



## Homestay Family Application

Applicant's Family Name		Given Name	
Mobile Contact Number		Occupation	
Partner's Family Name		Given Name	
Mobile Contact Number		Occupation	
Please list all residents' names, DOB and Gender, <b>including applicant &amp; partner</b> below:			
1.	DOB:	Gender: M / F	<p><b>Union Institute of Language</b> PO Box 4094 Springfield QLD 4300</p> <p><b>Homestay Enquiries</b> Phone: 3470 0011 Fax: 3470 0012 Email: <a href="mailto:homestay@uil.edu.au">homestay@uil.edu.au</a></p> <p><b>Emergency Contact</b> Homestay Coordinator 0422 001 240</p>
2.	DOB:	Gender: M / F	
3.	DOB:	Gender: M / F	
4.	DOB:	Gender: M / F	
5.	DOB:	Gender: M / F	
6.	DOB:	Gender: M / F	
7.	DOB:	Gender: M / F	
Residential Address			
Post Code			
Contact Details:	Home#:		
Email:	Partner's Email:		
Work#:	Partner's Work#:		
<b>Suitability Check</b>			
<small>(All people over 18 years who live or frequently visit this home are required by law to have a Blue Card.)</small>			
Do all adult members of your residence (18 years +) hold a current Blue Card?			Yes / No
<b>YES:</b> *Please note suitability card details below:			
Name		Card Number	Expiry
Name		Card Number	Expiry
Name		Card Number	Expiry
Name		Card Number	Expiry
*Please attach copies of your blue cards to this application			
<b>NOTE:</b> you will need to apply for a suitability card. (This includes a police check).			
Please visit this site to apply online: <a href="https://my.bluecard.qld.gov.au/account/registration/privacy-notice">https://my.bluecard.qld.gov.au/account/registration/privacy-notice</a>			

Please provide details to the following questions		
Describe your house and garden i.e. how many rooms, bathrooms, toilets, etc.		
Do any residents of your home smoke?	Yes / No	
Is English the main language in your home?	Yes / No	
Do any residents of your home speak another language or are they learning another language? If so what language/s?		
Are any members of your family originally from another country?	Yes / No	
If so which country?		
Describe any fire safety appliances you have in your home e.g. Smoke alarms.		
Do you rent or own your home?	Rent / Own	
Do you have home and contents insurance?	Yes / No	
Does your home insurance policy cover you for public liability?	Yes / No	
Describe the student bedroom/s. (Number of beds, size of beds, furniture: e.g. 2 single beds, chest of drawers, desk, lamp and chair)		
Bedroom 1:		
Bedroom 2:		
Bedroom 3:		
Long Term students will require use of study facilities. Please advise if there are study facilities available in the student's room or elsewhere in the home.		
Describe leisure facilities available for the student's use i.e. piano, pool, game console, musical instruments, local parks, etc.		
Do you have internet / Wifi for the student to use?	Yes / No	If Yes, is it unlimited? Yes / No
Describe any hobbies/interests of family members. (Include sports played)		
Please provide details of any pets.	Indoor	Outdoor

Does your family attend church regularly? Please advise where.		Yes / No	
<b>Transport Details</b>			
We share the campus with the University of Southern Queensland at World Knowledge Centre, Sinnathamby Blvd., Springfield. Please advise how your student would be transported to UIL i.e. driven by you, public transport etc.			
Have you hosted homestay or international students previously?		Yes / No	
How did you find out about UIL's homestay program?			
<b>Student Preference Details</b>			
Do you have a preference between male or female students?			
Male	Female	Either	
Do you have a preference for long (10 – 40 weeks) or short term students?			
Long (must have own room)	Short (two may share a room but must have individual beds)	Either	
How many rooms do you have available for homestay use?		1	2 more
Do you have twin accommodation available? i.e. twin single beds or bunk beds		Yes / No	
<b>Banking Details</b>			
Please advise the following details in relation to your bank account. Payments for homestay are made fortnightly. This information will be used by UIL to deposit the funds directly into your bank account.			
Bank Name:			
Account Name:			
BSB Number:			
Account Number:			
Applicants Signature:		Dated:	

**Please email a family photo with your application.**

**A registration fee of \$20 for administration expenses is required to be forwarded to UIL with this application prior to a home inspection being arranged.**

OFFICE USE ONLY			
Application Received	/ /	Date Registration Fee (\$20) received	/ /
Blue Card Copies Attached	YES / NO	Date Registration Fee Receipt Sent	/ /
Database Entry Date	/ /	Inspection Date	/ /
Signature Accommodation Officer		Date	/ /