

Homestay Host Application Form

Thank you for applying to become a registered homestay host with Hamilton Homestay Services (HHS). Before completing this form, please ensure you have read and agree to follow our Homestay Handbook for Host Families, available on our website.

Please complete this form and return it to hamiltonhomestayservices@gmail.com with:

- Vetting Service Request & Consent Form(s) for all household members aged 18 or above
- Two (2) forms of photo ID for all household members aged 18 or above
- · A recent family photo

Home Address:		
Section 1: Host Information		
(A) Host 1 Details: (Host 1 will be the primary host / residential caregiver of the stud	ent)	
Full name:	Date of birth (dd/mm/yyyy):	Gender:
Email address:	Phone number:	
Occupation / Job title:	Employer:	
Wards become 9 days		
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:		Phone number:		
Occupation / Job titles		Employer		
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 o	other languages do you speak?	
If English is not your first I	anguage, is your proficiency levo	el in English at a native speaker's	s level?	
Yes		No		
Driver license held:				
Full license	Restricted license	Learner license	No license	



Section 2: Household Details

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 / Name of School	Relationship to You	
Please enter details month (e.g. other fal	of any other person(s) who a mily members, part-time boa	nre or will be sleep rders, boyfriend/g	oing in your home for 5 or more o pirlfriend):	consecutive nights in any	
Full Name	D.O.B (dd/mm/yyyy)	Gender	Occupation	Relationship to You	
Do you have any pe	ts? If yes, please describe (ty	rpe of pet, size, ag	ge, temperament, indoor or outdo	oor, etc.):	
Are your pets vaccin	nated and safe around childre		No		
Do you own or rent	tne home?		Rent		

Please enter details of any other person(s) who live in the home (e.g. children, family members, boarders).



Number of bedrooms in total:	Number of bedrooms available for homestay:	Number of bathrooms:	Number of toilets:	
Number and size of bed(s) avail	able for students:			
Will the student have a private bathroom and toilet? If no, whom they will share the facility with?				
Are there any amenities available for the student (e.g. pool, piano, gym, bicycle, scooter for student use)?				
Do you have unlimited Wi-Fi at Yes	home?	No		
Is the home insured? Yes		No		
Name and type of insurance policy:				
Do you have working smoke ala	arms installed?	No		
Yes Does anyone in your household	d smoke or vape?	NO		
Yes	Yes but outside only		No	
Does anyone in the home have a long-term illness or disability? If yes, please provide some details:				
Does anyone in the home have	dietary restrictions (e.g. vegan, v	regetarian, food allerg	ies, restricted food items)?	



Section 3: Family Lifestyle & Interests

What are the interests or talents of each family members?
What are some activities or hobbies your family enjoys doing together? What do you usually do on weekends or holidays?
How would you describe your household atmosphere (e.g. quiet, busy, social, relaxed)?
What do you think are your family's strengths as a homestay host?
Have you had experience interacting with young people or people from other cultures? If yes, please describe briefly:



Section 4: Hosting Capacity & Preferences

Preferred student age: Under 10 (students under 10 must stay w	vith a legal guardian)	Between 10-13	
Between 14-17	nii a legai guarulari)	18+	
No preference		Other	
Gender preference:			
Male	Female		No preference
Preferred length of stay:			
Short-term (≤4 weeks)	Mid-term (5–10 wee	eks)	Long-term (11+ weeks)
Maximum number of students you can he	ost at a time:		
1 2		3	4
Would you consider hosting a student wi	th a parent or guardiar	1?	
Yes	No		Depends on the situation
Are you generally available to provide sc	hool transport on scho	ool days?	
Yes	No		Sometimes
If your answer is 'Sometimes', please pro provide school transport?):	vide more details (e.g.	under what situation	s would you be able to or not be able to
provide delicer dunisport.			
Can you cater for special diets (tick all the	at apply):	Vegetarian	
Vegan		Gluten-free	
Lactose-free		Other	
Would you host a student who smokes o	r vapes?		
No	•	Yes (outside only)	
Any other requests or preferences for stu	ident matching?		



Section 5: Hosting Background Have you hosted international students before? If yes, please describe briefly: Why do you want to host international students? Are you currently hosting or registered for another organisation? If yes, which organisation(s)? Section 6: Emergency Contact

Section 7: Verification & Consent

Full Name

Please provide two referees who can confirm your suitability as a homestay host. They must be one of the following:

Phone Number

Email Address

- 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

Relationship to You

C. a person who knows you well but is not related to you (e.g. friend or colleague)

Please provide an emergency contact outside of your household:

Full Name Relationship to You Phone Number Email Address



By signing below, I confirm that:

- All information provided is true and correct.
- I have read and agree to follow the HHS Homestay Handbook for Host Families.
- I understand that all household members aged 18 and over must complete police vetting and provide photo ID before hosting, and that vetting must be renewed every 3 years or when household members change.
- I consent to HHS contacting my referees and conducting home inspections.
- I consent to photos of my home (student bedroom and shared areas) being shared with prospective students and parents.
- I understand that completing this form does not guarantee acceptance as an HHS host.

Host 1 Full Name:	Signature:	Date:
Host 2 Full Name:	Signature:	Date:

