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**I. ARRIVAL INFORMATION** *(The most convenient place for you – please provide full details below).*

Please indicate order of preference for pick up location.	[ ]: Airport [ ]: Train Station [ ]: Bus Station [ ]:
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Details	(Name, Location)
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**J. OTHER INFORMATION / COMMENTS**

Are there any family rules, or other information the participant should be aware of in advance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details:
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**K. HOST FAMILY ACKNOWLEDGEMENT**

As the **“Host Family”**, I acknowledge that I have read and understand our responsibilities as outlined in the ‘International Presenters – Program Guide for Hosts’.

**For the duration of the participant’s stay, we agree to:**

- Treat the participant as a member of the family and offer a home stay as enriching as possible.
- Provide room and board, including all meals (except lunch on school days) and utilities, for which the intern will contribute no more than **\$480 NZD** per month to help defray living expenses.
- Discharge the visitor without any hindrance should any event occur which prompts IIP or the visitor to terminate the stay.

<b>Date:</b>		<b>Name:</b>		<b>Signature:</b>	
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**L. Additional Details: (optional) - Please provide any family pictures or helpful information.**

• **Our Message:**

Dear Visitor,

• **Our Family / Location**

• **Helpful Information**

<b>Local Weather:</b>	http://www.
<b>Homepage:</b>	http://www.
<b>Our Community:</b>	http://www.
<b>Other:</b>	http://www.

**Please return to your IIP Program Coordinator**

**Fax:** 0011-81-3-5754-4343 | **Email:** oceania@internship.or.jp