Application Received on	
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Victorian Government Schools Department of Education Melbourne, Australia

International Division

Application to be a Homestay Provider

Please return this application to: International Student Program

Scoresby Secondary College 2 Cavell Street, Scoresby Vic 3179



This application form will be used to match you to an appropriate student. Please read the questions carefully and answer every question.					
I/we (Mr/Mrs/Ms)_		_and		_wish to apply to	
	(Applicant 1- Print full name)	(Application	ant 2- Print full name)		
become homestay	providers.				
RESIDENTIAL AD	DRESS:				
Section A: Persona	I Details				
	Applic	ant 1	Ap	plicant 2	
Surname:					
Given Name:					
Date of Birth:					
Gender (M/F):					
Country of Origin:					
Occupation/Position:					
Shift work (Y/N). If yes please provide details:					
Company:					
Company's Address:					
Telephone (H):					
(W):					
Mobile:					
Fmail:					



Section B: Family Profile

Name	Sex (M/F)	Date of Bir	rth & Age		Employment/School
Are there other regular member	rs living in y	your househo	old? Please	list name and	d relationship to the family:
Will the family be going away fo	r holidays?	? If yes, wha	t will the holi	day arrangen	nent be for the student?
anguage/s spoken in your hou					
Does anybody smoke in your h	ome:	□No	□Yes	, indoor	☐ Yes, outdoor
Are there pets in your home? f yes, please give details:		□No	□Yes	, indoor	☐ Yes, outdoor
s there any food you do not co f yes, please give details:	ok or eat?	□No	□Yes	8	
Religious affiliation (if any):					



Section C: Accommodation	n Details				
Type of residence:	☐House	□То	wnhouse		Jnit ☐ Flat
Briefly describe residence (no.	of bedroom	s, bathrooms,	ambience of	location, out	side living space):
No of room available:					
No. of room available: Type of room available:	☐ Single		☐ Share		
Type of footh available.	□ Siligle	100111	☐ Silaie	a room	
Facilities provided:					No. 1 - 2 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4
☐ Bed/linen/bla ☐ Study Desk	ankets		ardrobe esk Lamp		Dressing table Electric blanket
Other additional facilities availa	able (eg. con	nputer, piano,	tennis court,	swimming po	ool):
Internet access:					
☐ Not available ☐ Dial-up ☐ Broadband					
Will there be any charge for using internet? ☐ No ☐ Yes \$ per					
Do you expect to be living at your residence for the next 12 months?					
□ No, specify duration:					
Date of accommodation availability: (dd/mm/yy)					
How long are you prepared to accommodate an international student? days weeks months years					
Is the room available all year round?					
Have you provided homestay accommodation for overseas students before?					
If you currently have international student(s) in your home, please provide details:					
Name	Gender	Age		untry	Length of Stay in home

International Division					
Please specify any preferences regarding age, sex or nationality of student you would like to host.					
Gender	Age Country				
Any additional information, restrictions, expectations, conditions or terms, please specify:					
Section D: Transportation Details					
How far is your home from the school?					
Destination	Transportation Typ	e Time	e Taken	Distance	
School	Walking				
	Pue				

Destination	Transportation Type	Time Taken	Distance
School	Walking		
	Bus		
	Train / Tram		
City	Bus		
	Train / Tram		

Section E: Meals Arrangements

Arrangements offered concerning the provision of meals? (Eg: self serve or prepared by homestay provider, Breakfast – cereal/toast, lunch –sandwiches/noodles, dinner – family meal together)

Days	Meals Arrangements
Weekdays:	
Breakfast	
Lunch	
Dinner	
Snacks	
Weekends:	
Breakfast	
Lunch	
Dinner	
Snacks	



Section F: Payment/0	Charges Details			
Rental amount proposed	l:	\$	per week	
Room holding fee during	school holidays	\$	per week	
Is bond required?	☐ No	☐ Yes	·, \$	
Is payment required in a	dvance? If so, specif	y terms:		
Section G: Experience	e Details			
Why do you want to be a	homestay provider?)		
Places outline any releve	ant experience you h	avo had:		
Please outline any releva	ant expendince you in		omments	
With young people:				
In general				
an general				
From other countries				
With providing homestay				
accommodation:				
Section H: Referees'	Details			
Please nominate two (2)	referees you have k	nown for at least two y	/ears:	
,		Referees 1	Referee	es 2
Surname:				
Given Name:				
Address:				
Telephone (H) & (W):				
Fax:				
Email:				



DECLARATION

I declare that I have read and understood the homestay guidelines provided to me by the Department of Education and I agree to abide by these guidelines.

I release the Department of Education from any liabilities arising from placement of a student in homestay accommodation. I agree to obtain a working with children check and police clearance and I understand that I must undertake a written agreement with the international student that we both agree to and sign.

Signature:	Signature:
Applicant 1 Date:	Applicant 2 Date: