HOST FAMILY APPLICATION FORM

**HOST FAMILY PROFILE**

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| --- |
| Last Name: |
| First Name: |
| Home Address:(House Number, Street, Suburb, City) |
| Phone (Home): Work: Mobile: |
| Email Address: |

**FAMILY MEMBERS INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name | Relationship | Date of Birth  | Sex (M/F) | Occupation/School  | Hobbies | Smoking |
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**ACCOMODATION DETAILS:**

TYPE OF HOME? HOUSE / TOWNHOUSE / UNIT

HOW MANY BEDROOMS? ------------------------------------------------------------------------------------------------------------

NUMBER OF BATHROOMS: -------------------- SHARE BATHROOM ---------------------- OWN BATHROOM

HOW MANY STUDENTS CAN YOU TAKE AT ONE TIME? ----------------------------------------------------------------FIRST LANGUAGE? --------------------------- OTHER LANGUAGES SPOKEN AT HOME? --------------------------

TYPE OF FACILITIES THE STUDENTS MAY USE? (PIANO, POOL ETC) -----------------------------------------

IS IT POSSIBLE FOR OUR STUDENTS TO USE YOUR TELEPHONE LINE FOR THE INTERNET? Y / N

CAN OUR STUDENT USE YOUR FAMILY PC FOR INTERNET USE? Y / N

CAN OUR STUDENT USE YOUR WIFI FOR INTERNET USE ANY FEE? Y / N

DO YOU ALLOW STUDENT TO SMOKE INSIDE THE HOUSE? Y / N OUTSIDE

HOW OFTEN YOU ALLOW A STUDENT TO USE YOUR WASHING MACHINE? -------- TIMES A WEEK

**PUBLIC TRANSPORT:**

WE REQUIRE STUDENTS TO BE ABLE TO TRAVEL DIRECTLY TO DOWNTOWN WITHOUT THE NEED TO CHANGE TRANSPORT.

HOW WILL THE STUDENT TRAVEL THERE?

BUS ROUTE # TO / FROM AUCKLAND CBD: ----------------------------------------------------------------------------------

TRAIN ROUTE # TO / FROM AUCKLAND CBD: -------------------------------------------------------------------------------

DISTANCE FROM YOUR HOME TO BUS STOP / TRAIN STATION: ---------------------------------------------------

**PETS:**

DO YOU HAVE ANY PETS? Y / N

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| --- | --- | --- | --- |
| TYPE OF PET | PET’S NAME | PET’S BREED | INSIDE OR OUTSIDE HOUSE |
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**STUDENTS PREFERENCE DETAILS( PLEASE CIRCLE):**

WHAT TYPE OF STUDENT WOULD YOU PREFER? MALE / FEMALE / EITHER

AGE PREFERENCE? UNDER 18 / 19-30 YEARS / 31-40 YEARS/ 41-60 YEARS / OVER 60.

PREFERRED LENGTH OF STAY? UNDER 1 MONTH / 1-3 MTHS / 3-6 MTHS / 6-12 MTHS / ANY LENGTH

**HOMESTAY EXPERIENCE:**

HOW LONG HAVE YOU BEEN PARTICIPATING IN THE HOMESTAY PROGRAM? -----------------------------

WHAT IS THE REASON YOU WOULD LIKE TO HAVE AN INTERNATIONAL STUDENT STAYING WITH YOU? -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

WHAT IS YOUR WELCOME COMMENT TO OUR STUDENT? -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**PLEASE PROVIDE US WITH A CURRENT PHOTO OF YOUR FAMILY TAKEN WITHIN LAST 6 MONTHS.**

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| PLEASE SEND THIS FORM BACK TO KINTETSU OFFICE |
| BRING TO: LEVEL 17, 120 ALBERT STREET, AUCKLAND |
| MAIL TO: P.O. BOX 105-233, AUCKLAND 1010, NEW ZEALAND |
| E-MAIL TO: nzhomestay@kintetsu.com.au |