



Office use only

Date:

Visitor:

Confidentiality: All the information provided by the host will be kept in accordance with Data Protection regulations.

HOST PERSONAL DETAILS

HER NAME: _____ YEAR OF BIRTH: _____

HIS NAME: _____ YEAR OF BIRTH: _____

HER PROFESSION: _____ HER NATIONALITY: _____

HIS PROFESSION: _____ HIS NATIONALITY: _____

LANGUAGES SPOKEN AT HOME: _____

ADDRESS: _____

POST CODE: _____ TEL (HOME): _____

MOBILE: _____ WORK: _____

E-MAIL: _____

CHILDREN AT HOME

FIRST NAME: _____ YEAR OF BIRTH: _____ GENDER: _____

FIRST NAME: _____ YEAR OF BIRTH: _____ GENDER: _____

FIRST NAME: _____ YEAR OF BIRTH: _____ GENDER: _____

FIRST NAME: _____ YEAR OF BIRTH: _____ GENDER: _____

FIRST NAME: _____ YEAR OF BIRTH: _____ GENDER: _____

Anybody else living in the house or often staying over? _____

Additional comments: _____

ROOMS AVAILABLE

Circle the option you are offering. For room size just use S (small), M (medium) or B (big)

- | | | | | |
|-----------------|----------------------|-----------------------------|-------------|------------|
| 1)SINGLE/DOUBLE | Wash basin/EN-SUITE | TV <input type="checkbox"/> | FLOOR: ____ | SIZE: ____ |
| 2)SINGLE/DOUBLE | Wash basin/EN-SUITE | TV <input type="checkbox"/> | FLOOR: ____ | SIZE: ____ |
| 3)SINGLE/DOUBLE | Wash basin /EN-SUITE | TV <input type="checkbox"/> | FLOOR: ____ | SIZE: ____ |
| 4)SINGLE/DOUBLE | Wash basin/EN-SUITE | TV <input type="checkbox"/> | FLOOR: ____ | SIZE: ____ |

Additional comments (ex. Does the room have carpet, a fireplace or any special feature?)

BATHROOM

SHOWER BATH HOW MANY PEOPLE SHARE IT? _____

OTHER INFORMATION

ARE YOU VEGETARIAN? YES NO

WOULD YOU BE PREPARED TO COOK FOR ANY OF THE SPECIAL DIETS BELOW? TICK ACCORDINGLY.
(There is an extra weekly payment of £20 for Lactose and celiac diets)

VEGETARIAN FOOD NON-PORK DIET LACTOSE FREE CELIAC

DO YOU HAVE PETS? _____ DO YOU HAVE WIFI? _____

SMOKE ALARM? _____ CARBON MONOXIDE ALARM? _____ SECURITY ALARM? _____

ANY SMOKERS IN THE FAMILY? _____ WILL ACCEPT SMOKERS? _____ (OUTSIDE/NOT AT ALL)

PREFERENCES: _____ (BOYS/GIRLS/EITHER)



WOULD YOU TAKE 16 AND 17 YEAR OLDS? (16 year olds during the summer course only)

YES NO

ARE YOU OR ANY OTHER RESPONSIBLE ADULT IN THE HOUSEHOLD DBS CHECKED?

YES NO

IF YES, PLEASE GIVE US THE DATE AND TYPE OF YOUR(S) DBS CHECK:

DISTANCE FROM SCHOOL ON FOOT: _____

WHAT ARE YOUR FAMILY INTERESTS AND HOBBIES? This information helps us to find a good match for you. Please also inform us if you lived abroad.

WHEN ARE YOU AVAILABLE TO HAVE A STUDENT? _____

ANY HOLIDAYS BOOKED? _____

ARE YOU REGISTERED WITH ANY OTHER SCHOOL? _____

HOW DID YOU HEAR ABOUT US? _____

DO YOU HAVE ANY MEDICAL CONDITION (S) THAT MIGHT AFFECT YOUR ROLE AS A HOMESTAY PROVIDER? Yes () No ()

If you replied yes, please give details:



HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE WHICH IS NOT 'PROTECTED'?

YES NO

If you have answered yes, supply details of all convictions in a sealed envelope marked "confidential" and attach to this form. If your application is successful, this information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.

I confirm that the above information is complete and accurate and I understand that any offer of hosting a student is subject to: a) references which are satisfactory to the school b) a satisfactory DBS certificate and check of the Barred list and c) the entries on this form proving to be complete and accurate.

I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

I also confirm that neither of us, the host parents, nor our children have had any involvement with Children's services (child at risk, domestic abuse, social care, etc.)

Signature: _____ Date: _____

Thank you for taking the time to fill in this form, once I have received it, I shall be calling you to make an appointment to come and meet you and view the accommodation.

Andrea d'Essen

Homestay Manager

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