

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

Home address (as per passport)

Suburb, locality or town

Suburb, locality or town

State/territory Postcode

State/territory Postcode

Country

Country

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 No Yes a different religion than yours?

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? No Yes (Cat fur, food etc)

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 Basketball
- 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)

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

Name: _____ Phone: _____

Fax: _____ Mobile: _____

MEDICAL HISTORY:

Vision Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Hearing Concerns and/or Auditory Processing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Knocked Unconscious	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Ear Infection and/or Grommets	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Convulsions/Febrile Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Other serious diseases/ surgery/disorders, recurring illnesses	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Stomach Complaints	<input type="checkbox"/>	<input type="checkbox"/>			
	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	<input type="checkbox"/>	<input type="checkbox"/>	Measles/Mumps/Rubella	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Triple Antigen	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes
Oral Sabin	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A & B	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes		No	Yes

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

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 _____