ENGLISH COLLEGE OF ADELAIDE

HOST FAMILY QUESTIONNAIRE

1. Family Surname: ___________________________  Email:_________________________
   Phone: (H) __________________ (W)________________ (Mobile)__________________
   Address: ________________________________________(Post Code)_______________

2. List all family members, including yourself.  Asterisk * those who have left home.

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Occupation</th>
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3. Have you ever hosted a foreign exchange student?  (  ) Yes  (  ) No
   (If yes, please state: year of visit, duration of visit, country of origin)
   ___________________________________________________________
   ___________________________________________________________

4. Why did you apply for this program?
   ___________________________________________________________
   ___________________________________________________________

5. Do you prefer to offer Full or Share Accommodation? __________________________

6. Do you prefer to host a student for a short period (2 weeks to 3 months) or for a long period
   (3 months or longer) __________________________

7. List family activities you will share with your visitor.
   ___________________________________________________________
   ___________________________________________________________

8. Do you have any household pets?  (  ) Yes  (  ) No
   If yes, what kind of pets do you have? __________________________
   Do your pets live inside or outside? __________________________

9. How far is the College from your house? ______ kms. How long to travel? _______
   Is transportation to/from the College available (  ) Yes (  ) No  What type? _______

10. Will the visitor have: own bedroom (  ) Yes (  ) No; own bathroom (  ) Yes (  ) No

11. Would you prefer a male or female student? (  ) Female (  ) Male (  ) Either is OK

12. Are there any dietary restrictions in your household? (  ) Yes (  ) No

13. Can you cater for a Vegetarian Student? (  ) Yes (  ) With Difficulty (  ) Not Possible
14. Religion (if applicable): ________________________________

15. Are there any people in your family who smoke? ( ) Yes ( ) No
   Where do they smoke? ( ) Inside ( ) Outside

16. Is E-Mail access available for the students? ( ) Yes ( ) No

17. Can a long term student connect their own phone line (at their own expense)?
   ( ) Yes ( ) No

18. How many students can you host at one time? ( ) One ( ) Two ( ) Three

19. Are you interested in taking young (under 18) students? ( ) Yes ( ) No
   If yes do you have a recent police check? ( ) Yes ( ) No

20. If so, would you be happy to provide a copy? ( ) Yes ( ) No

21. When is the best time to visit you, to answer any further questions you may have?
   Daytime (Which day/time?) __________________________

BRIEF FAMILY HISTORY
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* Please feel free to add more on a separate page if you wish.

* If you have any particular rules you want students to follow, please enclose them with this form.

STATEMENT OF COMMITMENT
We, the HOST FAMILY, agree to treat our visitor like a family member during his/her stay in our
house. We have read the documents relating to Homestay Accommodation and Share
Accommodation and understand what is required of us.
* For Homestay Accommodation only - We are aware that we are to provide 3 meals a day,
  7 days a week for our student, including a packed lunch for school days.

_________________________________________________   _______________________________
(Print name of head of family)            (Signature)

____________________
(Date)