Family Surname: __________________________________________
Residential Address: _______________________________________

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Occupation or School Details</th>
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**HOME CONTACT DETAILS**

Ph: ___________________________  Email: ___________________________

Mob Self: ______________________  Mob Partner: ______________________

**WORK CONTACT DETAILS**

Ph: ___________________________  Email: ___________________________

Mob Self: ______________________  Mob Partner: ______________________

**GENERAL INFORMATION**

Have you previously hosted students? If yes please specify:

____________________________________________________________________

Do you belong to any community or religious groups? If yes please specify:

____________________________________________________________________
What is the main language spoken in the home?

________________________________________________________________________________________

Does your family have any special interests or hobbies in which the student could sometimes be included? If yes please specify:

________________________________________________________________________________________

STUDENT PREFERENCES

Would you prefer a student who is:

☐ Male ☐ Female ☐ Either

Would you prefer students for:

☐ Long Term 6 months - 1 year or more ☐ Short Term 3 - 6 months ☐ Emergencies 1 - 4 weeks

☐ Year 7-9 ☐ Year 10 - 12 ☐ No Preference

FACILITIES AND ACCOMMODATION DETAILS

How many students do you wish to accommodate?

________________________________________________________________________________________

Does anyone in your home smoke? If yes please specify:

________________________________________________________________________________________

Do you have pets? If yes please specify:

________________________________________________________________________________________
NOTES AND SUMMARY
(To be completed during initial visit by Homestay Coordinator)

_____________________________________________________________________________________________________________________________________________________________________

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Office Use Only

- Police check completed and approved
- Homestay Application approved
- Child Safe Training Completed

St Martins College Homestay Coordinator: _________________________________

Date of visitation: ______________/__________/_________
**DATE:** ______/______/____

**NAME:** ____________________________________________

**VISIT CONDUCTED BY:** ________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>Separate Room</td>
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<tr>
<td>Heating / Cooling</td>
<td></td>
</tr>
<tr>
<td>Student Desk</td>
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<tr>
<td>Room Cleaned</td>
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<tr>
<td>Laundry Service Provided</td>
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<tr>
<td>Meals Provided</td>
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<tr>
<td>Access to Transport</td>
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<td>Access to Telephone</td>
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<tr>
<td>Other Issues</td>
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______________________________ (Applicants signature)