

Please complete and return this form to:

Anglo-Continental 29-35 Wimborne Road Bournemouth BH2 6NA

FAMILY DETAILS

Homestay family reference

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
First Name(s)		Family Name	
Date of Birth (DOB)		Spouse/Partners DOB	
Spouse/Partners First Name(s)		Spouse/Partners Family Name	
Address including postcode			
Home Telephone Number		Work Telephone Number <small>(If you don't mind being contacted at work)</small>	
Host (1) Mobile Number		Email	
Host (2) Mobile Number		Email	
Marital Status <small>(Please tick as appropriate)</small>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Couple <input type="checkbox"/>		
Education of Host 1 – Main Carer List the educational institutions you have attended and the courses/examinations obtained (or please attach CV).			
Employment History Host 1 Company name, dates and position held for last ten years of paid or voluntary work positions (if necessary please continue on an additional sheet or attach a CV).			
Current Occupation of Host 1 If retired previous occupation			
Occupation of Host 2 If retired previous occupation			

Family at Home	Relationship	First Name(s)	Family Name	DOB
	Relationship	First Name (s)	Family Name	DOB
	Relationship	First Name(s)	Family Name	DOB
	Relationship	First Name (s)	Family Name	DOB
Other Adults at Home	Relationship	First Name(s)	Family Name	DOB
	Relationship	First Name(s)	Family Name	DOB
Household Pets <i>(Please state whether pets live inside or out, the breed and size – S/M/L)</i>				
Do any members of your household smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/>			
Host (1) Nationality		Host (1) Mother-Tongue		
Host (2) Nationality		Host (2) Mother-Tongue		
Family Religion(s)				
Family Doctor's Practice name, address and telephone number				
Host Family Interests				
Please tell us something about you and your family				
Please provide contact details for two references, excluding family members or individuals residing at the same address. Please print all email addresses.				

STUDENTS ACCEPTED

Will you accept the following students?	All Students <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Couples <input type="checkbox"/> Parent and Child <input type="checkbox"/>
Students Aged:	10-15 years <input type="checkbox"/> 10-15 Private Fostering <input type="checkbox"/> 16+ years <input type="checkbox"/> 18+ years <input type="checkbox"/> 50+ years <input type="checkbox"/>
A disabled student in a wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that disabled students require access to a bathroom and bedroom on the ground floor of your accommodation)

DETAILS OF ACCOMMODATION

Type of Property	House <input type="checkbox"/> Flat <input type="checkbox"/>
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ROOM TYPE	ROOM 1	ROOM 2	ROOM 3	ROOM 4
Single				
Twin				
Double				
Triple				
En-suite				
Bunk beds				
Desk				
Carpet				

Are you able to offer wireless internet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you be prepared to provide special diets? Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/> Halal <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Peanut Allergy <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Dairy free <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to offer:	Part board <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Room only <input type="checkbox"/> Self Catering <input type="checkbox"/>

SAFEGUARDING CHECKS

Have you ever been convicted of a criminal offence, other than a traffic violation? If yes, please give further details:

Host 1 Yes No

Host 2 Yes No

Other adult (1) (18+) at home Yes No

Other adult (2) (18+) at home Yes No

Do you have a current Enhanced DBS Check from another Language School as a host family or a DBS Enhanced Check in the capacity of 'Child Workforce'?

Host 1 Yes No Issue date? DD/MM/YY Disclosure Certificate Number

Host 2 Yes No Issue date? DD/MM/YY Disclosure Certificate Number

Other adult 1 Yes No Issue date? DD/MM/YY Disclosure Certificate Number

Other adult 2 Yes No Issue date? DD/MM/YY Disclosure Certificate Number

HEALTH AND SAFETY REQUIREMENTS

Gas Safety Certificate
I accept full responsibility for arranging maintenance by a Gas Safe Registered engineer for all work carried out on boilers, gas appliances and fires. I confirm that all gas appliances have been certified as safe and I am in possession of a valid **Gas Safety Certificate or annual Gas Service Contract**. Anglo-Continental reserves the right to request to see a valid gas safety certificate at any time. Failure to comply will result in the student(s) being removed with immediate effect.

Gas Safety Certificate/Gas Service Contract issued on..... Company Name

Do you have a current written Fire Escape Plan? Yes No

I agree to make available, and communicate to all students within 24 hours of their arrival, the family's Fire Escape Plan.

Please note, the Anglo-Continental Viewing Representative will ask to see a copy of your Fire Escape Plan when they view or review your homestay accommodation.

HOMESTAY FAMILY BANK DETAILS

Name and Address of Bank/Building Society			
Your name as it appears on the card			
Sort code	___ - ___ - ___	Account Number	_____



**Declaration regarding suitability to foster children privately
Childrens Act 1989 (Part IX)**

It is particularly important that we make careful arrangements for the accommodation of students, especially those under the age of 16 years for whom we have special responsibilities under the Children Act 1989.

While you are hosting a student, it is your responsibility to ensure that every member of your household who is 16 years and over has responded to the following questions:

Has any member of the household aged 16 years and over ever:

Been convicted of any offence against a child?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Had a child removed from your care by order of any court?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Had registration under Part X of the Children Act 1989 refused or cancelled?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Had your rights and duties with respect to any child vested in Local Authority?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Had a prohibition imposed upon you at any time?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Been disqualified from acting as a foster parent?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you have answered 'yes' to any of the above questions, please supply the dates and circumstances on a separate sheet of paper.

Section 70 (a) of the Children Act 1989 provides that a person who makes any statement in the notice or information which he/she knows to be false or misleading, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 5.

I agree that the above details are correct, and that the Local Authority or Anglo-Continental, can access if necessary, through the Criminal Records Bureau (CRB) information relating to any criminal records held by the police or other government departments, on myself and all members of the household aged 16 years and over.

To be signed by all members of the household aged 16 years and over.

Name (Please print) Signature Date

Name (Please print) Signature Date

Name (Please print) Signature Date

Name (Please print) Signature Date

Name (Please print) Signature Date

<i>I agree with and understand the following:</i>	
<ul style="list-style-type: none"> <i>I confirm that I have read and accept the 'Conditions for the Provision of Homestay Accommodation'. www.anglo-continental.com/homestay.html</i> <i>Information provided in this form or via other means may be communicated to students of Anglo-Continental or its Agents.</i> <i>The information that I/we have provided is true, accurate and complete.</i> <i>I understand by signing this Homestay Accommodation Register Application Form that I am agreeing to all rooms been seen by the Viewing Representative at initial registration and subsequent reviews. I will also provide, when requested, all necessary documentation.</i> 	
Signature	Date