

**HOMESTAY APPLICATION FORM**

SURNAME _____ FIRST NAME Mrs/Ms/Miss _____ Mr _____

ADDRESS _____

Postcode _____ TEL NO. Home _____ Mobile _____

EMAIL _____

OCCUPATIONS Mrs/Ms/Miss _____ Mr _____

CHILDREN AT HOME:

Name(s) _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Please give details of any other residents. _____

Do you work with any other homestay organisations? Yes / No Which _____

PETS _____

What are your interests? _____

NUMBER OF ROOMS AVAILABLE: Single _____ Twin _____ Double _____ Ensuite _____

WOULD YOU PREFER? Male / Female / Either

DO YOU ALLOW SMOKING IN THE HOUSE? Yes / No / Certain area only Where? _____

DOES ANYONE IN YOUR HOUSE SMOKE? Yes / No

WHICH KIND OF ACCOMMODATION CAN YOU PROVIDE? Homestay half board / Homestay full board / Both

CAN YOU CATER FOR DIETARY REQUIREMENTS? Vegetarian Meals/ Food allergy / Halal

Internet access _____

Bank account details for payments by direct transfer _____

PROPOSED HOLIDAYS (If known) _____

Please note you are required to sign a declaration stating you, and other adults normally living with you, are suitable to work with children and you may be required to undergo vetting by the National Vetting Bureau.
