

## Application Form for Accommodation (Homestay)



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 £75 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)	
Sex* (Male/Female)		Nationality*	
Address in Home Country*		Telephone Number*	
		Mobile Telephone Number	
		Email Address*	
Religion		Name of Course	
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 level do you consider your level of English Language to be? (Elementary/Intermediate/Advanced)		What are your plans after completing your study at The College?	
Can you tell us a bit about yourself? Do you have any hobbies or interests?			

Your Accommodation Requirements					
When do you require accommodation?*	Date From		Do you require a single room or to share a twin room with another student? (Yes/No)*	Single	
	Date To			Twin	
Do you have any disability which may prevent you from using a bedroom on the first floor? (Yes/No)*			Would you prefer to live with a family with children? (Yes/No)		
Would you prefer to live with a family with pets? (Yes/No)*			Do you smoke? (Yes/No)*		
Would you prefer to live with a family who smoke? (Yes/No)			Would you like us to arrange a taxi to meet you at the airport and take you to your host family? (Yes/No)*		

Health Information			
European Health Insurance Card Number		Valid From	Expiry Date
Medical Insurance Company		Medical Insurance Policy Number	
Do you have any allergies?* i.e Dogs/cats/dust/nuts etc		Do you have any known medical conditions?*	
Do you take any prescribed medication?* (Yes/No)		Do you have any special dietary requirements?* i.e gluten free/vegetarian etc	
What is your blood type, if known?		Any other relevant information?	

Emergency Contact Details			
<b>First Name*</b>		<b>Surname*</b>	
<b>Relationship to you*</b>		<b>Email Address</b>	
<b>Contact Address*</b>		<b>Telephone Number*</b>	

Under 18's Permission Letter			
If you are under 18 years old, it is a requirement of The Bournemouth and Poole College that curfew rules must be agreed by both parent/guardian and the host family. Please note that if this section is not completed the following curfews will apply: 16 years of age – 21:00, 17 years of age – 22:00			
<b>Curfew Sunday-Thursday</b>		<b>Curfew Friday-Saturday</b>	
<b>Parent/Guardian Name</b>		<b>Parent Guardian Signature</b>	
		<b>Mobile Telephone Number</b>	

How do you plan to pay for the £75 arrangement fee		
Payment Method	Information	Please select option
<b>Cash</b>	Only for students already in the UK and payment must be in GBP (£) sterling	
<b>Personal Cheque</b>	Drawn on a UK bank account only and in GBP (£) sterling. Please make payable to Bournemouth and Poole College	
<b>Bank draft/ bankers cheque</b>	In GBP (£) sterling and drawn from a British based bank only	
<b>Bank to bank transfer</b>	Bank charges to be paid by the payer. Please arrange for the credit of Bournemouth and Poole College and send us back this form together with proof of transfer Lloyd TSB, Bournemouth (309108) Sort Code: 30-91-08 Account No: 03308206 BIC: LOYDGB21045 IBAN No: GB45 LOYD 3091 0803 3082 06	
<b>Credit Card</b>	Visa, Mastercard	
<b>Debit Card</b>	Solo, Switch	

Agreement between The Bournemouth and Poole College and Students in Homestay Accommodation*			
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.			
<b>Student Name</b>			
<b>Student Signature</b>		<b>Date</b>	

For students over 18		For students under 18	
I consent to receiving emergency treatment including anesthetic as considered necessary by the medical authorities present and for this information to be disclosed to relevant persons.		I consent to my son/daughter receiving emergency medical treatment, including anesthetic as considered necessary by the medical authorities present and for this information to be disclosed to relevant persons.	
<b>Signed</b>		<b>Signed</b>	
<b>Date</b>		<b>Date</b>	

### What happens next?

Please return the application form to The Accommodation Officer either by email to [studentaccommodation@bpc.ac.uk](mailto:studentaccommodation@bpc.ac.uk) or by post to **Student Services, The Bournemouth and Poole College, The Lansdowne, Bournemouth, BH1 3JJ**. We will contact you with details of your accommodation via email.

\*Boxes marked with an asterisk must be completed. If left uncompleted the form will be sent back to you.