Homestay Application Form

PERSONAL INFORMATION

1. Given Name(s) ___________________________________________ Family Name ___________________________________________
   Preferred Name __________________________________________

2. Date of Birth ________ / ________ / ________
   Gender □ Male □ Female □ Indeterminate
   Day    Month    Year

3. Father’s / Guardian’s full name ___________________________________________ Occupation _____________________________
   Father / Guardian’s email ___________________________ Business Tel ___________________________ Mobile ___________________________

4. Mother’s / Guardian’s full name ___________________________________________
   Mother’s / Guardian’s email ___________________________ Business Tel ___________________________ Mobile ___________________________

5. Address in Home Country __________________________________________________________________________
   State / Country ___________________________________________ Postcode / Zip ___________________________

6. Telephone (country code) __________________ Home __________________________ Fax __________________________

7. Student’s Email ___________________________ Student’s Mobile __________________________

8. Nationality on Passport ___________________________ Passport Number ___________________________

HOMESTAY PREFERENCES: Please complete the details below.

Homestay start date __________________________ Homestay end date __________________________

Who do you live with at home in your country? Please provide details below:

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Age</th>
</tr>
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Preferences

- Do you have a religion? □ Yes, please specify ___________________________ □ No
- Would you object to being placed in a family of a different religion than yours? □ Yes □ No
  
  Note: There are many different religious groups in Australia. We cannot guarantee that you will be placed in a family who observe the same religion as you. If this is a pre-requisite for your placement, please note that we may not be able to offer you this service.

- Do you smoke? □ Yes □ No
- Would you mind staying with a family that smokes? □ Yes □ No
- Do you have any allergies? (Cat fur, food etc.) □ Yes □ No
  If yes, please explain: ___________________________ ___________________________
- Would you mind staying with a family that has pets? □ Yes □ No
  If yes, please explain why: ___________________________ ___________________________
- Do you like children? □ Yes □ No
- Do you have a special diet? □ Yes □ No
  If yes, details of dietary requirements: ___________________________ ___________________________

- Are there any specific activities you would like to do during your stay in Australia? ___________________________ ___________________________
Could you describe your personality? (e.g. shy, talkative, easy going, etc.) ________________________________________________

Please tick the activities that you enjoy or would like to participate in while studying in Australia:

**SPORTS**
- □ Badminton
- □ Baseball
- □ Basketball
- □ Bicycling
- □ Camping
- □ Fishing
- □ Gymnastics
- □ Hiking
- □ Horseback Riding
- □ Ice Skating
- □ Sailing
- □ Judo/Karate
- □ Rugby
- □ Soccer
- □ Swimming
- □ Table Tennis
- □ Tennis
- □ Athletics
- □ Volleyball
- □ Water Skiing
- □ Surfing
- □ Snorkelling
- □ Other

**ARTS & ENTERTAINMENT**
- □ Dancing
- □ Drama
- □ Flower Arranging
- □ Music
- □ Painting
- □ Photography
- □ Playing Musical Instrument

Type of musical Instrument

Are there any activities you would especially like to pursue during your time in Australia?

___________________________

MEDICAL To be completed by the student (or Parent / Guardian on behalf of the student if student is under 18)

Emergency Contact Details (If we are unable to contact parents/guardian)

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<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Mobile:</th>
<th>Fax:</th>
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**MEDICAL HISTORY:**

- Vision Concerns
- Hearing Concerns and/or Auditory Processing Difficulties
- Epilepsy
- Attention Deficit Disorder
- Heart Problems
- Frequent Headaches
- Frequent Colds
- Anaphylaxis
- Phobias
- Ear Infection and/or Grommets
- Asthma
- Head Injury
- Convulsions/Febrile Convulsions
- Stomach Complaints
- Diabetes
- Allergies
- Other serious diseases/surgery/disorders, recurring illnesses

(IMPORTANT: If yes to any of the above, please attach details about these conditions)

Consent for administering medication:

Please note that by signing this application form, you are consenting to being given prescription drugs, such as medication as prescribed by a Doctor.

Immunisation

Have you been sufficiently immunised against:

- Tetanus
- Triple Antigen
- Oral Sabin
- Measles/Mumps/Rubella
- Hepatitis B
- Hepatitis A & B

Please note that the above homestay and medical information will be forwarded by SI to the nominated homestay service provider/s.

**PLEASE READ AND SIGN BELOW**

By signing below, I confirm that:

1. I have provided accurate and complete information. I understand that my enrolment may be cancelled if any information I have provided is deliberately false, incomplete or misleading.
2. I confirm that the medical information I have provided on this form is complete and accurate. I understand and agree to not hold SERO Institute or its delegated homestay service provider or homestay families liable for any event / injury / illness resulting from any misleading or incomplete information provided by me on this form.

3. I agree to pay all relevant fees and charges in relation to accommodation and airport transfer in advance to the respective service provider as and when they become due. I understand that my enrolment may be cancelled by SERO Institute for non-payment of fees.

4. I understand that if I am under 18, I am required to live in SERO Institute approved accommodation at all times.

Signed: ___________________________________________ Date: __________________________

Student

Print Name ___________________________________________

Signed: ___________________________________________ Date: __________________________

(Parent / Guardian, if student is under 18)

Print Name ___________________________________________