



GUARDIAN HOMESTAY APPLICATION FORM

APPLICANT 1

Title First name

Surname

Address

Home tel.

Mobile no

Email

Religion

Marital status:

Married Living with partner Single Widowed Divorced

Work:

Employed full-time Employed part-time Self-employed Retired Unemployed

Current occupation (*if retired, previous occupation*):

.....

Education:GCSE A-level Degree (*please specify*)

Hobbies:

Do you have any disabilities/medical conditions/learning/difficulties: YES NO

.....

Do you hold a clean driving licence? YES NO

APPLICANT 2

Title First name

Surname

Mobile no

Email

Religion

Work:

Employed full-time Employed part-time Self-employed Retired Unemployed

Current occupation (if retired, previous occupation):

.....

Education:

GCSE A-level Degree *(please specify)*

Hobbies:

.....

Do you have any disabilities/medical conditions/learning/difficulties: YES NO

.....

Do you hold a clean driving licence? YES NO

YOUR CHILDREN

1st child

First name

DOB Male Female

School/University/Occupation

Hobbies

Moved out

2nd child

First name

DOB Male Female

School/University/Occupation

Hobbies

Moved out

3rd child

First name

DOB Male Female

School/University/Occupation

Hobbies

Moved out

4th child

First name

DOB Male Female

School/University/Occupation

Hobbies

Moved out

GENERAL INFORMATION

Does anyone in your household smoke?

We do allow smoking inside and outside of the house YES NO

We allow smoking outside YES NO

Do you have any pets? (If yes, please give brief details) YES NO

Are you prepared to cater for any special dietary requirements? YES NO

What dishes do you usually cook?

Languages spoken at home

What do you usually do at the weekends?

Are you familiar for First Aid YES NO

Do you have any criminal convictions? (If yes, please give brief details) YES NO

TENANTS/REGULAR GUESTS

Do you have any tenant living in your house? YES NO

First name and surname

DOB Male Female

Occupation

All adults regularly staying in your house will be required to undergo Enhanced DBS check.

DISCLOSURE BARRING SERVICES (All family members/regular guests over 16 must be DBS checked)

Do you have an enhanced DBS certificate?

| | | |
|-------------|-----|----|
| Applicant 1 | YES | NO |
| Applicant 2 | YES | NO |

Have you or any members of your household been disqualified from privately fostering children under the *Disqualification for Caring for Children Regulations 1991*? YES NO

If yes, please specify

.....

I confirm that I have never been convicted or cautioned for an offence against a child, also I confirm that the information given above is accurate and correct and I am not subject to any of the disqualifications set out in the Protection of Children Act 1999.

I consent to a criminal records check if appointed to the position for which I have applied. I am aware that the details of pending prosecutions, previous convictions, cautions, or bind overs against me will be disclosed along with any other relevant information which may be known to the police, and Lists held in accordance with the Protection of Children Act 1999.

I agree to inform the person in the organisation responsible for processing applications for DBS (Disclosure and Barring Services) checks if I am convicted of an offence after confirmation of the post. I understand that failure to do so may lead to the immediate suspension of my work with children and/or the termination of my position. I agree to inform the person in the organisation responsible for processing applications for DBS checks if I become the subject of a police and/or social services / social work department investigation. I understand that the failure to do so may lead to the immediate suspension of my work with children.

HOUSE

House/flat owner YES House/flat tenant YES

Numbers of rooms:

Reception

Bedrooms

Bathrooms

Toilets

Special features:

Piano Others

Smoke alarms in full working order YES NO

Has the boiler got an up-to-date service record? YES NO

(It must be checked annually)

Security system YES NO

| | | |
|---------------------------------------|-----|----|
| House insurance | YES | NO |
| Number of bedrooms for students | | |
| Student's en-suite bathroom | YES | NO |

Size and student's facilities

(S:7-8ft sq. M:8-9ft sq. L:9ft sq.+)

| | Room 1 | Room 2 | Room 3 |
|---|--------|--------|--------|
| Size of room | | | |
| Wardrobe | | | |
| Chest of drawers | | | |
| Bedside table | | | |
| Shelves | | | |
| Desk | | | |
| Local sport/recreation facilities | | | |

REFERENCES

Please find two referees to endorse your application. If possible, obtain one personal and one professional reference

1. Personal reference

TitleFirst name.....

Surname

Address

Telephone

Email

Occupation

How long do you know this person?

In what capacity?

2. Professional reference

TitleFirst name.....

Surname

Address

Telephone

Email

Occupation

How long do you know this person?

In what capacity?

I would like to confirm that the information I have given throughout this application form is accurate and up to date.

I understand that I am required to notify Sutherland Education immediately if there are changes to any of the above given information.

Signature (Applicant 1)

Signature (Applicant 2)

Date