

HOMESTAY FAMILY PROFILE FORM

Perth Student Accommodation
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CONFIDENTIAL (APPLICATION TO PROVIDE STUDENT ACCOMMODATION) DATE: _____

Contact Details:

1. Name: Mr / Mrs / Ms _____
(Title) (Family Name) (Other Names)

Address: _____
_____ Postcode

Tel. No.: (618) _____

Work: (618) _____

Mobile: _____

Fax: _____

E-Mail: _____

Preferred Contact Time: _____

Type of Accommodation:

2. Type of Residence: _____ (House, apartment, flat, etc)

3. Describe specifically what is offered (eg. Granny flat, room is under main roof, single or double?):

4. Is there a separate bathroom/toilet for the student to use? No Yes

5. Generally the following are provided or students have access to them.
[Please note, if you answer "No" to any of these, it will not necessarily mean that you are discounted from our Homestay Provider Register.] **Please answer the following questions:-**

- | | | | |
|-----|-------------------------------------------------------------|-----------------------------|------------------------------|
| (a) | Lock on bedroom door? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (b) | Lock on bathroom/toilet door? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (c) | If No, will you provide a lock on either door if requested? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (d) | Sheets, blankets, doona | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (e) | Pillow(s) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (f) | Towels | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

- | | | | |
|-----|--------------------------------------------------------------------|-----------------------------|------------------------------|
| (g) | Key for house | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (h) | Swimming Pool | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (i) | Piano | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (j) | Radio [Please circle] (Shared / Single use) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (k) | Desk Light (suitable for study) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (l) | Room heater (winter months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (m) | Fan (summer months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (n) | Iron/ironing board | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (o) | Washing machine | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (p) | Dryer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (q) | Electric Blanket | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (r) | Own desk and chair | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (s) | (i) TV [Please circle] (Shared / Single use) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | (ii) Video/DVD Player [Please circle] (Shared / Single use) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

6. Please indicate any other facilities which you would offer:- _____

7. Type of Bedroom: Single Double

8. Size of Bed: _____

9. (a) Do you have pets? No Yes

If yes, please specify:-

(b) Where are they? Indoor Outdoor

10. How long will it take for a student to travel from your home to the college using:-

- (a) Public Transport _____
- (b) Car _____
- (c) Riding Bike _____
- (d) Walking _____

11. (a) Bus Route No: _____

(b) How far is it from your home on foot? _____ Minute (s) walk

12. Are any of the following close to your home? [Please tick the box(es)]

- Banks Post office Shops Deli (7 days a week)

Recreation Facilities [please specify]

Level of service:

13. Meals: (indicate what meals you are offering & the type of food the student can expect)

Breakfast	<input type="checkbox"/> Monday - Friday	Breakfast	<input type="checkbox"/> Saturday - Sunday
Lunch	<input type="checkbox"/> Monday - Friday	Lunch	<input type="checkbox"/> Saturday - Sunday
Dinner	<input type="checkbox"/> Monday - Friday	Dinner	<input type="checkbox"/> Saturday – Sunday

Type of Breakfast? (eg. Cereal, hot meal) _____

Type of Lunch? (eg. Sandwich) _____

Type of dinner? (eg. Pasta, roast, curry) _____

14. International students are coming from different cultural backgrounds, which often means they have specific dietary requirements, would you be prepared to accommodate those requirements?

No Yes

If Yes, please specify:- Vegetarian? No Yes

 Muslim (no pork) No Yes

15. (a) Will the student have access to Laundry facilities? No Yes

(b) How many loads of washing may they do per week? _____ No Yes

(c) Are you prepared to do their laundry? No Yes

(d) Will you provide washing detergent? No Yes

16. (a) Is the Telephone access on a fee per call basis? No Yes

(b) May the student have his or her own phone line installed? No Yes

17. (a) Is there a computer the student can use? No Yes

(b) Is it connected to the internet? No Yes

(c) If yes, can the student have internet access? No Yes

(d) On what basis? (eg, *How often? Can they download? How will you charge them?*)

(e) If the student brings their own computer, can they have a phone line installed for internet access?

No Yes

18. Weekly charge? No Yes Approximate amount: A\$ _____

Typical Charges:

- Room only from \$120 per week
- Room, breakfast, dinner from \$200 per week
- Room, breakfast, lunch dinner from \$210 per week

Other considerations could include type of accommodation, facilities and location.

19. Do you have any special interests/hobbies in which the student could sometimes be included?
(eg. Sport, fishing, music, handicrafts)

Homestay Provider and Household:

20. What type of Homestay Provider would you consider yourself to be? Please refer to the Homestay Provider Guidelines (Section 21) and please tick one or more of the following: -

- A = Carer** **B = Landlord** **C = Housemate** **D = Learner**

21. Number of students you would like to host: _____

22. Preference: Male only Female only Either

23. (a) Are you prepared to host a Minor (under 18 years old)? No Yes

(b) Will you charge extra for this No Yes, how much per week? \$ _____

(c) If you are charging extra, on what basis? Please explain:

24. Will you accept a smoker? No Yes

Please specify:- Indoors Outdoor Either

25. Are there any students of particular nationalities and/or religions that you are unprepared to host?
If yes, please specify:

26. Are there any students of particular nationalities and/or religions that you are prepared to host? No Yes

If yes, please specify:

27. Regular members of the household: **(Please list all family members including yourself)**

Name	Relationship to you	Date of Birth	Sex (M/F)	Occupation

28. Do any household members speak any other languages? No Yes
If yes, which language?

29. Are there any smokers in the household? No Yes

