

# LANGPORTS English Language College

## APPLICATION TO BECOME A HOMESTAY HOST FAMILY

Family Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

House  Unit

### Introduction / Overview

Have you ever had homestay students before?

\_\_\_\_\_

Why would you like to be a homestay family?

\_\_\_\_\_

This application is for:

- Deluxe Homestay**  
Requirements: 1 student per family, own room, own bathroom, internet, full meals, laundry
- Standard Homestay**  
Requirements: Max 2 students, own room, share bathroom, full meals, laundry
- Self Cater Homestay**  
Requirements: No limit numbers, share bathroom, breakfast only, students do their own laundry, use of kitchen for food storage.

How many students can you accommodate? \_\_\_\_\_

## Student Preferences:

Short Term (4 Weeks)

Long Term (4 weeks+)

Gender Male

Female

Age: Under 18

Over 18

Nationality Preference? Yes

No:

If yes please list \_\_\_\_\_

## Accommodation Details

Share bathroom  Own bathroom

Swimming pool

Internet access Broadband  Dial Up

How much can student use and when? \_\_\_\_\_

## Food and Meals

If Self Cater - Can the student use the kitchen? Yes  No

Does your family have any food restrictions? \_\_\_\_\_

Can you accommodate vegetarians? Yes  No  Vegan? Yes  No

## Other General Accommodation Arrangements

Smoking ok? Yes  No  Outside Only

## TRANSPORT

Bus:  Nearest Station and Bus No? \_\_\_\_\_ Time to City? \_\_\_\_\_

Train:  Nearest station? \_\_\_\_\_ Time to City? \_\_\_\_\_

## FAMILY DETAILS

Family Member Name: \_\_\_\_\_ Partners Name : \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Children** (including those who are likely to stay for short period of time i.e – holidays etc)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_ Personality (loud, quiet etc) \_\_\_\_\_

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Pet Details? \_\_\_\_\_

Outside Only? Yes  No

What are your family hobbies/interests?

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Does your family attend any regular religious services?  Yes  No

Religion: \_\_\_\_\_

## Blue Card Details

Bluecard:	Mother:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	Father:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	Children:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

1: Blue Card Name: \_\_\_\_\_ Number: \_\_\_\_\_

Sighted By: \_\_\_\_\_ Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

2: Blue Card Name: \_\_\_\_\_ Number: \_\_\_\_\_

Sighted By: \_\_\_\_\_ Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

3: Blue Card Name: \_\_\_\_\_ Number: \_\_\_\_\_

Sighted By: \_\_\_\_\_ Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

## Comments

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