

APPLICATION FORM for HOMESTAY ACCOMMODATION



PHOTO



FAMILY NAME:

FIRST NAMES:

HOME ADDRESS:

EMAIL ADDRESS:

NATIONALITY:

DATE OF BIRTH:

MALE/FEMALE:

PROPOSED COURSE OF STUDY:

LEVEL OF ENGLISH:

BEGINNER

INTERMEDIATE

ADVANCED

YOUR PREFERENCES:

DO YOU LIKE CHILDREN?

YES

NO

DON'T MIND

DO YOU LIKE ANIMALS?

YES

NO

DON'T MIND

DO YOU SMOKE?

YES

NO

DO YOU MIND LIVING WITH PEOPLE WHO SMOKE?

YES

NO

DON'T MIND

WHAT FOODS DO YOU LIKE

OR DISLIKE?

HEALTH INFORMATION:

DO YOU HAVE ANY ALLERGIES?

YES

NO

DETAILS (if yes)

DO YOU HAVE ANY MEDICAL CONCERNS?

YES

NO

DETAILS (if yes)

DO YOU HAVE ANY FOOD RESTRICTIONS?

YES

NO

DETAILS (if yes)

WHICH WORDS BEST DESCRIBE YOUR CHARACTER:

OUTGOING

INDEPENDENT

SERIOUS

OPTIMISTIC

QUIET

HELPFUL

SELF CONFIDENT

PLEASE GIVE ANY ADDITIONAL INFORMATION ABOUT YOURSELF WHICH WOULD BE USEFUL WHEN PLACING YOU WITH A HOMESTAY PROVIDER/FAMILY