

Host Family Application Form

	Adult 1 (Beneficiary)	Adult 2
Surname		
First name		

Address	Contact details	
	Tel.	
	Mob.	
	Email.	

Family structure	Sex	Age
Child 1		
Child 2		
Child 3		
Other		
Other		
Pets	Size	

	DBS	Gas safe
Issue date		
Door latch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food (veg, halal etc)		Religion
Preferences to student profile (tick)		
Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Age group	16-17 <input type="checkbox"/>	18+ <input type="checkbox"/>
No. of rooms available (1 student/room)		

Services/facilities you can provide	Tick
Room only - £80 weekly rate. All bills included except telephone.	<input type="checkbox"/>
Full Board - £115 (students over 18) - £130 (students 16-18) weekly rate. Three meals included. All bills included except telephone.	<input type="checkbox"/>
Do you have the Internet? Are students allowed to use the Internet?	<input type="checkbox"/>
Are there any smokers in the house?	<input type="checkbox"/>
If not, do you accept students smoking outside?	<input type="checkbox"/>
Do you have smoke alarms on each level?	<input type="checkbox"/>
Is this your property?	<input type="checkbox"/>
If not, do you have an authorisation letter for hosting students?	<input type="checkbox"/>
Is your garden (if any) enclosed?	<input type="checkbox"/>
Please note: students under 18 MUST be in Full Board accommodation.	

Route to Bournville College by bus (international students are provided with a TWM bus pass)	
Bus service, route, and journey time	

2 people (non-relatives) to provide a reference of EACH member of your household and any guests who are over 16 years old. To include your suitability for hosting students, how long they have known you and in what capacity.	
Referee 1 (name, address, email, tel)	Referee 2 (name, address, email, tel)
How did you hear about hosting with Bournville?	Click here to enter text.

I HAVE READ THE HOST FAMILY GUIDANCE NOTES, AND WISH TO BECOME A REGISTERED PROVIDER.

Signed Date

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THIS SIDE FOR COLLEGE USE ONLY

HEALTH & SAFETY	
Gas Safety	
Gas cooking Yes <input type="checkbox"/> No <input type="checkbox"/>	Where "Yes", a current "Gas Safe" Certificate must be provided Certificate provided Yes <input type="checkbox"/> No <input type="checkbox"/> Date of issue
Gas Fire Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gas Central Heating Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Safety - Smoke Detectors	
Number	Tested Yes <input type="checkbox"/> No <input type="checkbox"/>
Locations	Comments
Electrical Safety	
Date of electrical inspection and test where applicable	Certificate provided Yes <input type="checkbox"/> No <input type="checkbox"/>
Suitability of Accommodation	
Accommodation suitable Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, can modifications be made to allow a future re-inspection Yes <input type="checkbox"/> No <input type="checkbox"/> Agreed date for re-inspection
Acceptance	
Signed on behalf of Health & Safety: Name	
Signature Date	
Signed on behalf of International Office: Name	
Signature Date	
Comments	