

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:		Occupation:	

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:		Occupation:	

OTHER HOUSEHOLD MEMBERS (including current International students)				
Name	DOB	Gender	Current School (if school age)	

HOME DETAILS	
Address:	
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 bathrooms:	Number of bedrooms for students:

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"/>
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	Desk, Chair and Lamp	Fan	Bookcase/shelves
Wardrobe	Internet access	Pool	Piano
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 term <input type="checkbox"/> One Semester <input type="checkbox"/> One year <input type="checkbox"/>

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: