

Tel: +44 (0) 1223358089

Email: cambridge@stgiles.co.uk Website: <u>www.stgiles-international.com</u>

Homestay Application Form Please complete and return to the Accommodation Officer at the above address

1 Name and address			1		1
Full name of person dealing with the College	Profession/occup Hobbies/interest				
Date of birth					
Spouse/Partner's name (if applicable) Date of birth	Profession/occupation: Hobbies/interests:				
Full postal address	Postcode				Postcode
2 Contact details – telephone	& e-mail				
Home number:	Work number (if applicable):				
Mobile:	Emergency number (if applicable):				
chances of getting booking ☐ Yes (number: Can we contact you on) [∃ No	ŕ	. ,	ree, this will improve your
bookings) ☐ Yes (number:)	□ No	[□ n/a	
E-mail:					
Please give any other re	elevant cor	ntact details:			
3 Family details (for other m	nembers of	the household,	including cl	hildren at ho	me periodically, e.g. at unive
Name	Sex	Relationship			



Are you prepared to do the student's laundry?

Other facilities (e.g. piano, video, DVD)?

Are you prepared to let the student use your washing machine? ☐ Yes ☐ No

Website: www.stgiles-international.com Does anyone in your family smoke? ☐ Yes ☐ No Inside/Outside the house? __ Do you or your family practice any particular religion? Please specify □ Yes □ No 4 Pets (please specify – it is very important to give full details and to keep us informed of any changes) 5 Location & travelling time Estimated travelling time to school in minutes Bus numbers? □ 1-10 □ 10-20 □ 20-30 □ 30-40 □ more Name of bus stop? Approximate distance to nearest train station? How long would it take to walk to the □ 1-10 □ 10-20 **□ 20-30 □ 30-40 □ 40-50** school? **□** 50-60 □ n/a 6 Description of rooms available for students (please tick and add further details if you wish) Room 1 approx x. Room 2 approx x Room 3 approx x Single room Twin room (2 single beds) Double room (1 double bed) Wardrobe/fitted cupboard Chest of drawers Desk or table and chair for study Reading/study lamp Other (e.g. television, electronic equipment, lock on door) Will you accept single occupancy of a double/twin room? ☐ Yes ☐ No 7 Facilities available Is the house centrally heated? ☐ Yes ☐ No Is there any air conditioning? ☐ Yes ☐ No Do you have air conditioned bedrooms and/or living areas? □ Bedrooms only □ Living areas □ Both □ None How many bathrooms do you have?..... How many toilets do you have? Can you offer bathrooms solely for use of students? □ Yes □ No Is it en suite? ☐ Yes ☐ No How many people use the family bathroom? Is there a shower for the student's use? □ Yes □ No Is there a bath for the student's use? ☐ Yes ☐ No Is the student allowed to use your cooking facilities? ☐ Yes ☐ No

☐ Yes ☐ No

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details below so that we can arrange payment:

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Please specify DIAL U	, , ,					
8 Students in your home						
Kosher)? Are you prepared to accept sm (Please specify whether you allow inst Do you take students from oth Will you accept students over Will you accept long-stay stud	Iunches					
Availability Please indicate any dates on w students	ich you are <u>not</u> able to take					
Please Note: The accommodation officer will try to place students with you on the dates you offer. You should however bear in mind that all placements are subject to availability, and that the school cannot guarantee continuity nor regularity of student placements.						
Additional information Please give any further information you feel may help us to place the right student with you and to ensure the success of arrangements from both your point of view and the student's.						
Thank you for completing this home visit.	pplication form. We will contact you as soon as possible to arrange a					
	ontact details of two people who can act as character references. We led written reference would be preferable.					
Referee (1) Name	Contact details – Please give postal address					
Referee (2) Name	Contact details – Please give postal address					
We use the BACS system (wh	re we pay directly in to your bank account). Please fill in your bank					



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ACCOUNT HOLDER: NAME OF BANK: SORT CODE: ACCOUNT NUMBER: EMAIL ADDRESS:

Please read carefully the accompanying **Hospitality Agreement.** Please return this form together with the signed Acceptance slip. Your signature signifies your acceptance of the terms and conditions set out in the **Hospitality Agreement** including the **English UK Code of Conduct.**

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St Giles International Hospitality Agreement - Acceptance

I accept the terms and conditions described in the Hospitality Agreement, and agree to follow the English UK Code of Conduct. I confirm that all information I have provided is true to the best of my knowledge and belief and understand that this information may be used to place students in appropriate homes and to ensure their safety and wellbeing.

Name of host:	
Address:	
Signature:	Date:

Please return to: Accommodation Officer, St Giles International, 52 Bateman Street, Cambridge CB2 1LR, United-Kingdom.

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