

HOST FAMILY APPLICATION FORM

FAMILY NAME:		TELEPHONE NUMBER:	
ADDRESS:			
HOST MOTHER: NAME: MOBILE: EMAIL: OCCUPATION: HOBBIES:		HOST FATHER: NAME: MOBILE: EMAIL: OCCUPATION: HOBBIES:	
CHILDREN:			
NAME	DATE OF BIRTH	MALE/FEMALE	HOBBIES
OTHER ADULTS LIVING IN HOUSE:			
NAME	DATE OF BIRTH	MALE/FEMALE	HOBBIES

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WIFI:			
Include Apollo Representative:	YES	NO	
PETS:			
Do you have pets:	YES	NO	
Details:			
Does anyone smoke in the house:			
	YES	NO	
Do you allow smoking in the house:			
	YES	NO	
STUDENT PREFERENCE:			
Adult Male	Adult Female		
Teenage Male	Teenage Female		
DIETARY NEEDS:			
Please tick which you are able to provide:			
Vegetarian	Coeliac	Diabetic	Halal
AFTERNOON:			
Will an adult be at home during the day?		YES	NO
If no, what time will an adult arrive home in the afternoon/evening:			
BEDROOMS:			
BED NUMBER:	Single/Twin	En-Suite	
		Other	
1		Y	N
2		Y	N
3		Y	N

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PUBLIC TRANSPORT:					
TYPE:	DETAILS:	WALKING DISTANCE FROM HOUSE:	TIME TO CITY		
DETAILS OF ANY AMENITIES IN THE AREA:					
AVAILABILITY:					
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
EXTRA INFO:					
Please give any extra information which a student might find useful:					
<p>Have you or any member of your family who still lives at home convicted of any offence against a child? YES NO</p> <p>Have you or any member of your family who still lives at home had a child removed from your care by order of the courts? YES NO</p> <p>Have you or any member of your family who still lives at home had a child removed from your home by any other agency? YES NO</p>					
DECLARATION:					
I declare that I have no criminal record (or court case pending against me), and there is no reason why I should not be considered a person suitable to work with children.					
Date:			Signature:		

PERSONAL DATA CONSENT:

Do you authorise Apollo Language Centre to use your personal contact details given on this form to contact you in relation to students, payments or any other capacity in your role as a host parent.

YES

NO

Do you authorise Apollo language centre to use your personal details given on this form to contact students/agents in relation to your role as a host parent.

YES

NO

If at any time you wish to no longer be contacted by us using your personal details please either e-mail Dublin@apollolanguagecentre.com or phone 01-9060194(2) and we will remove all your data from our system immediately.

YES

NO

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Date:

Signature: