

Homestay Host Application Form



Application Form for Families Applying to Become a Host Family with Hamilton Homestay Services.

Thank you for applying to become a registered homestay host with Hamilton Homestay Services (HHS). Please make sure you have read, understand, and agree to follow our Homestay Handbook for Host Families, which is available on our website, before submitting this form.

Please complete this form and return it with your Vetting Service Request & Consent Form(s) and two forms of photo ID to hamiltonhomestayservices@gmail.com.

Home Address:

Enter Bank Account Number for Homestay Payments:

SECTION 1: HOST DETAILS

(A) HOST 1 DETAILS:

(Host 1 will be the primary host / residential caregiver of the student)

Full Name:

Date of Birth (dd/mm/yyyy):

Gender:

Email Address:

Mobile Phone Number:

Work Phone Number:

Occupation / Job Title:

Employer:

Work Hours & Days:

Please State Your Ethnicity:

Please State Your Religion (if applicable):

What is the main language spoken at home?

Other than English, what other languages do you speak?

If English is not your first language, is your proficiency level in English at a native speaker's level?

Yes

No

Driver License Held:

Full License

Restricted License

Learner License

No License

(B) HOST 2 DETAILS:

Full Name:

Date of Birth (dd/mm/yyyy):

Gender

Email Address:

Mobile Phone Number:

Work Phone Number:

Occupation / Job Title:

Employer:

Work Hours & Days:

Please State Your Ethnicity:

Please State Your Religion (if applicable):

What is the main language spoken at home?

Other than English, what other languages do you speak?

If English is not your first language, is your proficiency level in English at a native speaker's level?

Yes

No

Driver License Held:

Full License

Restricted License

Learner License

No License

SECTION 2: OTHER HOUSEHOLD MEMBERS

Please enter details of any other person(s) who live in the home (e.g. children, family members, boarders):
(If the household member is a student, please enter the name of school under 'Occupation')

Full Name	D.O.B (dd/mm/yyyy)	Gender	Occupation/School	Relationship to You
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Please enter details of any other person(s) who are or will be sleeping in your home for 5 or more consecutive nights in any month (e.g. other family members, part-time boarders, boyfriend/girlfriend):

Full Name	D.O.B (dd/mm/yyyy)	Gender	Occupation	Relationship to You
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SECTION 3: HOUSE INFORMATION

Total Number of Bedrooms:	Number of Bedrooms Available for Homestay:	Number of Bathrooms:	Number of Toilets:
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Do you rent or own the home?

Is the home insured?

Yes

No

Name / Type of Insurance Policy:

Do you have unlimited Wi-Fi at home?

Yes

No

Size of Bed(s) Available for Student:

Will the student have a private bathroom and toilet? If no, whom they will share the facility with?

Do you have any pets? If yes, please provide information including type of pet, size, age, indoor or outdoor, etc.

Are there any additional amenities or facilities available for the student? (e.g. pool, piano, gymnasium, bicycle for student use)

Does anyone in the home live with a long-term illness or disability? If yes, please provide some details:

Does anyone in your household smoke or vape?

Yes

Yes but outside only

No

Please share something about yourself, your family and your home, such as your hobbies and interests, activities that your family enjoy doing, your family routines, and other aspects of your family life that the student should know:

SECTION 4: DIET INFORMATION

Does anyone in the family follow a special diet? (e.g. vegan, vegetarian, food allergies, restricted food items)

How many meals* would you be able to offer your guest:

Breakfast, lunch and dinner every day

Breakfast and dinner every day, lunch on weekends only

Dinner everyday only

Other

*Breakfast is self-serve which means you just need to have the food available for the students to make themselves. Lunch may be self-serve or prepared by the host depending on the student's ability. Dinner should be prepared by the host. Please note that snacks should be provided by hosts in all meal plans. The reimbursement rate varies depends on the meal plan.

Would you be able to cater for any of the following dietary requirements (select all that apply):

Halal

Vegetarian

Vegan

Kosher

Gluten Free

Lactose Intolerant

I will not accept a student with a special diet

Other

Please note: additional reimbursement will be offered if hosts are requested to supply special diet.

Would you accommodate students who smoke or vape?

Yes

Yes but outside only

No

Other

SECTION 5: STUDENT PREFERENCES - the type of students you would like to host**Age of Student (select all that apply):**

Under 10 (it's a legal requirement that international students under 10 years live with a parent or legal guardian)

Between 10 to 14

Between 15 to 17

18+

No preference

Other

Gender of Student (select all that apply):

Male

Female

No preference

Nationality of Student:

No Preference

Other

Number of student you would like to host:

1 only

Up to 2

Up to 3

Up to 4

Please note: only students of the same gender can share a room.

Preferred Length of Stay (select all that apply):

Short-term (4 weeks or less)

Mid-term (5 to 10 weeks)

Long-term (11+ weeks)

Other

Some international students (especially those of younger age and shorter stay) will come with their parent, would you be willing to host and accommodate the parent as well?

Yes

No

Depends on the situation

Please note: the parent can share a room and/or a bed with their child if no extra room is available.

If needed, would you be able to provide transport to the student on school days? (i.e. drop off to school by 9am and pick up at 3pm)

Yes

No

Depends on the situation

Please note: additional reimbursement will be offered if hosts are requested to provide transport.

Do you have any specific requests or preferences that you would like us to consider when matching you with a student?

SECTION 6: HOSTING EXPERIENCE

Have you ever hosted an international student before? If yes, please provide some details:

Why do you want to host international students? What are your expectations from this hosting experience?

Are you currently registered to host students with any other organization? If yes, please specify:

SECTION 7: EMERGENCY CONTACT

Please provide an emergency contact outside of your household:

Full Name	Relationship	Email Address	Contact Number
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SECTION 8: REFERENCE CHECK

Please provide us with two (2) referees who can confirm your suitability as a homestay host. They must be one of the following:
A. your current or previous employer, professional body, or registration authority, or
B. the licensing authority that is relevant to your business or professional activities, or
C. a person who knows you well but is not related to you (e.g. friend or colleague)

Full Name	Relationship	Email Address	Contact Number
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SECTION 9: POLICE VETTING

To become a host family with HHS, all household members (including people who are or will be sleeping there for 5 or more consecutive nights in any month) who are over the age of 18 must complete a Police Vet Check and provide a photo ID for the vetting purpose. This will be submitted with your application and renewed every 3 years.

It is also your responsibility to advise HHS if your children turn 18 or if new adults join your household to ensure that the police vetting are constantly updated. You must also advise us as soon as possible if anyone in your home is convicted of a crime or has pending convictions.

I acknowledge and agree to the statements above. *

Tick to agree

SECTION 10: DECLARATION

Please read the following carefully:

- I confirm that the information provided above is true and correct. I will notify HHS of any changes if they become applicable.
- I have read this form carefully and fully understand what I am signing.
- I have read, understand, and agree to follow the guidelines set out in the HHS's Homestay Handbook for Host Families.
- I agree with the police vetting requirements listed above.
- I give permission to HHS to contact our referees to confirm our suitability as a homestay host.
- I give permission to HHS to take photographs of my home, being restricted to the student's bedroom and the areas that the student would enter.
- I allow the information in this form and the photographs of my home to be shared with the students who might be placed with me, their parents, and their education consultant (if any).
- I understand that this application is not confirmation of becoming a host, my family is still subject to approval by HHS.

By ticking the box below, I acknowledge and agree to all of the above: *

Tick to agree

Host 1 Full Name:

Host 2 Full Name:

Signature:

Signature:

By typing your name here, you are considered to have signed this document.

By typing your name here, you are considered to have signed this document.

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

Please note: this form is solely for applying to become an HHS Homestay Host. It's important to note that acceptance is not assured. If you do not receive additional communication from HHS, please understand that this does not imply prejudice or discrimination. All applications are subject to a fair and thorough review process, and decisions are based on the suitability criteria for becoming a Homestay Host with HHS.