



English Teaching College

Demi-Pair Application Form

Personal Details

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: Male/Female

Nationality: _____ Occupation: _____

Passport Number: _____ Passport _____

Expiry Date: _____

Home Address: _____

Phone: _____ Mobile: _____

Email: _____ Skype ID: _____

Course Information

Programme Duration: 12 weeks 24 weeks 36 weeks

Proposed Start Date: _____

Course Selection: General English Academic English

Exam Preparation

IELTS

Cambridge

TOEIC

Highest Level of Qualification: _____

Year Obtained: _____

Have you sat any English test? Yes No (if yes, specify below)

Test: _____

Score: _____

Health Insurance

Health Insurance is compulsory for international students. ETC will arrange Health Insurance and include the fees in the invoice. If you wish to make your own arrangements, please notify us as soon as possible.

Do you have any pre-existing medical conditions or disabilities? (you might be asked to provide a medical certificate.)

Yes Please specify: _____

No

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English Teaching College

Demi-Pair Application Form

Demi-Pair Profile

Campus Choice (please note that placement in 1st Choice is not guaranteed, see Terms and Conditions)

Palmerston North 1st Choice 2nd Choice 3rd Choice

Wellington 1st Choice 2nd Choice 3rd Choice

Lower Hutt 1st Choice 2nd Choice 3rd Choice

I want to obtain the English and Demi-Pair Certificate: Yes No

Do you have siblings? Yes No

Do you smoke? Yes No

Are you afraid of any household animal? Yes No

Do you mind living in a house that has pets? Yes No

Would you want to care for the pets? Yes No

Do you have to follow any specific diet? Yes No

Vegetarian Vegan Other (specify):

Are there any food that you cannot eat? Yes No

Are you allergic to any food or animal? Yes No

Do you suffer from any medical condition? Yes No

Please specify: _____

Are you religious? Yes No

Do you intend to practice your religion in New Zealand? Yes No

Do you mind living with a family from a different religion? Yes No

How often do you help at home?

Never Sometimes More than once a week Every day

Can you swim? Yes No

Have you done a First Aid Certificate? Yes No

Do you speak another language aside from your mother tongue?

Language: _____ Beginner Intermediate Advanced Native

Language: _____ Beginner Intermediate Advanced Native

Language: _____ Beginner Intermediate Advanced Native

Do you hold a driver's license in your country? Yes No

Date obtained (dd/mm/yyyy):

Would you be willing to be driving in New Zealand? Yes No

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English Teaching College

Demi-Pair Application Form

(If you plan to drive in New Zealand, make sure you apply for an international driver's license before leaving your home country. Should you not have one, you will need to hold an official translation of your Driver's License.)

Please rate your level of experience and confidence from 1 to 5 (1= no experience; 5 = very confident) for the following household tasks

Cooking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Baking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Baby Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vacuuming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Changing Nappies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dishes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Bathing Children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Washing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ironing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Playing w Children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cleaning Windows	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Babysitting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Easy Gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	School Pick-up/Drop off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pet Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Activity Pick-up/Drop off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
						Homework Supervision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Is there any task you do not want to perform?

Which age group do you feel more confident looking after?

Newborn/infant Toddler 3-6 yo 6+

Which age group do you feel less confident looking after?

Newborn/infant Toddler 3-6 yo 6+

How many children do you feel confident looking after?

1 only 1-2 2-3 3+

Why did you decide to become a Demi-Pair?

What do you hope to achieve during your time in New Zealand?

What are your hobbies and do you practice any sport?

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English Teaching College

Demi-Pair Application Form

Child Care Reference Template

The candidate has applied for a Demi-Pair programme in New Zealand. In order to assess this person's application, we would appreciate your feedback on the following points.

Applicant

First Name:

Last Name:

Referee

First Name:

Last Name:

Address:

Email:

Phone:

What is your relationship to the applicant? How long have you know them?

How would you describe the applicant?

Has the applicant looked after your children? Yes No

How old were the children when the applicant took care of them?

When was the last time the applicant took care of the children?

How often did the applicant look after the children?

How well did the applicant respond to criticism and suggestions?

How well did the applicant cope with emergencies?

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English Teaching College

Demi-Pair Application Form

Please rate the applicant's skills in the following areas on a scale from 1 to 5 (1= poor; 5 = excellent)

Attitude	1	2	3	4	5
Interaction with Children	1	2	3	4	5
Responsibility	1	2	3	4	5
Maturity	1	2	3	4	5
Reliability	1	2	3	4	5
Flexibility	1	2	3	4	5
Follow guidelines	1	2	3	4	5
Self-Confidence	1	2	3	4	5
Sociability	1	2	3	4	5

Which of the following tasks would you trust the applicant to perform well?

- | | | | | | |
|-------------------------|--------------------------|--|--------------------------|----------------------------------|--------------------------|
| Cooking meals | <input type="checkbox"/> | Feeding children | <input type="checkbox"/> | Bathing children | <input type="checkbox"/> |
| Changing nappies | <input type="checkbox"/> | Looking after infants | <input type="checkbox"/> | School/Activity Pick-up/Drop-off | <input type="checkbox"/> |
| Laundry | <input type="checkbox"/> | Dishes | <input type="checkbox"/> | Babysitting | <input type="checkbox"/> |
| Putting children to bed | <input type="checkbox"/> | Look after children With special needs | <input type="checkbox"/> | Look after sick children | <input type="checkbox"/> |
| Play with children | <input type="checkbox"/> | Homework supervision | <input type="checkbox"/> | Grocery Shopping | <input type="checkbox"/> |
| Light Housework | <input type="checkbox"/> | Vacuuuming | <input type="checkbox"/> | Easy cleaning jobs | <input type="checkbox"/> |

In your opinion, in which area could the applicant have done better?

Knowing that the applicant is going to be placed in a family and work for them a minimum of 15 hours per week, helping with childcare and housework, would you strongly recommend the applicant for the position?

- Yes No, please specify:

Signature: _____

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English Teaching College

Demi-Pair Application Form

Medical Certificate Template

The Applicant wishes to join a Demi-Pair Programme where they will be studying English part-time and live with a host family where they will help with housework and childcare for a minimum of 15 hours per week.

Applicant

First Name:

Last Name:

Is the patient currently or has suffered from any of the following health conditions?

Heart Disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Drug Addiction	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Physical injury	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Specify:		Specify:	

If you have checked any of the boxes above, please provide a full summary of the medical history of the applicant regarding the condition mentioned (please include dates).

Is the applicant currently under any medication or treatment? Yes No

If yes, please specify:

In my professional opinion the applicant's general health is:

Excellent Good Fair Poor

In my professional opinion the applicant meets the health requirements to travel and live overseas for several months as part of the Demi-Pair Programme.

In my professional opinion the applicant does not meet the health requirements to travel and live overseas for several months as part of the Demi-Pair Programme.

Medical Practitioner's Stamp & Signature:

Date:

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English Teaching College

Demi-Pair Application Form

Terms & Conditions

English Teaching College Cancellation and Refund Policy						
	Less than 3 months			3 months and greater		
Course length	Less than 5 weeks		Between 5 and 12 weeks		13 weeks and greater	
Withdrawal period	Up until the end of the 2nd day of the course	From day 3 onwards	Up until the end of the 5th day of the course	From day 6 onwards	Up until the end of the 9th day	From day 10 onwards
Amount of refund	50% of total fees paid	No Refund	75% of total fees paid	No Refund	Full refund, less administration costs of up to 10% of the total fee or \$500 whichever is the lesser	No Refund

Payment of Fees

All fees are calculated in complete weeks and any part week is counted as a complete week. No compensation is given for Public Holidays when the school is closed.

Terms and Conditions, Cancellation and Refund Policy

- No refund will be made on the Demi-Pair Placement Fee where the Demi-Pair decides to withdraw from the programme after the start of their course.
- Where a Demi-Pair decides to withdraw from the programme or is removed from their host family because it is felt that they are not meeting their contractual obligations, the Demi-Pair will pay for their own accommodation until another family can be found for them.
- Where a family wishes their Demi-Pair to be removed because of them not meeting their contractual obligations, ETC will find them 1 other Demi-Pair Host Family at no extra cost. Should a third family have to be organise an Accommodation Placement Fee of NZ\$210 will be charged.
- Where ETC has not been able to confirm a host family by the time the student arrives in New-Zealand or where the family has cancelled the placement at the last minute, ETC will cover for 2 weeks of homestay placement until a Demi-Pair Host Family can be confirmed.
- Where a Host Family cannot be confirmed in the city of the student's first choice and one has been found in their second choice, the student will be placed in the city of their second choice.
- No refunds will be made where international students are asked to leave the school because they fail to comply with either the school, community or host family regulations or for poor attendance or behaviour.
- In the 'no refund' situations identified in the table, the Director reserves the right to make part refunds in exceptional circumstances.
- Refund and Cancellation Conditions for external exam fees are set by the organisations running the exams, should a student cancel their exam and the organisation running the test not offer a refund, ETC cannot be held liable. Exam Dates and Terms and Conditions are available for the students to check in the office.

Course Closure

If English Teaching College is no longer delivering or capable of delivering a course, the student enrolled will be entitled to receive a refund of the balance of the student fees held by the trustee, which have not already been paid to ETC. If the student transfers to another course provider, then the trustee will transfer that student's fees to the other course provider's student fee protection arrangement.

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English Teaching College

Demi-Pair Application Form

Trust Account

English Teaching College has arranged for the Public Trust to hold fees in accordance with s236A(2)(a) Education Act 1989.

Public Liability

English Teaching College holds public liability and contents insurance with NZI.

ETC Liability

The school shall not be liable if the services we state we offer, cannot be provided for reasons beyond our control.

Code of Practice <http://www.nzqa.govt.nz/assets/Providers-and-partners/Code-of-Practice-NZQA.pdf>

Code

English Teaching College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students. Copies of the Code are available from the NZQA website at www.nzqa.govt.nz.

Immigration

Full details of immigration requirements, advice on rights to employment in New Zealand while studying, and reporting requirements are available from Immigration New Zealand, and can be viewed on their website at www.immigration.govt.nz.

Eligibility for Health Service

Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly funded health services are available through the Ministry of Health, and can be viewed on their website at www.moh.govt.nz.

Accident Insurance

The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents, and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at www.acc.co.nz.

Medical and Travel Insurance

International students (including group students) must have appropriate and current medical and travel insurance while in New Zealand. ETC will arrange insurance. If different arrangements are made confirmation must be received from ETC.

I have read and understand these Terms and Conditions

Name:

Signature:

Date:

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