DATE RECEIVED: _____ (OFFICE USE ONLY)

CONNECT
INTERNATIONAL ENGLISH ACADEMY

HOMESTAY ACCOMMODATION REQUEST FORM

LAST NAME:	**DATE OF BIRTH:**		**INSERT / ATTACH PHOTO HERE**
FIRST NAME:	**AGE:**	**MALE / FEMALE:**	
ADDRESS:			
TELEPHONE NUMBER:			
EMAIL ADDRESS:			

EMERGENCY CONTACT NAME AND CONTACT DETAILS *THIS MUST BE A CLOSE RELATIVE E.G. FATHER, MOTHER, BROTHER OR SISTER*	**LAST NAME:**
	FIRST NAME:
	THEIR RELATION TO YOU:
	ADDRESS:
	MOBILE NUMBER:
	EMAIL ADDRESS:
	DO THEY SPEAK ENGLISH? **IF NO, WHAT LANGUAGE DO THEY SPEAK?**

DATE OF TRAVEL TO THE UK:	**DATE OF ARRIVAL IN CARDIFF:**
LENGTH OF HOMESTAY REQUIRED (WEEKS):	**DATE OF DEPARTURE FROM CARDIFF:**

DO YOU EAT ……?	**YES ☺**	**NO ☹**
Chicken		
Pork / Ham / Bacon		
Lamb		
Beef		
Fish		
Eggs		
Milk		
Cheese		

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IS THERE ANYTHING YOU DON'T EAT?	**YES** ☐	**NO** ☐
	If yes, please specify here:	

DO YOU SMOKE?	**YES** ☐	**NO** ☐

DO YOU HAVE ANY ALLERGIES TO ….?	**YES - ☹**	**NO - ☺**
Dust		
Feathers		
Dogs		
Cats		
Other		
	If yes, please specify here:	

DO YOU HAVE AN ILLNESS OR MEDICAL CONDITION? **YES** ☐ **NO** ☐	**If YES, please write the details of your illness or medical condition here:**
HAVE YOU HAD ANY SERIOUS ILLNESS OR MEDICAL CONDTIONAL IN THE LAST THREE YEARS? **YES** ☐ **NO** ☐	**If YES, please write the details of your illness or medical condition here:**
ARE YOU CURRENTLY TAKING ANY MEDICATION? **YES** ☐ **NO** ☐	**If YES, please write the details of your medication here:**

BY SIGNING THIS FORM, I CONFIRM THAT THE ABOVE DETAILS ARE TRUE.

SIGNED (NAME): **DATE:**