



Host family application form

Guildford

Please complete this form giving as much information as possible and return to the EJO local organiser

YOU AND YOUR FAMILY

| | | | | | |
|--------------------------|---|---|-----------------------------------|---------------------------------|----------------------------------|
| | Applicant (Mr/Mrs/Miss/Ms) | Partner (Mr/Mrs/Miss/Ms) | | | |
| First name: | | | | | |
| Family name: | | | | | |
| Date of birth: | | | | | |
| Present occupation: | Part time <input type="checkbox"/> Full time <input type="checkbox"/> | Part time <input type="checkbox"/> Full time <input type="checkbox"/> | | | |
| | | | | | |
| Nationality: | | | | | |
| Mother tongue: | | | | | |
| Religion: | | | | | |
| Current driving licence: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Own transport: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Status: | Married <input type="checkbox"/> | Div/sep <input type="checkbox"/> | Partners <input type="checkbox"/> | Single <input type="checkbox"/> | Widowed <input type="checkbox"/> |
| Address: | Telephone: | | | | |
| | Mobile/work tel: | | | | |
| | Email: | | | | |
| | Fax no: | | | | |
| Postcode: | | | | | |

Details of children

| Name | Date of Birth | Gender | At Home |
|------|---------------|-------------|--|
| | | Male/Female | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Male/Female | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Male/Female | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Male/Female | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Other details

| | |
|--|---|
| Please give details of any domestic pets including breed of cats and dogs: | |
| What are the hobbies and interests of family members? | |
| Does anybody in your household smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> | Would you host students who smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are any members of the family vegetarian? Yes <input type="checkbox"/> No <input type="checkbox"/> | Would you host a vegetarian? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any unusual family circumstances or medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please explain) | |

Continued

YOUR HOME

House details (Please tick/ fill in where applicable)

| | | | | | | | |
|-----------------------------------|--|--|--|---|--|-------------------------------------|--|
| Terraced <input type="checkbox"/> | | Semi-detached <input type="checkbox"/> | | Detached <input type="checkbox"/> | | Maisonette <input type="checkbox"/> | |
| Bungalow <input type="checkbox"/> | | Flat <input type="checkbox"/> | | Other <input type="checkbox"/> (Please give details) | | | |
| Total number of bedrooms? | Dining area | Sitting room | Fitted kitchen | Central heating | | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Total number of bathrooms? | Bath(s) | Shower(s) | Toilet(s) | | | | |
| | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | | | | |

Students

| | | | | |
|--|--|--|--|---------------------------------------|
| How many students can you accommodate? | | | | |
| Room 1 | Single <input type="checkbox"/> | Twin shared <input type="checkbox"/> | Twin alone <input type="checkbox"/> | Double alone <input type="checkbox"/> |
| | Wardrobe Yes <input type="checkbox"/> No <input type="checkbox"/> | Drawer space Yes <input type="checkbox"/> No <input type="checkbox"/> | Desk/table Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Room 2 | Single <input type="checkbox"/> | Twin shared <input type="checkbox"/> | Twin alone <input type="checkbox"/> | Double alone <input type="checkbox"/> |
| | Wardrobe Yes <input type="checkbox"/> No <input type="checkbox"/> | Drawer space Yes <input type="checkbox"/> No <input type="checkbox"/> | Desk/table Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Facilities available to student(s)

| | | | |
|---|-----------------------------------|--|--|
| Do students have exclusive use of any of the bathroom, shower and toilet facilities? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Free laundry facilities Yes <input type="checkbox"/> No <input type="checkbox"/> | Provision of key Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Access at all times to the sitting room? Yes <input type="checkbox"/> /No <input type="checkbox"/> | | Telephone (for incoming calls) at all times Yes <input type="checkbox"/> No <input type="checkbox"/> | Place for private study, with chair Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Car <input type="checkbox"/> | Fax <input type="checkbox"/> | Any other facilities | |
| Garden <input type="checkbox"/> | PC <input type="checkbox"/> | | |
| TV <input type="checkbox"/> | Internet <input type="checkbox"/> | | |
| Video/DVD <input type="checkbox"/> | | | |

LOCAL TRAVEL INFORMATION

How will students travel from your home to the course tuition premises? (We use more than one set of premises so please complete for all premises below)

| | | | | | | |
|---|--|---|---|--|--|-------------------------------------|
| Premises: Start of course - Millmead Centre, Bury Fields GU2 4AZ United Reformed Church, 83 Portsmouth Road GU2 4BS; Guildford Institute, Ward Street GU1 4LH; then - Royal Grammar School, High Street GU1 3BB | | | | | | |
| How do students get to the tuition premises? | Walk to premises <input type="checkbox"/> | Walk & bus(es) <input type="checkbox"/> | Walk and train <input type="checkbox"/> | Walk, train & bus <input type="checkbox"/> | What is the total journey time door to door? | : |
| First part of journey | | | Second part of journey (if any) | | | |
| How many minutes walk to nearest stop or station? | Name of nearest bus stop or train station student(s) will use: | Bus number (if bus): | Name of stop or station to get off: | Name of stop or station to get on: | Bus number (if bus): | Name of stop or station to get off: |

Continued

HOSTING PREFERENCES

| | | | |
|--------------------|--|-----------|--|
| Number of students | | Sex | |
| Nationality | | Age range | |

REFEREES (Please give details of two referees)

| | | | |
|--------------------------------|--|--------------------------------|--|
| Name: | | Name | |
| Address: | | Address: | |
| Telephone number: | | Telephone number: | |
| Email: | | Email: | |
| Known by you in what capacity? | | Known by you in what capacity? | |

Continued

EJO will take up references and referees will be asked to confirm that they know of any reason why you should not have responsibility for the care of children or have substantial access to them

I would like to host students with EJO

Signed Date

Name (in capitals please)

Name (in capitals please of person to whom cheques should be made out)

RECOMMENDATIONS

Please give name and address of any friend(s) or colleagues(s) who might be interested in hosting students with EJO. We offer £25 for every new family introduced to us who takes a student from EJO for thirteen nights or longer

| | | | |
|-------------------|--|-------------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Telephone number: | | Telephone number: | |
| Email: | | Email: | |

EJO
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