



Host family application form **Haslemere**

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:	
Postcode:	Fax no:	

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"/>	
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)	

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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 Yes <input type="checkbox"/> No <input type="checkbox"/>	Sitting room Yes <input type="checkbox"/> No <input type="checkbox"/>	Fitted kitchen Yes <input type="checkbox"/> No <input type="checkbox"/>	Central heating Yes <input type="checkbox"/> No <input type="checkbox"/>
Total number of bathrooms?	Bath(s) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Shower(s) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Toilet(s) 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"/> Garden <input type="checkbox"/> TV <input type="checkbox"/> Video/DVD <input type="checkbox"/>	Fax <input type="checkbox"/> PC <input type="checkbox"/> Internet <input type="checkbox"/>	Any other facilities

LOCAL TRAVEL INFORMATION

Students will be collected every morning from the host family home by minibus and taken to the course. They will be brought back again at the end of the day
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HOSTING PREFERENCES

Number of students		Sex	
Nationality		Age range	

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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?

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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