

HOST FAMILY APPLICATION FORM

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

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

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<b>PUBLIC TRANSPORT:</b>			
TYPE:	DETAILS:	WALKING DISTANCE FROM HOUSE:	TIME TO CITY
<b>DETAILS OF ANY AMENITIES IN THE AREA:</b>			
<b>AVAILABILITY:</b>			
JANUARY <input type="checkbox"/>	FEBRUARY <input type="checkbox"/>	MARCH <input type="checkbox"/>	APRIL <input type="checkbox"/>
MAY <input type="checkbox"/>	JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>	AUGUST <input type="checkbox"/>
SEPTEMBER <input type="checkbox"/>	OCTOBER <input type="checkbox"/>	NOVEMBER <input type="checkbox"/>	DECEMBER <input type="checkbox"/>
<b>EXTRA INFO:</b>			
Please give any extra information which a student might find useful:			
Have you or any member of your family who still lives at home convicted of any offence against a child?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
<b>DECLARATION:</b>			
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.			
<b>Date:</b>		<b>Signature:</b>	

**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](mailto:Dublin@apollolanguagecentre.com) or phone 01-9060194(2) and we will remove all your data from our system immediately.

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](mailto:Dublin@apollolanguagecentre.com) or phone **01-9060194(2)** and we will remove all your data from our system immediately.

**Date:****Signature:**