



New Zealand College of
Early Childhood Education

Te Whare Matauranga Kohungahunga o Aotearoa

Hand in hand with your success

PRACTICUM FAMILY APPLICATION FORM

Units 12 & 13, 114 Sawyers Arms Road,
Christchurch 8052,
P.O. Box 5561, Papanui, Christchurch 8542
Christchurch 8144, New Zealand
Ph: (03) 365 3153 Fax: (03) 366 0391
0800 CHILDHOOD (244534)
www.teacher.co.nz

Surname:

Mother:

Father:

Home Address:

Telephone: Home ()

Work: ()

Mobile Phone No:

Children's Names:

Date of Birth:

Who is/are the main caregiver/s who are generally at home with the children?

Does this person have other regular commitments? For example, work outside the home. Please provide relevant details:

Names of any relatives, boarders or anyone else who lives in this home:

Are there any health issues affecting this family which students should know about? Please provide relevant details:

Please provide details of two referees:

Name:

Telephone No:

How long have you known this person?

Name:

Telephone No:

How long have you known this person?

Please also attach one written character reference

What do you feel your family can offer students on our programme, e.g. special interests, personal strengths, tertiary qualifications, experience with children?

DECLARATION

I agree that I have read the accompanying 'Guidelines for Practicum Families' and appreciate the special role families have in the training of students from the New Zealand College of Early Childhood Education.

I am happy to provide a student with the necessary opportunities to fulfil their practicum requirements. I acknowledge the importance of the positive parenting approach and agree to encourage and support students in the Pro-Active Learning (PAL) philosophy.

I agree to advise the College promptly of any changes to the information on this form.

I agree to advise the College of any serious infectious illness my family may have been exposed to prior to each student placement.

Signature:

Date: