



Tick location required	Location
<input type="checkbox"/>	Springfield
<input type="checkbox"/>	Cairns

Student Homestay Application

Student Personal Details

Family Name		Given Name		Gender	
_____		_____		M F	
Preferred Name		Nationality			
_____		_____			
Telephone		Age	Date of Birth		
_____		_____	_____		
Address		Email			
_____		_____			

Emergency Contact Details

Family Name		Given Name			
_____		_____			
Home Phone	Work Phone	Relationship to Student			
_____	_____	_____			
Address		Email			
_____		_____			

Guardianship in Australia

If you will be living in Australia with either a parent or a person who has legal custody of you or a relative nominated by a parent or legal custodian who is aged 21 years or older, please provide your guardian's details in Australia.

Family Name		Given Name			
_____		_____			
Home Phone	Work Phone	Relationship to Student			
_____	_____	_____			
Address		Email			
_____		_____			

Family Structure

Name	Relationship	Age	Occupation

Student Profile

Describe your character, tick as many boxes as relevant

Quiet		Artistic		Social		Outgoing		Humorous	
Active		Positive		Sensitive		Shy		Curious	
Athletic		Independent		Family orientated		Patient		Kind	

Describe your hobbies, sporting and special interests

Provide any information to assist us in matching you with a compatible homestay family. **Please note that we may not be able to accommodate all of your requests.**

Student Homestay Preferences

Are you happy to live with a family who smokes? Yes No

Are you happy to live with a family who has children? Yes No

If Yes: Baby to Toddler Primary Junior to Senior

Pets – Are you happy to live with a family who has

Dog: Inside Outside only Cat: Inside Outside only

Dietary Requirements – Do you eat the following?

Chicken: Yes No Pork: Yes No Beef: Yes No

Lamb: Yes No Seafood/shellfish: Yes No Fish: Yes No

Other dietary requirements (please specify):

Personal Health History

List any medical problems that have been diagnosed

Surgeries

Year	Reason	Year	Reason

List your prescribed and over-the-counter medications, including vitamins and inhalers

Medication name	Strength	Frequency Taken

Allergies to medications

Medication name	Reaction

Allergies

Food

Other

Health Habits and Personal Safety

- Do you drink alcohol? Yes No
- Do you smoke tobacco? Yes No
- Do you have vision or hearing loss? Yes No

Mental Health

Is stress a major problem for you? Yes No **How do you respond to stress?**

- Do you feel depressed? Yes No
- Do you panic when stressed? Yes No
- Do you have an eating disorder? Yes No
- Do you cry frequently? Yes No
- Have you ever attempted suicide? Yes No
- Have you ever seriously thought about hurting yourself? Yes No
- Do you have trouble sleeping? Yes No
- Have you been to a counselor in the last 3 years? Yes No

Other Medical Conditions

Do you or have you had, any medical condition relating to the following? Please provide brief explanation in the space provided below, using the number as a reference:

1. <input type="checkbox"/> Genetic of Familial Disorders	2. <input type="checkbox"/> AIDS/AIDS Related Conditions	3. <input type="checkbox"/> Weight
4. <input type="checkbox"/> Immunodeficiency Syndrome	5. <input type="checkbox"/> Arthritis	6. <input type="checkbox"/> Heart
7. <input type="checkbox"/> Chronic Lung Disease	8. <input type="checkbox"/> Asthma	9. <input type="checkbox"/> Cancer
10. <input type="checkbox"/> Skin	11. <input type="checkbox"/> Rheumatic Fever	Recent changes in:
12. <input type="checkbox"/> Head/Neck	13. <input type="checkbox"/> Back	<input type="checkbox"/> Weight
14. <input type="checkbox"/> Migraines	15. <input type="checkbox"/> Intestinal/Stomach	<input type="checkbox"/> Energy level
16. <input type="checkbox"/> Nose	17. <input type="checkbox"/> Bladder	<input type="checkbox"/> Ability to sleep
18. <input type="checkbox"/> Throat	19. <input type="checkbox"/> Bowel	Other pain/discomfort:
20. <input type="checkbox"/> Ears	21. <input type="checkbox"/> Circulation	
22. <input type="checkbox"/> Diabetes	23. <input type="checkbox"/> Blood Pressure	Phobias:
24. <input type="checkbox"/> Epilepsy	25. <input type="checkbox"/> Travel Sickness	
26. <input type="checkbox"/> Asperger/Autism	27. <input type="checkbox"/> ADHD	

Explanation:



Homestay Fees

Homestay Fees Applying From 1 October 2017		
Homestay application fee	\$250	per annum
Weekly fee Springfield	\$300	per week
Weekly fee Cairns	Fee dependent on length of stay	
Weekly transport fee	\$ 20	per week
Additional nights	\$ 65	per night
Homestay change fee	\$250	per change
Special dietary requirements, e.g. Gluten free, vegan, organic, Halal wheat free, etc.	\$ 50	per week additional
Special needs, e.g. physical or psychological	\$ 50	per week additional
Holding fee (2 weeks notice required)	\$145	per week
Late booking fee (within 2 weeks of arrival)	\$250	per late booking
Christmas surcharge (week of Christmas and New Year)	\$ 60	per week additional
Out of hours airport transfer surcharge (flight arriving or departing between the hours of 10:00pm and 6:00am)	\$180	per pick up or drop off

Homestay Terms and Conditions

1. The application fee is non-refundable.
2. The late booking fee applies to all homestay applications received less than 2 weeks prior to arrival.
3. If a 2 week notice period is not provided for changes to the arrival date, a late booking fee will apply.
4. Homestay invoices are payable 2 weeks in advance to avoid the late booking fee.
5. All homestay fees must be paid in full prior to the student entering the homestay.
6. Penalty for cancellation within 2 weeks of arrival = Application fee + 2 weeks homestay fee.
7. Cancellation within 48 hours of arrival – full fees apply.
8. For transport requirements between the hours of 8:00pm and 6:00am, an out of hours surcharge will apply.
9. No homestay allocation will be made until the payment has been received. The homestay profile will only be sent to the student once the homestay payment has been received.
10. If you cancel more than 14 days before your homestay commences, and before a homestay placement has been made, UIL will refund the pre-paid amount less the application fee.
11. If you cancel more than 14 days before your homestay commences, and after a homestay placement has been made, UIL will refund the balance of the pre-paid amount less 2 weeks' homestay fees and less the application fee.
12. If student wishes to leave homestay before the nominated departure date, they must give a minimum 2 weeks notice to the Institute. Students will incur a 2 week penalty if they leave without giving 2 weeks written notice to the Institute.
13. Two weeks notice is required to UIL prior to a homestay change or 2 weeks homestay payment in lieu and an additional placement fee will be charged for requests to change homestay.
14. Students wishing to extend their homestay placement must provide at least 2 weeks written notice to the UIL. Direct negotiation with the homestay family will result in immediate removal from the homestay with no refund
15. A holding fee is charged if a student is vacating their homestay during their placement period and their possessions are being stored by the homestay family. A minimum of 2 weeks written notice is required otherwise the full weekly fee will apply during this period.
16. Each student will be provided with a Homestay Orientation which explains the terms and conditions of their stay in homestay. Should a student breach these conditions, they may be removed from the homestay at their own cost.
17. Illegal or unlawful behavior of the student during any period of homestay may result in cancellation of Visa to remain in Australia. All associated costs must be paid by the student or parents.
18. If the student causes any damage to the homestay family property, fees and charges may be charged for replacement of personal belongings

Student Declaration

I certify that the information on the application and the supporting documentation is correct and complete. I have attached all documentation required to accompany this application. I acknowledge that the provision of incorrect information or documentation, or the withholding of information or documents relating to my application, may result in the cancellation of my enrolment.

I further hereby declare that I have read and understood the UIL Homestay Terms and Conditions, and agree to be bound by them.

Student Signature	Date	Parent/Guardian Signature	Date