

HOMESTAY

Student Application Form

Last Name:		First Names:	
Preferred name:	Date of Birth:	Nationality:	
Home Address: _____ _____			
City: _____			
Country: _____			
Telephone:		Email:	
I require home stay accommodation from _____ to _____ NB Homestay accommodation is at an additional cost to other course fees. See Website. We require payment in advance. Select your option: <input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks <input type="checkbox"/> 36 weeks <input type="checkbox"/> 48weeks			
In order to provide you with a high level of pastoral care and place you in an adequate homestay, we ask that you provide us with the following information (tick the appropriate boxes, print clearly and give details where necessary) Make sure you answer all the questions			
<input type="checkbox"/> Male <input type="checkbox"/> Female		I have ___ brother(s) and ___ sister(s)	
English Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Pre-Intermediate <input type="checkbox"/> Intermediate		Personality: <input type="checkbox"/> Reserved <input type="checkbox"/> Outgoing	
Have you been overseas before: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?			
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Occasionally		Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you happy to stay in a family with: <input type="checkbox"/> children <input type="checkbox"/> cats <input type="checkbox"/> dogs?			
Do you need a special diet? (for example: vegetarian, diabetic) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:			
Do you have any special needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Details:			
Are you currently taking medication? No <input type="checkbox"/> Yes <input type="checkbox"/> (give details below) _____			

<p>Have you had any major injuries or illnesses in the last 3 months? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>(give details below)</p> <hr/>																																																																				
<p>Do you have any allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> (give details below)</p> <hr/>																																																																				
<p>Do you have any other health issues (physical and emotional) that we need to be aware of? No <input type="checkbox"/> Yes <input type="checkbox"/> (give details below)</p> <hr/>																																																																				
<p>At the weekend do you like to:</p> <p>Sleep in <input type="checkbox"/> Stay home <input type="checkbox"/> Go to church <input type="checkbox"/> Get up early <input type="checkbox"/></p> <p>Go out <input type="checkbox"/> Other: _____</p>																																																																				
<p>After School do you want to:</p> <p>Rest <input type="checkbox"/> Study at School or library <input type="checkbox"/> Stay Home <input type="checkbox"/></p> <p>Go out <input type="checkbox"/> Other: _____</p>																																																																				
<p>Circle 5 activities that best describe your interests:</p> <table border="0"> <tr> <td>Aerobics</td> <td>Animals</td> <td>Arts</td> <td>Badminton</td> </tr> <tr> <td>Ballet</td> <td>Beach</td> <td>Boating</td> <td>Boogie-boarding</td> </tr> <tr> <td>Bowling (lawn)</td> <td>Bowling (indoors)</td> <td>Bowling (10 pin)</td> <td>Bridge</td> </tr> <tr> <td>Camping</td> <td>Car/speedway Racing</td> <td>Cooking</td> <td>Cricket</td> </tr> <tr> <td>Cycling</td> <td>Dancing (ballroom)</td> <td>Dancing (disco)</td> <td>Diving</td> </tr> <tr> <td>Entertaining</td> <td>Fishing</td> <td>Gardening</td> <td>Golf</td> </tr> <tr> <td>Guitar</td> <td>Gym</td> <td>Handcrafts</td> <td>Horse Riding</td> </tr> <tr> <td>Jogging</td> <td>Judo</td> <td>Karate</td> <td>Knitting</td> </tr> <tr> <td>Languages</td> <td>Martial Arts</td> <td>Meeting people</td> <td>Movies</td> </tr> <tr> <td>Music (classical)</td> <td>Music (popular)</td> <td>Netball</td> <td>Outdoors</td> </tr> <tr> <td>Photography</td> <td>Piano</td> <td>Picnics</td> <td>Pottery</td> </tr> <tr> <td>Reading</td> <td>Rugby</td> <td>Running</td> <td>Sailing</td> </tr> <tr> <td>Sewing/Embroidery</td> <td>Skating (ice)</td> <td>Skating (roller)</td> <td>Skiing</td> </tr> <tr> <td>Soccer</td> <td>Sports</td> <td>Squash</td> <td>Surfing</td> </tr> <tr> <td>Swimming</td> <td>Tennis</td> <td>Theatre</td> <td>Tramping</td> </tr> <tr> <td>Travel</td> <td>Triathlons</td> <td>Violin</td> <td>Walking</td> </tr> <tr> <td>Watching TV/DVD</td> <td>Waterskiing</td> <td>Windsurfing</td> <td>Woodwork</td> </tr> </table>	Aerobics	Animals	Arts	Badminton	Ballet	Beach	Boating	Boogie-boarding	Bowling (lawn)	Bowling (indoors)	Bowling (10 pin)	Bridge	Camping	Car/speedway Racing	Cooking	Cricket	Cycling	Dancing (ballroom)	Dancing (disco)	Diving	Entertaining	Fishing	Gardening	Golf	Guitar	Gym	Handcrafts	Horse Riding	Jogging	Judo	Karate	Knitting	Languages	Martial Arts	Meeting people	Movies	Music (classical)	Music (popular)	Netball	Outdoors	Photography	Piano	Picnics	Pottery	Reading	Rugby	Running	Sailing	Sewing/Embroidery	Skating (ice)	Skating (roller)	Skiing	Soccer	Sports	Squash	Surfing	Swimming	Tennis	Theatre	Tramping	Travel	Triathlons	Violin	Walking	Watching TV/DVD	Waterskiing	Windsurfing	Woodwork
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If you are interested in music, do you intend to bring your own instrument? No Yes

Details: _____

Is there anything else you can tell us about yourself?

Emergency contact person (must be a family member):

Name: _____

Address: _____

Phone No _____ Fax: _____

Email: _____

Please note: We will try to meet your needs where possible but cannot always do so.

Students Signature: _____

Reminder: You must have Medical and Travel Insurance for New Zealand. Vision College will arrange insurance for you. See the HS, Insurance and Airport Pickup Costs leaflet.

Please note that Vision College will arrange a new insurance policy if you have a current policy does not meet the requirements.