

**13 Silverdale Road Eastbourne Telephone (01323) 729167 Email:** [**eastbourne@stgiles.co.uk**](mailto:eastbourne@stgiles.co.uk)

**East Sussex BN20 7AJ Facsimile (01323) 721332 Website:** [**www.stgiles-international.com**](http://www.stgiles-international.com)

Homestay Application Form

Please complete and return to the Accommodation & Welfare Officer at the above address

**1 Name and address**

|  |  |  |
| --- | --- | --- |
| Full name of person dealing with the College  Date of birth |  | Profession/occupation:  Hobbies/interests: |
| Spouse/Partner’s name  (if applicable)  Date of birth |  | Profession/occupation:  Hobbies/interests: |
| Full postal address  Including postcode |  | |

**2 Contact details – telephone & e-mail**

|  |
| --- |
| Home number: Work number (if applicable): |
| Mobile: Emergency number (if applicable): |
| Can we contact you by phone during the day (8.30-5.30)? *(If you agree, this will improve your chances of getting bookings)*    Yes (number: ) No |
| Can we contact you on your work number (if applicable)? (*again an advantage in getting bookings)*  Yes No n/a |
| E-mail: |
| Please give any other relevant contact details: |

**3 Family details** (for other members of the household, including children at home periodically, e.g. at university)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Sex | Relationship | Date of Birth | Hobbies/interests |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

Does anyone in your family smoke? Yes No inside/outside house? *(delete as appropriate)*

**4 Pets** (please specify – it is very important to give full details and to keep us informed of any changes)

|  |
| --- |
|  |

**5 Location & travelling time**

|  |  |
| --- | --- |
| Bus numbers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of bus stop?  Approximate distance to nearest train station? | **Estimated travelling time to school in minutes** |
| **1-10 10-20 20-30 30-40**  **more** |
| How long would it take to walk to the school? | **1-10 10-20 20-30 30-40 40-50**  **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 Bathrooms only 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

Are you prepared to do the student’s laundry? Yes No

Is the student allowed to use your cooking facilities? Yes No

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

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

Do you have WiFi access that students can use? Yes No only if they bring own laptop

**8 Students in your home**

*Please state the type of service you can provide:*

Bed/breakfast/dinner Yes No Self-catering Yes No Bed/breakfast Yes No

Will you accept: Males Yes No Females Yes No Couples sharing Yes No

|  |  |
| --- | --- |
| Can you cater for special diets (e.g. vegetarian, diabetic, Muslim, Kosher)? |  |

Are you prepared to accept smokers? Yes No - inside/outside house? *(delete as appropriate)*

|  |  |
| --- | --- |
| Are there any ages you would rather not accommodate? |  |

Do you take students from other schools? Yes No

Will you accept students over the Christmas period? Yes No

Will you accept long-stay students (24+ weeks – special rates apply)? Yes No

Have the adults in your household completed an Enhanced DBS (Disclosure & Barring Service) check? Yes No

**Availability**

|  |  |
| --- | --- |
| Please indicate any dates on which you are not able to take students |  |

**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 application form. We will contact you as soon as possible to arrange a home visit.

Please provide the names and contact details of two people who can act as character references. We will contact these people. A signed written reference would be preferable.

|  |  |
| --- | --- |
| Referee (1) Name | Contact details – Please give postal/email address |
| Referee (2) Name | Contact details – Please give postal/email address |

We use the BACS system (where we pay directly in to your bank account). Please fill in your bank details below so that we can arrange payment:

**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.**

## 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.

I confirm I have the permission of the referees I have provided on this form to pass their personal details to you. I understand and agree to St Giles Eastbourne using this and other data to create and maintain records on me and for statistical purposes in accordance with the Data Protection Act 1998. I agree that this information will be kept for the duration of the recruitment process and for a period of time thereafter. Should I be employed I agree that this information will be kept for the duration of my employment and for a period of time following this. I am aware I have the right to request a copy of the data held on me.

Name of host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return to:* *Accommodation & Welfare Officer, St Giles International, 13 Silverdale Road, Eastbourne, BN20 7AJ*

OFFICE USE ONLY - Accommodation: Homestay Application Form

Date of visit: Time of visit:

Visited by:

Notes: