

AUTHORITY TO LIVE WITH DESIGNATED CAREGIVER IN NEW ZEALAND

This form must be signed and received by Massey University if the Applicant is an international applicant under 18 years old at their last birthday who will be residing with a designated caregiver in New Zealand while studying at Massey University.

We recommend you use Adobe's free 'Reader' software to complete this form on-screen. Many web browsers do not allow you to save a completed PDF.

1. I, THE PARENT/LEGAL GUARDIAN OF

Applicant's name as it appears on the passport ('The Applicant')

DESIGNATE

Designated caregiver's full name ('Designated Caregiver')

TO BE THE DESIGNATED CAREGIVER OF THE APPLICANT AND TO PROVIDE ACCOMMODATION FOR THE APPLICANT FROM

Day Month Year

TO

Day Month Year

2. DESIGNATED CAREGIVER'S RELATIONSHIP TO THE APPLICANT (IF ANY)

3. DESIGNATED CAREGIVER'S CONTACT DETAILS

Street: _____

Suburb: _____

Town/city: _____

Postcode: _____ Country: NEW ZEALAND

Phone: _____

Mobile: _____

Email: _____

4. I understand that the designated caregiver will be subject to Massey University's approval.

5. I agree that Massey University is not responsible for the applicant's care when the applicant is in the custody of the designated caregiver.

6. I agree that if this document is translated into other languages it is this English version that applies and that I must sign.

SIGNED BY PARENT/LEGAL GUARDIAN OF THE APPLICANT

Full name: _____

Date signed: Day Month Year

Signature: _____