

# Host Family Application Form

<i>For office use only</i> Visited by:	Date of visit:	Time of visit:
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## PERSONAL INFORMATION

First name:	Surname:
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Address:

Town:	Postcode:	Email:
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Home Telephone:	Fax:
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Work Telephone:	Mobile:
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## LOCATION

Nearest railway station:	Walking Distance in minutes:
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## HOME

Type of property; House <input type="checkbox"/> Flat <input type="checkbox"/>	Number of rooms available:
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Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>	
Shower available: Yes <input type="checkbox"/> No <input type="checkbox"/>	Separate WC: Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a smoke alarm in your house? Yes  No

What furniture is in the room? Wardrobe  Table  Desk  Light

Type of heating:

## FAMILY INFORMATION *please tell us about yourself and your partner*

Marital status: (please tick) Single  Married  Divorced  Separated  Living with Partner

Occupation:	Partner's Name:
Partners Occupation:	

Religion:	Partners Religion:
Age in years:	Partner's Ethnic Origin:

Ethnic Origin:	Partners Age in years:
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Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is smoking permitted in your house? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is there an adult home at night? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to give your student a key? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you had experience at being a host family?

Yes  No

If yes please specify:

Do you have any pets?

Yes  No

If yes please specify:

Do you have any children?

Yes  No

If yes please indicate number.... and give details below:

Male /Female	Year of birth

## YOUR PREFERENCES

What do you prefer?

*Leave empty if you have no preference*

Female  Male

Child  Adult

Short stay  Long

Additional information (hobbies/interests) :

Are you willing to escort/drive your short stay student every morning and evening?

Yes  No

Will the student have internet access?

Yes  No

Are you willing to allow the student and his/her parents to use an email address for contact?

Yes  No

**Please complete this questionnaire as much as possible and return to The Language Room. An appointment will be made to visit you. Thank you for your co-operation with this questionnaire.**

*For office use only;* Gas safety check? Y/N Map? Y/N Code of practice signed and returned? Y/N

Ts and Cs signed and returned? Y/N Children Act signed? Y/N

Database entry? Y/N Bank Details returned? Y/N