



Accompanying Nanny Form

> Identity

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / ____ (dd/mm/yyyy)

Place of Birth: _____ (Town/City, Country)

**Please attach
a photograph here.**

Photographs should be a recent, front facing, passport-sized photo of yourself. If you wear glasses please remove them for the photograph.

> Address

House/Flat Name/Number: _____

Street: _____

City/Town: _____

County/State: _____ Post Code/Zip Code: _____

Country: _____ Email Address: _____

Home Telephone Number: _____ (+ country & area code) Time Zone: _____ (+/- GMT)

Mobile Telephone Number: _____ (+ country & area code)

Skype Name: _____ (for setting up your Skype Interview)

> Passport Details

(For Non-New Zealand Citizens)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / ____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / ____ (dd/mm/yyyy)



> Marital Status

- Single
- Married - Date of Marriage: ___ / ___ / ____ (dd/mm/yyyy)
- Divorced - Date of Divorced: ___ / ___ / ____ (dd/mm/yyyy)
- Widowed - Date Widowed: ___ / ___ / ____ (dd/mm/yyyy)
- Engaged - Date of Engagement: ___ / ___ / ____ (dd/mm/yyyy)
- Separated - Date of Separation: ___ / ___ / ____ (dd/mm/yyyy)
- Remarried - Date of Remarriage: ___ / ___ / ____ (dd/mm/yyyy)

If you are married will your spouse be attending the school?

Yes No

Spouse's Name: _____

NOTE: If your spouse is attending the INS they need to complete a full set of forms. If they are coming to look after your children then they need to complete:

- INS | *Accompanying Spouse Form*
- INS | *Personal Health Form*

> Children

Do you have any children accompanying you? If so, please complete the following information for each child.

Child #1

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / ____ (dd/mm/yyyy) Age: _____

Place of Birth: _____ (Town/City, Country)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / ____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / ____ (dd/mm/yyyy)

Child #2

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / ____ (dd/mm/yyyy) Age: _____

Place of Birth: _____ (Town/City, Country)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / ____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / ____ (dd/mm/yyyy)



> **Health & Special Needs**

How would you rate your overall health? Excellent Good Fair Poor

Do you have any physical limitations that would possibly hinder your involvement in the school? Yes No

If yes, please specify: _____

Do you have any special **medical** dietary requirements? Yes No (eg. Allergy to nuts, celiac, vegetarian... etc.)

If yes, please specify: _____

One aspect of living as a family in community necessitates that the INS weekly program include 7.5 to 10 hours per week of work-duties for each participant. Work duties ensure the smooth running and continued comfort of our community for all. Duties might include; cooking, cleaning, gardening and maintenance etc. Do you agree to participate in work duties? Yes No

If no, please specify why: _____

Our location at Orama is remote and living conditions are basic; shared housing, limited services and no public transportation. The facilities are located at the bottom of an uphill gravel driveway (a 35-minute brisk walk) and require a reasonable level of fitness to access local amenities. The nearest village shop is a further 45-minute walk from the mouth of the driveway (Orama has it's own shop for toiletries, snacks and various sundry supplies). We view Orama's isolation as a positive attribute. However, do you believe you could live in such a secluded and basic environment for the duration of the school? Yes No

If no, please specify: _____

For further details on the location, please visit the following websites:

- www.orama.org.nz
- www.inheritingthenations.com

> **Criminal Record**

Do you have a criminal record? Yes No

If yes, please specify: _____

Have you ever been convicted or accused of a sexual crime? Yes No

If yes, please specify: _____

> **English Proficiency**

Proficiency in oral and written English is necessary for you to benefit from the INS. Is English your first language? Yes No

If English is not your first language please indicate your ability in the following skills: (1- not able 6- native speaker)

Spoken English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Understanding spoken English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Written English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Understanding written English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6



NOTE: For electronic applications please also print, sign and bring with you a hard-copy of this page. New Zealand law regards anyone under the age of 20 years-old as a minor and therefore the signature of a parent or guardian is also required.

> Emergency Information

Your Name: _____ In case of emergency please contact:

Emergency Contact Name: _____ Relationship: _____

House/Flat Name/Number: _____

Street: _____

City/Town: _____

County/State: _____ Post Code/Zip Code: _____

Country: _____ Email Address: _____

Home Telephone Number: _____ (+ country & area code) Time Zone: _____ (+/- GMT)

Mobile Telephone Number: _____ (+ country & area code)

> Consent For Medical Treatment

In the event of an emergency in which I, or my children (if applicable), are rendered unconscious or incoherent and our nearest responsible relative or guardian cannot be immediately contacted, I hereby agree to the performance of all medical treatment, including anaesthesia and surgery, as the attending nurse or physician may deem necessary.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Release of Liability

On this day ___ / ___ / _____ (dd/mm/yyyy), with the intention of being legally bound, the undersigned hereby releases from liability and agrees to indemnify and hold harmless Fatherheart Ministries and its volunteers and staff, for any and all liability for personal injuries (including death), property loss or damages resulting from activities, travel, overnight housing and accommodation for the INS | The Journey of Sonship. I understand that my participation is strictly voluntary.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Financial Responsibility Declaration

Do you have your complete school fees? Yes No, but I will have No

I understand, confirm and agree to the payment of the required school tuition and fees. I understand that they must be received by Fatherheart Ministries 4 weeks prior to my arrival, unless otherwise arranged with the school leadership. I am aware of my financial obligation for this school and therefore accept full responsibility for all of my fees and personal expenses incurred during my involvement with the INS | The Journey of Sonship.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Confirmation

I confirm, as far as I am aware, that the information given above is correct at the time of completing this application. If there are any changes that would affect any of my answers to the above questions between the date of application and the start of the INS, I will inform Fatherheart Ministries in writing.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)