

## **HOMESTAY HOST APPLICATION FORM**

For office use on	ly:				
Homestay Host Number:					
Accepted?					
□ SC □ BB	$\square$ HB	☐ En suite/private l	oathroom [	Exec	
Single Do	uble 🗌 Twin				
	TIO DETAILO				
HOS	T'S DETAILS				
Name of main ho	ost:				
Mr/Ms/Mrs			Surname:		
			First name:		
Address:					
Postcode:					
Email:					
Home telephone:			Mobile 1:		
Work telephone:			Mobile 2:		
_					
Age group:	<u> </u>	□ 36-50		51-65	<u> </u>
Nationality:					
Occupation:				$\Gamma$ $\square$ PT	
Interests/hobbies:					
Religion:			Practising?	$\square$ Y $\square$ N	



## YOUR HOUSEHOLD - ABOUT THE PEOPLE WHO LIVE WITH YOU

Your husband/wife/partner					
Name:					
Age group: 20-35	□ 36-50	<u> 51-65</u>	<u>65+</u>		
Occupation:	$\square$ PT				
Children living at home:					
1. ☐ M ☐ F DoB.					
2.					
3.					
4.					
Do any other adults (over 18) 1	ive in your home? $\square$ Y	☐ N If 'yes', please list	below:		
Name:		Approx. age:			
Relationship to you:					
Name:		Approx. age:			
Relationship to you:					
Name:		Approx. age:			
Relationship to you:					
Are there any other adults (over 18) who stay overnight in your home from time to time? $\square$ Y $\square$ N					
(for example grown-up children	n, family/in-laws, a partn	ner). If 'yes', please list be	low.		
Name:		Approx. age:			
Relationship to you:					
Name:		Approx. age:			
Relationship to you:					
Name:		Approx. age:			
Relationship to you:					
Do you have any pets in the house? $\square$ Y $\square$ N (if 'yes', please specify)					



## ABOUT YOUR HOME AND THE FACILITIES YOU OFFER STUDENTS

Are all members of your household vaccinated against Covid-19?				
☐ Y ☐ N ☐ Prefer not to state				
Student bed	rooms		Bathroom en suite?	
Room 1	☐ Single ☐ Double ☐ Twir	n 🗌 Triple	$\square$ Y $\square$ N	
Room 2	Single Double Twin	n 🗌 Triple	$\square$ Y $\square$ N	
Room 3	☐ Single ☐ Double ☐ Twir	n 🗌 Triple	$\square$ Y $\square$ N	
Room 4	☐ Single ☐ Double ☐ Twir	n 🗌 Triple	$\square$ Y $\square$ N	
Room 5	☐ Single ☐ Double ☐ Twir	n 🗌 Triple	$\square$ Y $\square$ N	
Can you offe	er any other facilities (please ind	icate which roon	n)?	
Washbasin in room $\square Y \square N$				
Private bathroom (not en suite)				
Availability:				
We understand that you may take holidays and be unable to accept students for some periods but please				
give us an idea of when you will generally be available – this does not commit you to availability.				
All year	$\square$ Y $\square$ N	Summer	$\square$ Y $\square$ N	
Christmas	$\square$ Y $\square$ N	Easter	$\square$ Y $\square$ N	
Location - Approximate journey time to:				
OFC 66 Raphury Rd, OY2 6PR				



ABOUT THE HOME					
In general	Yes	No	In each student bedroom	Yes	No
House			Full-sized bed		
Flat			Table/desk & chair*		
Garden			Easy chair		
Shower			Window		
Radio			Heating		
TV			Mirror		
DVD/recorder			Table lamp		
CD player			Wardrobe		
Computer			Chest of drawers		
Internet access			Lockable drawer/cupboard		
(student use)			TV		
Central heating	Central heating   *If there is not a desk in the room, do you have somewhere			ave somewhere	
			quiet with a table where the stud	lent can st	udy? 🗌 Y 🔲 N
Other facilities	for stud	lents to use:			
Washing machir	ne	$\square$ Y $\square$ N	Iron Y	$\square$ N	
Any special arrar	ngemen	ts for students to use the	ese:		
Wi-Fi internet?		$\square$ Y $\square$ N			
Landline telepho	one:				
Outgoing calls?		$\square$ Y $\square$ N	Incoming calls	$\square$ N	
Any special arrar	ngemen	ts for students to use the	e telephone:		
Can students have friends to visit? $\square Y \square N$					
Do you make any extra charges to students?					
William MEALS					
Tick all you can offer:					
Self-catering Bed and breakfast Half-board (bed, breakfast and evening meal)					
Full board (bed, breakfast, lunch/packed lunch and dinner)					
What time do you usually have your evening meal?					
What restrictions are there on self-catering students using the kitchen?					
Can you provide for special diets?					
Other (please specify):					



	STUDENTS TOU ARE HAPPT TO I	ARE		
Male	$\square$ Y $\square$ N	Female	e	$\square$ Y $\square$ N
Couples	$\square$ Y $\square$ N			
Age	☐ groups under-16 ☐ 16-	18 🗌 18-20	$0  \square \ 20-35  \square \ 3$	5-50
Smoker in	own room Y N	Smoke	er in rest of house	$\square$ Y $\square$ N
Smoker in	designated areas only (please specify):			
Do you ac	cept other paying guests (e.g. from other col	lleges)?		$\square$ Y $\square$ N
If 'yes', ple	ease give further details:			
	LEGAL REQUIREMENTS			
Do you ha	we a current Gas Safety Certificate?	$\square$ Y $\square$ N		
(please no	te it is a legal requirement to have a certifica	te if you acce	ept paying guests)	
We requir	e all homestay host to be DBS (Disclosure a	and Barring S	Service) checked. Y	You will need to provide
identificat	ion, proof of address, and information on al	l adults norm	nally resident in th	e home, and pay for the
DBS chec	k to be carried out.			
Have you	got an updated fire risk assessment?	$\square$ Y $\square$ N		
Reference	es:			
Please pro	vide the name and contact details ('phone n	umber and a	ddress/email) of tv	vo people (not family
members)	who can provided a reference for you. We v	vill ask them	to vouch for you a	as a potential host for
overseas st	rudents and to confirm they do not know of	any reason y	ou should not hos	t our students,
particularl	y students under 18.			
Referee 1		Referee 2	2	
	nd that my details will be kept on the OEC	computer sy	stem and have bee	n informed under the Data
Protection	Act.			
Signed:		Date:		
C1				

Please return completed form to: oec.info@holmeseducation.group