



Authority to live with designated caregiver in New Zealand

This form must be signed and received by UCOL | Te Pūkenga if the Applicant will be under 18 years old when they commence their study at UCOL, and wish to reside with a designated caregiver whilst studying at UCOL.

If you need assistance or further information, please telephone us on: +64 6 952 7000 or visit our website at ucol.ac.nz.

Declaration

1. I , parent / legal guardian of (the "Applicant"), designate to be the caregiver of Applicant and to provide accommodation for the Applicant from to
2. The Designated Caregiver's relationship to the Applicant (if any) is (e.g. uncle, grandparent, sister, cousin, family friend, etc.)
3. Designated Caregiver's contact details
Street:
Suburb:
Town/City:
Postcode:
Country:
Home phone:
Mobile phone:
Email address:
4. I understand that the Designated Caregiver will be subject to UCOL's approval.
5. I agree that UCOL 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:

Name:

Signature:

Date: DAY MONTH YEAR