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# Homestay Provider Application Form

## FAMILY DETAILS

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

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

Host Father: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Interests: \_\_\_\_\_

Smoker:  No  Yes

Blue Card  No  Yes (Please attach a copy of the card)

If yes Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Host Mother: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Interests: \_\_\_\_\_

Smoker:  No  Yes

Blue Card  No  Yes (Please attach a copy of the card)

If yes Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Others people living in the house (other than homestay students)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_:

Relationship to family: \_\_\_\_\_

Interests: \_\_\_\_\_

Smoker:  No  Yes

Blue Card  No  Yes (Please attach a copy of the card)

If yes Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_:

Relationship to family: \_\_\_\_\_

Interests: \_\_\_\_\_

Smoker:  No  Yes

Blue Card  No  Yes (Please attach a copy of the card)

If yes Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Please attach a separate document if you have more than two other members of your household



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## HOME DETAILS

Please attach photos of the following areas in your home:

- Lounge
- Dining
- Kitchen
- Bedrooms for homestay students
- Bathrooms
- Outdoor/Yard/Deck

Available for homestay:

Bedrooms: \_\_\_\_\_

Bathrooms: \_\_\_\_\_

Internet for students:  Yes  No

Pets:  Yes  No

If yes, what kind of pets? \_\_\_\_\_

Indoor / Outdoor

## HOMESTAY STUDENT PREFERENCES

I am happy to host:

**Length:**  Short Term  Long Term  Both

**Gender:**  Male  Female  Both

**Smoker:**  Yes  No

**Underage:**  Yes  No

(min. age 16)

## PRIVACY STATEMENT

Kelly Colleges collects stores and uses personal information for the purpose of administering its homestay program. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet Government, legal or other regulatory authority requirements.

Host Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Host Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_