**Change of Premises or Operations   
  
Hostel Licence Application**

When completing your application please refer to the following resources:

1. The Education (Hostels) [Regulations](http://www.legislation.govt.nz/regulation/public/2005/0332/latest/DLM362025.html?search=qs_act%40bill%40regulation%40deemedreg_hostels_resel_25_h&p=1&sr=1) 2005
2. [Guidelines](http://education.govt.nz/assets/Documents/School/Running-a-school/Hostel-Regulations/Education-Hostels-Regulations-JUN-2019.pdf) to the Education (Hostels) Regulations 2005
3. For further information please contact the hostel licensing authority on

Phone: 04 439 6443

Email: [hostel.licensing@education.govt.nz](mailto:hostel.licensing@education.govt.nz)

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| --- |
| Provider Details |

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| **Name of hostel:** |
| **Full name of licensee:** |
| **Telephone: Mobile:** |
| **Email:** |
| **Physical Street Address (es)** (more than one address may apply to a hostel where hostel buildings are on physically separate sites): |
| **Postal Address:** |
| **Full name of contact person:** |
| **Designation:** |
| **Telephone: Mobile:** |
| **Fax: Email:** |
| Please complete the details if the person making this application is **not** the hostel licensee. Note: this person must have the legal authority to sign on behalf of the licensee. |
| **Full Name:** |
| **Date of Birth:** |
| **Designation Phone:** |
| **Email:** |

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| Proposed changes |

Please select the appropriate proposed change option(s)

Change of premises to a new location

Change of premises by altering existing facilities (Part 3 of the Regulations)

Change of operations (Part 4 of the Regulations)

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| **Address Changes** |

New Address:

Physical address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Details of hostel operation and proposed changes** |

1. General information on hostel

Please outline the changes that require amendment(s) to the current licence:

General nature of the operation:

Maximum number of boarders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age range of boarders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex of boarders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special needs catered for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of boarding houses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of boarding houses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If a substantial alteration to the hostel buildings is proposed, please provide a new set of scale floor plans highlighting the changes.

3. Premises and facilities compliance with Part 3 of the regulations.

Provide details of any changes proposed to be made to the premises and facilities since the licence was last issued or renewed or tick “No change”.

**Regulation 44 Provision of necessary spaces, facilities, and equipment**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No Change** |
| Boarders recreation (indoor and outdoor) |  |  |
| Space for quiet activities |  |  |
| Food Preparation and eating |  |  |
| Sleeping arrangements |  |  |
| Toileting, bathing, other personal hygiene, changing areas and personal privacy arrangements |  |  |
| Laundry arrangements for clothing |  |  |
| Secure storage of boarders personal effects |  |  |
| Provision for boarders private communication with parents and other people |  |  |

**Regulation 45 Lighting, Heating, and Ventilation**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No change** |
| Provisions for lighting, heating and ventilation |  |  |

**Regulation 46 Laundering of sheets, bath towels, etc.**

|  |  |  |
| --- | --- | --- |
|  | **Change (please provide details)** | **No change** |
| Laundry system |  |  |

**Regulation 47 Maintenance and safe use of buildings and facilities**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No Change** |
| Describe how buildings and facilities are maintained and used safely |  |  |

**Regulation 48 & 49 Fires, Earthquakes and other emergencies**

|  |  |  |
| --- | --- | --- |
|  | **Change (please provide details)** | **No Change** |
| Describe how buildings and facilities are maintained and used safely |  |  |
| Telephone number available for emergency calls |  |  |
| Attach copy of evacuation, care and temporary accommodation emergency plan and describe where it is displayed |  |  |
| Describe staff, fire, earthquake and emergency training procedures |  |  |
| Date of last evacuation drill completed and frequency of drills. |  |  |

**Regulation 50 Safety and hygiene of premises, equipment, etc.**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No change** |
| Provide information to support compliance with regulation |  |  |

**Regulation 51 Premises to be kept free of hazards**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No change** |
| Provide details of how hazards are managed at the hostel |  |  |

**Regulation 52 First Aid**

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| --- | --- | --- |
|  | **Change (please provide details)** | **No change** |
| Describe first aid equipment supplied and facilities that comply with the Health and Safety Employment Act 1992. |  |  |
| Name of staff with first aid certificates |  |  |

Attach separate sheets as required.

4. Hostel management compliance with Part 4 of the regulations.

Please tick the appropriate box and provide a copy of the policies and procedures that have been changed.

|  |  |  |
| --- | --- | --- |
|  | **Change** | **No Change** |
| Regulation 54: Hostel’s operating policies and procedures that relate to the welfare of boarders. |  |  |
| Regulation 55: Policy on hostel relationships and protection of boarders from ill-treatment. |  |  |
| Regulation 56: Procedure for granting boarders leave of absence. |  |  |
| Regulation 57: Review of and consultation on hostel policies and procedures. |  |  |
| Regulation 58: Abuse, harassment, or serious neglect of boarders. |  |  |
| Regulation 59 and 60: Arrangements for record keeping that meet the requirements of the regulations. |  |  |
| Regulation 61: Supervision, staffing and security:   * Suitability checks for all staff who have unsupervised access to boarders * Security measures used to prevent unauthorized access to hostel’s premises * Staff/boarder ratios |  |  |
| Regulation 62: Supervision of boarders on excursions outside the hostel |  |  |
| Regulation 63: Food and Drink  Arrangements to provide nutritious and safe food and water supply |  |  |
| Regulation 64: Infectious and other diseases  Arrangements for dealing with an infectious disease and ensuring staff are in good health and are not suffering from an infectious disease. |  |  |
| Regulation 65: Protection and promotion of health-   * Arrangements for dealing with accidents or serious illness involving a boarder * Arrangements for boarders’ access to healthcare and support services including personal counselling * Policies relating to the use of alcohol or other substances by staff members and boarders |  |  |
| Regulation 66: Parents’ contact with, or access to boarders-  Arrangements for ensuring parental access to a boarder and provisions for excluding contact where “good reason” exists |  |  |

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| **Licence to be renewed** |

Attach copy of licence for renewal

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| **Statutory Declaration** |

Completed copy attached

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| **Fees** |

Pay via internet banking

Upon application a fee of $250 including GST is payable.

Please make payment by direct credit to **03-0049-0004125-028** citing **‘hostel fee’** in reference fields.

**STATUTORY DECLARATION**

When you have completed this form, please take it to a Justice of the Peace, Solicitor, a Registrar or Deputy Registrar of the Court to be witnessed. The declaration must be completed by a person who has authority to sign on behalf of your institution (e.g. Board of Trustees Chairperson, Manager, Director, Chief Executive, etc.).

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

(Full name) (Designation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solemnly and sincerely declare that

(Name of Hostel)

* I am the owner of the hostel for which this licence application is being made or
* I am authorised to make this application on behalf of the owner/ partnership (delete one).
* I have made all reasonable inquiries and the information contained in this application and correct to the best of my knowledge and belief and is accompanied by all relevant information known to the owner.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant’s signature)

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_this\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2019.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Witness’s signature)

Please circle one: Justice of the Peace, Solicitor, (Deputy) Registrar

A significant penalty, including a term of imprisonment of up to three years, may be imposed under the Crimes Act 1961 for making false declarations.

**APPLICATION CHECKLIST**

Use this checklist to ensure all relevant material has been attached to this application.

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| **Information Required** |
| Scale floor plans (if applicable) attached |
| Copy of revised policies and procedures (if applicable) attached |
| Copy of current licence |
| Signed & verified Statutory Declaration |
| Payment for fees |