



AUZZIE FAMILIES Homestay Care

STUDENT PROFILE / APPLICATION FORM

| | | |
|---|---|---------------|
| FAMILY NAME: | GIVEN NAMES: | |
| HOME ADDRESS: | | |
| GENDER (M/F): | DATE OF BIRTH: | |
| NATIONALITY: | RELIGION: | |
| PHONE: | MOBILE: | |
| FAX: | EMAIL: | |
| AGENTS NAME & PHONE NUMBER: | | |
| Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO | Will you live with a smoker? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you like animals? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you allergic to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you like young children? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you like older children? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ANY SPECIAL DIETARY REQUIREMENTS /ALLERGIES / MEDICAL CONDITIONS? | | |
| EDUCATIONAL INSTITUTION IN AUSTRALIA & ADDRESS: | | |
| ACCOMMODATION REQUIRED: | | |
| ACCOMMODATION DATES: FROM: | TO: | |
| DO YOU NEED AIRPORT PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO | FLIGHT NO.: | |
| AIRLINE: | ARRIVAL DATE AND TIME: | |
| TELL ME ABOUT YOURSELF, YOUR FAMILY AND INTERESTS: | | |
| WHAT KIND OF FAMILY WOULD MAKE YOU FEEL COMFORTABLE? | | |
| EMERGENCY CONTACT DETAILS: | | |
| (IN AUSTRALIA) NAME: | TELEPHONE: | EMAIL: |
| ADDRESS: | | |
| (OVERSEAS) NAME: | TELEPHONE: | EMAIL: |
| ADDRESS: | | |
| PAYMENT INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | |
| I have read the terms, tariffs and conditions supplied with this application form and my signature below confirms understanding and acceptance of conditions. | | |
| Signed: (Applicant) Date: | | |
| Signed: (Parent/Guardian) Date: | | |

"the homestay that cares"

AUZZIE FAMILIES Homestay Care Pty Ltd ABN 96 087 842 788

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