

HOMESTAY FAMILY APPLICATION FORM

Confidentiality Agreement:

The information provided on this Form is to be used for administration purposes only and will be maintained by ISCA with the strictest confidence in mind. No part of the Form will be used or copied unless in accordance with this statement.

| PARENT/CARER DETAILS | | | | |
|-----------------------|--|----------------|---------------------------------------|-----------------|
| PARENT/CARER 1 | Surname: | | Given Names: | Preferred Name: |
| | Main Language spoken at home: | | Other Languages spoken: | |
| | Mobile Phone: | | Email: | |
| | Gender: | Date of Birth: | Religion: (if applicable) | |
| | Do you hold a current Blue Card?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, Full name on Blue Card: | |
| | Blue Card No.: | | Blue Card Expiry Date: | |
| | Employer: | | Work Phone No.: | |
| | Occupation: | | Regular Hours Worked: (if applicable) | |

| PARENT/CARER DETAILS | | | | |
|-----------------------|--|----------------|---------------------------------------|-----------------|
| PARENT/CARER 2 | Surname: | | Given Names: | Preferred Name: |
| | Main Language spoken at home: | | Other Languages spoken: | |
| | Mobile Phone: | | Email: | |
| | Gender: | Date of Birth: | Religion: (if applicable) | |
| | Do you hold a current Blue Card?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, Full name on Blue Card: | |
| | Blue Card No.: | | Blue Card Expiry Date: | |
| | Employer: | | Work Phone No.: | |
| | Occupation: | | Regular Hours Worked: (if applicable) | |

| OTHER HOUSEHOLD MEMBERS (including current International students) | | | | |
|--|-----|--------|--------------------------------|-------------------|
| Name | DOB | Gender | Current School (if school age) | Hobbies/Interests |
| | | | | |
| | | | | |
| | | | | |

| HOME DETAILS | | |
|--|--|---|
| Address: | | |
| Home Phone: | Postal Address: (if different) | |
| Single Storey House <input type="checkbox"/> | Double Storey House <input type="checkbox"/> | Townhouse/Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Brick <input type="checkbox"/> Timber <input type="checkbox"/> |
| Number of bedrooms in house: | Number of bedrooms for students: | Number of bathrooms: |

| OTHER FAMILY DETAILS | |
|---|--|
| Do you have pets? Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, list the type of pet | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> |
| If yes, list the type of pet | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> |
| What are the closest Public Transport options from your home? | Bus Train |
| Does anyone in the home smoke? Yes <input type="checkbox"/> | If Yes, Indoors or Outdoors No <input type="checkbox"/> |
| What are the family's hobbies and interests? | |
| Have you previously hosted International students? Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| HOMESTAY FACILITIES FOR INTERNATIONAL STUDENT (please tick if available) | | | |
|---|--------------------------|----------------------|--------------------------|
| Standard Bedroom | <input type="checkbox"/> | Desk, Chair and Lamp | <input type="checkbox"/> |
| Wardrobe | <input type="checkbox"/> | Internet access | <input type="checkbox"/> |
| Telephone access | <input type="checkbox"/> | Pool | <input type="checkbox"/> |
| Other (please specify) | | | |

| INTERNATIONAL STUDENT PREFERENCES | |
|--|---|
| Preferred gender of student: Male <input type="checkbox"/> | Female <input type="checkbox"/> Either <input type="checkbox"/> |
| Preferred length of accommodation offered: Holiday period <input type="checkbox"/> | One school term <input type="checkbox"/> One Semester <input type="checkbox"/> School year <input type="checkbox"/> |

| HOMESTAY REFERENCES | |
|--|-------------------|
| (Please provide two (2) Personal and/or Business referees who can verify your integrity for 'hosting' an international student) | |
| Referee 1: | Referee 2: |
| Name: | Name: |
| Address: | Address: |
| Telephone No.: | Telephone No.: |

| BANK ACCOUNT DETAILS: (for ISCA homestay payments) | |
|---|---------------|
| Name of Bank: | Account Name: |
| BSB No.: | Account No.: |

STATEMENT OF CARE:

If accepted as a "Homestay" family, I/We agree to offer to the international student all respect and support required during their stay in our home. I/We accept the international student as part of our "family" and will take all reasonable CARE for their health and safety. Unless in unforeseen circumstances, I/we agree to advise ISCA three (3) weeks in advance if I/we wish to terminate an existing homestay arrangement.

Parent /Carer 1:
 Signed: Date:.....

Print Name:

Parent /Carer 2:
 Signed: Date:.....

Print Name: