

HOMESTAY APPLICATION FORM

(Office Use Only)

Program:	Location:	Student Photograph
Duration: / ~ / () days weeks		

Student Information

Name				Mr / Mrs / Ms / Other
Current Address				Ph
	Post Code:			Fax
Email	Computer Email	Mobile Email:		
Emergency Contact	Address	Name	Ph	
	Post Code:	Relation	Fax	
Date of Birth	/ / 19 (Age:)	Sex M F	Country of Birth	Nationality
School	Tropical North QLD TAFE Email: international.tnqit@deta.qld.gov.au			Ph: +617 4042 2626 Fax: +617 4042 2622
Do you have a valid passport? ※Please write※in the box□	<input type="checkbox"/> Yes	Passport Number :	Date of Issue / /	
	<input type="checkbox"/> No	Date of Expiry / /		
	<input type="checkbox"/> Application is now processing			
If you have a valid Visa to visit Australia	Issuing Country, Type of Visa and Visa Number		Place of Issue	Date of Expiry / /
Have you ever been Overseas? or Have you ever experienced an International Homestay? If Yes, please fill out.	Country	Period of stay / / ~	Country	Period of stay / / ~
		/ /		/ /

Homestay Requirements

In / Out Date:	Single / Twin / Triple
Is there anyone you'd like to be placed with in a family? (Please circle) Yes / No If Yes, who with? _____	
Do you mind sharing with another student from a different country? (Please circle) Yes / No	
Is there any nationality you don't like? (Please circle) Yes / No If Yes, which country? _____	
What suburb in Cairns would you like to live?	
I will be attending: Tropical North QLD TAFE _____ Course Name : _____ Start / Finish Dates: _____	
Meals provided: 2 meals weekdays and 3 meals weekends	
Do you require airport transfers? (Please circle) Yes / No If Yes, Arrival Date: _____ Flight Number: _____ Arrival Time: _____ Arrival Airport: _____	

Name: _____		_____	
(Family Name)		(First Name)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ / _____ / 19	Age: _____ years old	
Current Address: _____		Telephone No.: (_____)	
_____		Mobile No.:	
Post Code: _____			
Email Address: _____		Mobile: _____	

Family Details if they are accompanying you and require homestay

Name	Relation	D.O.B	Occupation	Name	Relation	D.O.B	Occupation

*The following questions are references to help us to choose a suitable Host Family for you.

<p>●Your English Speaking Ability</p> <input type="checkbox"/> Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<p>●Interests & Hobbies</p> <input type="checkbox"/> Reading <input type="checkbox"/> Tea Ceremony <input type="checkbox"/> Cooking <input type="checkbox"/> Flower Arranging <input type="checkbox"/> Music <input type="checkbox"/> Calligraphy <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Computer Games <input type="checkbox"/> Travel <input type="checkbox"/> Sports <u>What sports?</u> _____ <input type="checkbox"/> Martial Arts <input type="checkbox"/> Dancing / Singing <input type="checkbox"/> Shopping <input type="checkbox"/> Other <u>List:</u> _____
<p>●How long have you studied English? Years / Months _____</p>	<p>●Character</p> <input type="checkbox"/> Sociable <input type="checkbox"/> Cheerful <input type="checkbox"/> Honest <input type="checkbox"/> Independent <input type="checkbox"/> Shy <input type="checkbox"/> Energetic <input type="checkbox"/> Patient <input type="checkbox"/> Adaptable <input type="checkbox"/> Positive <input type="checkbox"/> Kind <input type="checkbox"/> Intelligent <input type="checkbox"/> Outgoing
<p>●Are you going to an ESL school now?</p> <input type="checkbox"/> Yes School Name: _____ <input type="checkbox"/> No	<p>● Are you taking any medication? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, please list _____</p>
<p>●Allergies</p> <input type="checkbox"/> Allergic Rhinitis <input type="checkbox"/> Atopic Dermatitis <input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Foods _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Animals _____	

● Other Information

★Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
★Do you mind if a family member smokes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
★Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Beer / Wine / Other _____
★Do you like pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what kind of pet do you like? _____ Would you prefer inside or outside pets? _____
★Do you like to have babies in a family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
★Do you like to have children in a family?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what age group? _____
★Do you like to have teenagers in a family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
★Dislikes	*Food _____ *Animal _____ *Other _____

★Why do you wish to participate in a Homestay Program? _____

★We will try to match you with the most suitable family but sometimes can only match you with some of your compatible requirements. **What are your most important requirements?**

●Student Health Records: It is essential that all former childhood and current health issues are listed below. This must include medical, physical and psychological conditions and disabilities.
 ★Do you have any current medical conditions: i.e heart, kidneys, bladder, bowel etc?. If yes please explain and **attach** any medical information and copies of records that may be useful to a Doctor or medical staff. Please remember this information may help you in an emergency.

1. _____ 2. _____ 3. _____

Further Comments: _____

★Do you have any former childhood illnesses that should be listed? : Even if you no longer suffer from these diseases or illnesses it is preferred you have supplied this information in the case of an emergency to Doctors and medical staff.

1. _____ 2. _____ 3. _____

Further Comments:

∞∞∞∞ **Agreement** ∞∞∞∞

In applying to your program, I agree to abide by the policies, rules and regulations, agreements, procedures and directions of the sending and host organisation and that all information provided is accurate and true if I have not provided this correct information the Director **has the right to cancel any homestay arrangements and I will be responsible for paying outstanding monies and any costs associated with making new arrangements for accommodation.**

Signature of Student

Date: _____ / _____ / _____
Day Month Year

<If applicant is under 18 years of age>

I hereby accept that the assigned host organisations may act as responsible guardians for my son/daughter and may decide on emergency medical treatment including surgery, without personal liability. **I hereby release the sending and receiving organisations, and any of their staff and any of the host family members,** of all manner of actions and financial or other responsibilities, and of claims and demands which I may have arising out of participation in your programs.

I agree that my son/daughter must comply with all of the rules and regulations of your programs or he/she will be returned home immediately under my financial responsibility.

I agree we have provided all true and correct information to the host organisations for the safety and well being of my child while living in Australia.

Signature of Parent/Guardian

Date: _____ / _____ / _____
Day Month Year

Privacy Statement:

Tropical North Queensland TAFE is collecting the information on this form to place clients in an appropriate homestay. Only authorised departmental officers or staff from our authorised homestay placement service (Banora International Pty Ltd) have access to this information. If requested the department may give some or all of this information to the Department of Immigration and Citizenship, the Office of Non-State Education and, if under 18 years of age, the Commission for Children and Young People. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.