

Application Form for Homestay Accommodation

To apply to stay in Homestay accommodation please complete the below information as best as you can. Please note there is a non-refundable booking fee of £100 to book a host family. We will endeavor to match your preferences however we cannot guarantee to always meet them.

Personal Details			
First Name*		Surname*	
Known As		Date of Birth* (dd/mm/yyyy)	
Gender* (e.g. Female/Male)		Nationality*	
Address in Home Country*		Telephone Number*	
		Mobile Telephone Number*	
		Email Address*	
Religion		What course/ programme have you applied for?	
First Language			

Your Lifestyle			
Have you been to the UK before? (Yes/No)		If yes, did you live with a British family? (Yes/No)	
What do you consider your level of English Language to be? (Beginner/Good/Excellent)		What are your plans after completing your studies at The College?	
Do you smoke? (Yes/No)*			
Can you tell us a bit about yourself? Do you have any hobbies or interests?			

Your Accommodation Preferences					
When do you require accommodation?*	Date From		Would you prefer a single room, or to share a room with another student?*	Single	
	Date To			Shared**	
Would you prefer to live with a family with children? (Yes/No)			Would you be OK living with a family who smoke? (Yes/No)		
Would you prefer to live with a family with pets? (Yes/No)* If no, why? (e.g. allergy, phobia)			Would you like us to arrange a taxi to meet you at the airport and take you to your host family? (Yes/No)* If yes, please attach a copy of your flight ticket		
Do you have any other preferences?					

*This question must be completed. If left uncompleted the form will be sent back to you.

**Shared rooms available for group bookings only

Health Information						
Do you have any allergies?* (e.g. dogs/cats/dust/nuts/medication /food etc.) If yes, please state			Do you have any special dietary requirements?* (e.g. gluten free, vegetarian, no pork, halal etc.) If yes, please state			
Do you have, or have you had, any of the following?*		Yes	No		Yes	No
	Asthma, Bronchitis or breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	Seizures, Epilepsy, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
	Eczema or other skin disorders	<input type="checkbox"/>	<input type="checkbox"/>	Severe headaches or migraines	<input type="checkbox"/>	<input type="checkbox"/>
	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis A or B	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
	Mental health issues (e.g. depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any medical, surgical or psychiatric treatment in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
	A disability that may affect your accommodation requirements	<input type="checkbox"/>	<input type="checkbox"/>	Do you take any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Any other known medical conditions, learning difficulties or disorders (e.g. Asperger's or autism)	<input type="checkbox"/>	<input type="checkbox"/>				
If you answered yes to any of the above, please give details (please use an additional page if necessary)						
Have you been vaccinated against the following:*			Yes	No	If you have ticked no, we advise that you arrange vaccination before you arrive.	
	Tetanus, Diphtheria and Polio		<input type="checkbox"/>	<input type="checkbox"/>		
	MMR (Measles, Mumps & Rubella)		<input type="checkbox"/>	<input type="checkbox"/>		
	Meningitis		<input type="checkbox"/>	<input type="checkbox"/>		
Medical insurance company name			Medical insurance policy number:			
European Health Insurance Card (EHIC) Number			EHIC valid from date:			
			EHIC expiry date:			
What is your blood type? (if known)						
Any other relevant health information						

Declaration			
<p>Please tick:</p> <p><input type="checkbox"/> I confirm receipt of the Agreement for Students in Homestay Accommodation. I have read it in depth and I fully understand the implications of this document.</p> <p><input type="checkbox"/> I agree to receiving emergency treatment, including anesthetic, as considered necessary by the medical authorities present and for this information to be disclosed to relevant persons.</p> <p><input type="checkbox"/> I confirm that to the best of my knowledge the information given on this form is correct.</p>			
Student signature		Parent/guardian signature (if student is under 18)	
Date		Date	

Additional Parent/Guardian consent for students under 18			
<p>Please tick:</p> <p><input type="checkbox"/> I give consent for my son/daughter to live in Homestay accommodation arranged by The College.</p> <p><input type="checkbox"/> I give consent for my son/daughter to share a household with students of the opposite gender who are also under 18 years of age</p> <p><input type="checkbox"/> I give consent for my son/daughter to share a household with a student over the age of 18 of the same gender</p> <p><input type="checkbox"/> I give consent for my son or daughter to share a room with a student of the same gender who is under 18 years of age, but who may turn 18 years old during their stay (for shared room bookings only).</p> <p><i>If you have any queries, concerns or special requirements in regards to the above please contact the Accommodation Office.</i></p>			
<p>Please tick:</p> <p><input type="checkbox"/> I give permission for my child to travel independently within the UK at her/his own, and my own risk and responsibility. This consent is for travel and overnight stays which have not been arranged by The College. I am aware that my son/daughter is required to share the details of his/her travel with The Accommodation Office and their host family prior to the event.</p> <p><i>If you do not wish to give permission for your child to travel independently for the duration of their stay we will require your written permission for each overnight stay your son/daughter plans to take.</i></p>			
Parent/guardian name		Parent/guardian signature	
Date			

What happens next?

Please return the application form to the Accommodation Office either by email to studentaccommodation@bpc.ac.uk or by post to **Student Accommodation Team, International Department - Room 21, Bournemouth and Poole College, Lansdowne, Bournemouth, Dorset, BH1 3JJ.**

We will contact you with the details of your Homestay accommodation booking via email.