Te Kura Tuarua o Ruawai College
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Adult Household Member Check Form

For adults aged 18 years or over living in a homestay or residential caregiver home

1. Student details

Student name: _____

Date of birth: _____

Residential caregiver / homestay name: _____

Address: _____

2. Adult household member details

Full legal name: _____

Preferred name: _____

Date of birth: _____

Relationship to residential caregiver / homestay:
_____

Phone number: _____

Email address: _____

3. Declaration

I confirm that:

1. I am aged 18 years or over.
2. I live, or will live, at the address listed above.
3. I understand that Ruawai College is required to check adult household members to help ensure the safety and wellbeing of international students.
4. I agree to provide information reasonably required by Ruawai College for this check.
5. I will inform the residential caregiver and Ruawai College if any information changes.

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4. Safety questions

Please answer the following:

Have you ever been convicted of an offence involving violence, drugs, dishonesty, sexual misconduct, or harm to a child or young person?
☐ Yes ☐ No

Are you currently facing any criminal charges?
☐ Yes ☐ No

Have you ever been investigated by, or involved with, Oranga Tamariki or a child protection agency in relation to the care or safety of a child or young person?
☐ Yes ☐ No

Is there anything Ruawai College should know that may affect the safety or wellbeing of an international student living in the home?
☐ Yes ☐ No

If yes to any question, please provide details:

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5. Consent

I consent to Ruawai College collecting, storing, and using this information for the purpose of assessing the suitability and safety of the household for an international student.

I understand this information will be managed in accordance with the Privacy Act 2020 and only shared where required for student safety, legal compliance, or pastoral care purposes.

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Signature of adult household member: _____

Date: _____

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6. Verification

Photo ID sighted:

☐ Passport
☐ Driver licence
☐ Other: _____

ID number, if recorded: _____

Checked by: _____

Role: _____

Date checked: _____

7. School use only

Outcome of check:

☐ Approved
☐ Approved with follow-up
☐ Not approved
☐ Further information required

Notes / follow-up required:

_____

_____

_____

Staff member completing check: _____

Signature: _____

Date: _____