

ACCOMMODATION PROVIDER APPLICATION FORM 2011



PERSONAL DETAILS

Primary Accommodation Provider	
Mr/Mrs/Ms	_____ <i>Given name</i> _____ <i>Family name</i>
Date of Birth:	_____ Age: _____
Nationality:	_____
Occupation:	_____
Telephone:	_____ (home)
	_____ (work)
	_____ (mobile)
Email:	_____

Spouse/Partner	
Mr/Mrs/Ms	_____ <i>Given name</i> _____ <i>Family name</i>
Date of Birth:	_____ Age: _____
Nationality:	_____
Occupation:	_____
Telephone:	_____ (home)
	_____ (work)
	_____ (mobile)
Email:	_____

HOME ADDRESS		
Address:	Suburb:	Post code:

OTHER FAMILY MEMBERS

Please list any other people who will reside at your home during the proposed accommodation period.

Name	Relationship	Gender	Birth Date	Age	Interests/Hobbies

BLUE CARD CHECK

Please list any suitability notices (Blue Cards) which have been issued by the Commission For Children and Young People for any of the persons living at your home:

Name	Blue card number	Validity date

(If you do not yet have a Blue Card, we can assist with the application)

ACCOMMODATION AVAILABLE

- Single room Double room Private bathroom Shared bathroom

What types of beds are available (single, double, queen) _____

HOSTING PREFERENCES

- Male Female Individual Double Placement

DO ANY OF THESE APPLY TO YOUR HOUSEHOLD?

- No smoking allowed
- Smoking allowed (inside / outside only / on balcony) _____
- Do you have a special diet (e.g. vegetarian) _____
- Are you willing to cater for a special diet? _____
- Non-English speaking household (Please specify language) _____
- Willing to be an emergency backup

HOBBIES

What type of activities do you and your family enjoy? _____

PETS

Please provide us with details of any pets or other animals that you may have at your house:

Animal type	Name	Indoor/outdoor	Comments

HOUSE RULES

Please list any rules you have in your home that you would expect your student to abide by (e.g. curfews, when friends can visit, etc):

What will be the conditions of telephone and internet use for your student? _____

TRANSPORT

How will your student get to and from school? _____

If by bus, where is the bus stop? _____

(Students pay bus and train fares directly to bus or train operators if public transport is necessary)

ARE YOU ABLE TO PROVIDE THE FOLLOWING? (please tick)

	Yes	No	Comment
Interact with students and other families outside school hours (e.g. social/networking functions organised by the school or agent)?			
Include student/s in family activities, especially on weekends?			
Provide telephone/internet access?			
Provide access to cooking/cleaning facilities?			
Available to attend an orientation meeting prior to commencement of program?			

ACKNOWLEDGEMENT

I understand that as a Homestay/DemiPair family for Gold Coast Student Accommodation Centre I will be required to:

- Complete an Orientation Program prior to the arrival of my student;
- Be in possession of a current positive suitability notice (Blue Card) from the Commission for Children and Young People;
- Agree to regular visits by the Homestay/DemiPair Coordinator to check facilities.

I understand that a condition of my being registered with GCSAC is that I will have no more than three students at any given time.

I understand that the information given above may be forwarded to a College, student, parent or education agent to provide them with information on the student's accommodation as part of their study in Australia.

I agree that GCSAC can use my information only for this purpose and they are not to provide any information to any other person for any other reason.

I understand that I am required to have my own Public Liability cover for my home and that Gold Coast Student Accommodation Centre is not responsible for any student whilst they are in my care.

By signing this application you are acknowledging that you will abide by the Homestay Rules laid down by the Gold Coast Student Accommodation Centre (a copy of which is attached and will be discussed at the first interview).

Signed: _____ Date: _____
Primary Accommodation Provider

Please return to:
Gold Coast Student Accommodation Centre
PO Box 4465
Ashmore Qld 4214

Or Fax to: 5527 8699
Or Email to: info@gcsac.com.au