



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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