Homestay Application Form

Personal Details

1. Enter your full name

Family Name (Surname)

Given Name

2. Enter your birth date

Day/month/year

3. Gender

Male ☐ Female ☐ Other ☐

4. Enter your contact details

Home phone	Work phone
Mobile	Email

5. Passport Number

6. Postal address

Suburb, locality or town	Suburb, locality or town
State/territory Postcode	State/territory Postcode
Country	Country

Home address (as per passport)

7. Citizenship (as per passport) _____

8. Parents details

Father's full Name	Mother's full name
Occupation	Occupation
Email	Email
Mobile	Mobile

Homestay Preferences: please complete the details below

9. Homestay dates

Homestay start date: _____ Homestay end date: _____

Who do you live with at home in your country? Give the details of your family members below:

Name	Relationship	Gender	Age

10. Details/ Preferences

Do you have a religion? ☐ No ☐ Yes

Please specify your religion: _____

Would you accept being placed in a family of a different religion than yours? ☐ No ☐ Yes

Note: There are many different religious groups in Australia. We cannot guarantee that you will be placed in a family who observe the same religion as you. If this is a pre-requisite for your placement, please note that we may not be able to offer you this service

Do you smoke? ☐ No ☐ Yes

Would you mind staying in a family that smokes? ☐ No ☐ Yes

Do you have any allergies? (Cat fur, food etc) ☐ No ☐ Yes

please describe: _____

Would you mind staying in a family that has pets? ☐ No ☐ Yes

please describe: _____

Do you like children? ☐ No ☐ Yes

Do you have a special diet? ☐ No ☐ Yes

If yes, details of requirements on diet

_____

Are there any activities you would like to do during your stay in Australia?

_____

Please tick the activities that you enjoy or would like to participate in while studying in Australia.

Sports:

Badminton ☐ Baseball ☐ Basketballt ☐

Bicycling ☐ Camping ☐ Fishing

Gymnastics ☐ Hiking ☐ Horseback Riding ☐

Ice Skating ☐ Sailing ☐ Judo/Karate ☐

Rugby ☐ Soccer ☐ Swimming ☐

Volleyball ☐ Water Skiing ☐ Surfing ☐

Snorkeling ☐ Other ☐

Arts and Entertainment

Dancing ☐ Drama ☐ Flower Arranging ☐

Music ☐ Painting ☐ Photography ☐

Playing Music ☐

Instrument- Type of Musical Instrument:

_____

Are there any activities you would especially like to pursue during your time in Australia?

_____

Could you describe your personality? (eg. shy, talkative, easy going, etc)

_____

MEDICAL To be completed by the student
(or Parent/Guardian on behalf of the student if student is under 18)

EMERGENCY CONTACT DETAILS (IF WE ARE UNABLE TO CONTACT PARENTS)

Name: _____ Phone: _____

Fax: _____ Mobile: _____

MEDICAL HISTORY:

Vision Concerns	☐ No	☐ Yes	Frequent Headaches	☐ No	☐ Yes
Hearing Concerns and/or Auditory Processing Difficulties	☐ No	☐ Yes	Frequent Colds	☐ No	☐ Yes
Epilepsy	☐ No	☐ Yes	Knocked Unconscious	☐ No	☐ Yes
Attention Deficit Disorder	☐ No	☐ Yes	Phobias	☐ No	☐ Yes
Heart Problems	☐ No	☐ Yes	Ear Infection and/or Grommets	☐ No	☐ Yes
Asthma	☐ No	☐ Yes	Diabetes	☐ No	☐ Yes
Head Injury	☐ No	☐ Yes	Allergies	☐ No	☐ Yes
Convulsions/Febrile Convulsions	☐ No	☐ Yes	Other serious diseases/ surgery/disorders, recurring illnesses	☐ No	☐ Yes
Stomach Complaints	☐ No	☐ Yes			

IMPORTANT: If yes to any of the above, please attach details about these conditions)

Consent for administering medication:
Please note that by signing this application form, you are consenting to being given prescription and non-prescription drugs, such as: medication as prescribed by a Doctor or cough/cold medication

Immunisation
Has you been sufficiently immunised against:

Tetanus	☐ No	☐ Yes	Measles/Mumps/Rubella	☐ No	☐ Yes
Triple Antigen	☐ No	☐ Yes	Hepatitis B	☐ No	☐ Yes
Oral Sabin	☐ No	☐ Yes	Hepatitis A & B	☐ No	☐ Yes

Please note that the above homestay and medical information will be forwarded by ISI to the nominated homestay service provider/s.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information. I understand that my enrolment may be cancelled if any information I have provided is deliberately false, incomplete or misleading.
2. I confirm that the medical information I have provided on this form is complete and accurate. I understand and agree to not hold Aventia Institute or its delegated homestay service provider or homestay families liable for any event/ injury/ illness resulting from any misleading or incomplete information provided by me on this form.
3. I agree to pay all fees in advance to the respective service provider as and when they become due. I understand that my enrolment may be cancelled by my College for non-payment of fees
4. I agree that I will live in accommodation approved by the College at all times during my enrolment at the College. I agree to pay all relevant fees and charges in relation to accommodation and airport transfer when it becomes due.
5. I understand that if I am under 18, I am required to live in school/ ELICOS College approved accommodation at all times.

Signed: _____ Date: _____

Print Name _____

Signed: _____ Date: _____

Print Name _____