

HOMESTAY APPLICATION FOR INTERNATIONAL STUDENTS

ABN 27 241 053 246 INT FO 5.2

You must complete and return this form by <u>email to the Gordon International Office</u>

AT LEAST FOURTEEN (14) DAYS before your arrival

APPLICANT DETAILS											
Student ID (numerio	only)										
Full Name						'					
Title Given Names Family Name								Family Name			
English Name (if ap	plicable)										
Nationality									Date of Birth	Click here to enter a date.	
HOME STAY DETAILS											
1. What type of home stay do you require?											
☐ Full home stay with all meals included ☐ Room only home stay with no meals included											
2. How long do you plan to stay at home stay accommodation (minimum 4 weeks)?											
Weeks/months (leave blank if not sure)											
3. Do you have any food allergies/dietary requirements?											
☐ Yes ☐ No If YES, please specify											
4. Do you have any medical details your home stay family should know about?											
☐ Yes ☐ No If YES, please specify											
5. Do you have any special requirements due to religious beliefs?											
☐ Yes ☐ No	If YES , ple	ease spe	ecify								
6. Do you smoke?											
☐ Yes GO TO QUESTION 7 ☐ No GO TO QUESTION 8											
7. Would you like your home stay to allow smoking?											
Yes (inside and o		_	outside o			□No				Don't mind/Unimportant	
8. Would you like your home stay to have pets?											
☐ Yes ☐ No						☐ Don't mind/Unimportant					
9. Would you like your home stay to have children?											
☐ Yes		,	□No						☐ Don't mind	d/Unimportant	
10. Would you like your home stay to have other international students?											
Yes □ No □ Don't mind/Unimportant											
	n else vou w	ish vou		stav fa	amily	to be aw	are of	?		Wommportant	
11. Is there anything else you wish your home stay family to be aware of? Yes No If YES, please specify											
	ii 1 LO , pie	ase spe	- City								
EMERGENCY CONTACT DETAILS											
Please provide the name and contact details of the person we should contact in case of an emergency:											
							Relationship				
Telephone						Emai					
Тогорионо						Emai					
PLEASE NOTE THE FOLLOWING INFORMATION:											

- You must send this form back at least fourteen (14) days before your arrival at Melbourne Airport to ensure home stay arrangement service. A late fee of \$275 applies.
- This form will be forwarded to Student Accommodation Services (SAS) who will attempt to arrange the most suitable home stay for your individual needs as requested by you on this form. Any personal student information given to SAS by the Institute will remain strictly confidential.
- If you are arranging your own transport to your home stay please ensure to send your completed Arrival Notification form at least seven (7) days before your arrival at home stay.

SIGNATURE			
	Print Name	Signature	Date
Student			Click here to enter a date.