**St Giles International** Vancouver 

**400-1130 West Pender Street, Vancouver, BC V6E 4A4**

**Tel: 604-685-0291 Fax: 604-685-0294**

**E-mail: homestay@stgiles-canada.com**

Homestay Application Form

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

1 Name and address

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

2 Contact details – E-mail & telephone

|  |
| --- |
| E-mail:   |
| best number to reach you:  |
| Cell / Work number (if applicable): Emergency number (if applicable):  |
| Can we contact you by phone during the day (8.30-5.30)? Yes (number: ) No |
| Please give any other relevant contact details: |

3 Family details (for **ALL other members of the household**, **including tenants / long term students & children** only at home periodically, e.g. at university)

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

Does anyone in your family smoke? Yes No

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| Do you or your family have any particular religion? 􀀀 Yes 􀀀 No  | Please specify  |

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

5 Location & travelling time

|  |  |
| --- | --- |
|  | **Approximate traveling time to school in minutes** |
| Nearest Skytrain station |  **1-10 10-20 20-30 30-40**  **more** |
| Bus numbers |  **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**  **n/a** |

6 Description of rooms available for students (please tick and add further details if you wish)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Bdrm # 1** Approx size …………X ………. | **Bdrm # 2** Approx size  …..………X ………. | **Bdrm # 3** Approx size ………… X …………. | **Bdrm # 4** Approx size  ………… X …..……. |
| Single room |  |  |  |  |
| Twin room (2 single beds) |  |  |  |  |
| Double room (1 double bed) |  |  |  |  |
| Closet |  |  |  |  |
| Chest of drawers |  |  |  |  |
| Desk or table and chair for study |  |  |  |  |
| Armchair |  |  |  |  |
| Reading/study lamp |  |  |  |  |
| Other (e.g. television, electronic equipment) |  |  |  |  |

Will you accept single occupancy of a double/twin room? Yes No

7 Facilities available for common use

|  |  |  |
| --- | --- | --- |
| How many bathrooms do you have for the students to use? |  |  |
| Do you have the option of private bedroom and bathroom for the student? |  |  |
| Is there a shower for the student’s sole use? | Yes No |
| Do any of the students’ rooms have en suite facilities? | Yes No |
| Are you prepared to do the student’s laundry? | Yes No |
| Are you prepared to let the student use your washing machine? | Yes No |
| Is the student allowed to use your cooking facilities? | Yes No |
| Other facilities (e.g. piano, video. DVD)? |  |
|  |  |
| Please confirm that you have WIFI available for the students | Yes |

8 Students in your home

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | breakfast / dinner /weekend lunches | Bed / breakfast |  |
| Single room | Yes No | Yes No |  |
| Shared room | Yes No | Yes No |  |
| Will you accept: |  |  |  |
| Males: Yes No | Females: Yes No | Married Couples: Yes No |
| Unmarried couples sharing: Yes No | Families with children:Yes No |
| Families with babies: Yes No |  |  |
| Are you able to accommodate 16 & 17 year old? |  | Yes No |
| Can you cater for special diets? (e.g. vegetarian, diabetic, Muslim, Kosher)? |  |
| Are you prepared to accept smokers? |  | Yes No |
| Are there any nationalities you would rather not accommodate? |  |
| Do you take students from other colleges? | Yes No |
| Will you accept students all year, subject to demand? |  |
| Will you accept students over the Christmas period? | Yes No |
| Will the student normally take meals with the family? | Yes No |
| Will the student be invited to mix with the family at other times? | Yes No |
| Will you accept long-stay (24+ weeks – special rates apply)? | Yes No |

St Giles Vancouver regulations state that **no more than four (4) students**/paying guestsshould be accommodated at the same time. This is to ensure that all students enjoy the real benefits of a homestay environment.

 Students under 18 and our legal responsibilities

All homestay providers who take students aged under 18 are required to sign a declaration to say that they and all other adults normally resident in the home are not unsuitable to share accommodation with students under 18, and that they accept that they may be requested to provide evidence in the form of a CRC disclosure. Homestay providers will undertake to inform the College if the status of any member of the household changes.

Do the adults in your household hold \*CRC Disclosures? Yes No

\*(Criminal Record Check): This is encouraged! And can be done at the Police department (please check your local area information)

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 College cannot guarantee continuity.

**Additional information – Please write what you would like the students to know about you and your home**

|  |
| --- |
|  |

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.

|  |  |
| --- | --- |
| References (1) Name | Contact details |
| References (2) Name | Contact details |

Before signing please read carefully the accompanying **Hospitality Agreement.** You signature on this form signifies your acceptance of the terms and conditions set out in the **Agreement.**

Signed ………………………………………………………….. Date ……………………………………

PRINT NAME …………………………………………………..

OFFICE USE ONLY

Date of visit: Time of visit: