



Attach Photo here

| Tick location required | Location |
|------------------------|-------------|
| | Springfield |
| | 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

Australia is a multi-cultural country with families of Caucasian descent only making up 10% of the population. UIL will make certain students are placed with a Homestay Family where English is the main language spoken in the home, the family has met the safety standards required and they have completed our homestay family training program.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you smoke tobacco? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have vision or hearing loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Mental Health

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

| | | |
|--|------------------------------|-----------------------------|
| Do you feel depressed? Are you currently receiving medical treatment for depression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you panic when stressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an eating disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you cry frequently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have trouble sleeping? Insomnia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been to a counselor in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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/Regular Headaches | 15. <input type="checkbox"/> Intestinal/Stomach | <input type="checkbox"/> Energy level |
| 16. <input type="checkbox"/> Nose/Throat | 17. <input type="checkbox"/> Bladder | <input type="checkbox"/> Ability to sleep |
| 18. <input type="checkbox"/> Tonsillitis | 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 | |
| 28. <input type="checkbox"/> Measles | 29. <input type="checkbox"/> Whooping Cough | |
| 30. <input type="checkbox"/> Bronchitis | | |

Explanation:



| Homestay Fees | |
|--|---------------------------------|
| Homestay application fee | \$250 per annum |
| Weekly fee Springfield | \$350 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) | \$140 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 behaviour 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
19. If a student arrives to UIL with an existing/known health condition or allergy and the details have not been advised within this application form, in the event of the student requiring medical attention, UIL will take actions which are for the safety and well-being of the student.
20. UIL will not be responsible for any adverse outcomes as a result of the student's Parent and/or Guardian's failure to declare medical history or known ailment, including but not limited to, allergies, mental conditions or long-term medical conditions.

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 |
|-------------------|------|---------------------------|------|
| | | | |