

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?

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
