



Homestay provider details

NiceHomeestay.net

General Information

Applicant 1			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	Family name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given name:			Religion:
Home address:			
Mobile phone:	Email:		
Country of birth:	Language spoken at home:	DOB (Optional)	
Do you have a blue card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue card number:*	Expiry:	
Occupation:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Approximate hours/week:	
Company name:	Work phone:		
Work Address:			
Hobbies:			
Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> De-facto		

Applicant 2 (Partner details)			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	Family Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given name:			Religion:
Mobile phone:	Email:		
Country of birth:	Language spoken at home:	DOB (Optional)	
Do you have a blue card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue card number:*	Expiry:	
Occupation:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Approximate hours/week:	
Company name:	Work phone:		
Work Address:			
Hobbies:			

Home			
Details of children/other persons living in this house			
House Occupants	Full name:		<input type="checkbox"/> M <input type="checkbox"/> F
	Age / DOB:	Relation to you: <input type="checkbox"/> Son <input type="checkbox"/> Daughter / <input type="checkbox"/> Other	Occupation:
	Full name:		<input type="checkbox"/> M <input type="checkbox"/> F
	Age / DOB:	Relation to you: <input type="checkbox"/> Son <input type="checkbox"/> Daughter / <input type="checkbox"/> Other	Occupation:
	Full name:		<input type="checkbox"/> M <input type="checkbox"/> F
	Age / DOB:	Relation to you: <input type="checkbox"/> Son <input type="checkbox"/> Daughter / <input type="checkbox"/> Other	Occupation:
	Full name:		<input type="checkbox"/> M <input type="checkbox"/> F
	Age / DOB:	Relation to you: <input type="checkbox"/> Son <input type="checkbox"/> Daughter / <input type="checkbox"/> Other	Occupation:



International Exchange Foundation
ABN: 61 972 370 269

NiceHomeestay.net

www.nicehomestay.net

International Management

Contact: Jet Lee 0451 970 975

Brisbane Hosting

Contact: John Corvino 0402 134 822
john@nicehomestay.net

Homestay provider details (Continued)

Home			
Overview	Dwelling:	<input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Town house	
	Postal Address:		
	Home Phone:	Is home in <input type="checkbox"/> own name or <input type="checkbox"/> rented	No of persons usually living in the house:

Transport	Transport to city:	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Ferry	Zone/ Station	Approx travel time:	Walk time to transport:
	Extra notes:				

House Facilities	No of bedrooms available students:	No of bathrooms in accommodation:	No of toilets in accommodation:
	Indicate if student's room has: <input type="checkbox"/> Comfy bed <input type="checkbox"/> Wardrobe <input type="checkbox"/> Desk <input type="checkbox"/> Bedside cabinet <input type="checkbox"/> Bedside lamp		
	Internet (WiFi): <input type="checkbox"/> Yes <input type="checkbox"/> Not available	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' pools must be registered <input type="checkbox"/> Yes	
	Name of house/contents insurance company:	Does insurance cover you for legal/public liability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pets: (Quantity/description)			

Food	What food is included in your usual diet: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Meat/Fish <input type="checkbox"/> Other: _____	Will you accept vegetarian: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Meals that will be provided: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Would you accept student's friend for occasional meal? <input type="checkbox"/> Yes <input type="checkbox"/> No

Preference	Length of stay: <input type="checkbox"/> Long / <input type="checkbox"/> Short term	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Dates available:
	Can you provide lift and pick-up service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Outside only	

NOTES	Add any additional comments/notes	Office use:	Host type
		Date inspected / by:	

