

## Homestay Host Application Form

MC Academy strives to ensure that the homestay experience is enjoyable for both the student and the host. The aim of this questionnaire is to acquire an understanding of your home lifestyle and to ensure that we match your requirements with those of the student as closely as possible.

When complete please email the application form to: [accommodation@themcacademy.co.uk](mailto:accommodation@themcacademy.co.uk)

<b>PERSONAL DETAILS</b>			
<b>Title: Mr/Mrs/Dr</b>		<b>Surname:</b>	
<b>First Name:</b>		<b>Marital Status:</b>	
<b>Gender:</b>		<b>Date of Birth:</b>	
<b>Nationality:</b>		<b>Occupation:</b>	
<b>Address:</b>		<b>Mobile:</b>	
<b>Postcode:</b>		<b>Email:</b>	
<b>HOST DETAILS</b>			
<b>Please provide information for all members of your household.</b>			
<b>Name:</b>	<b>Age:</b>	<b>Relationship To You:</b>	<b>Occupation:</b>
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....
4.....	.....	.....	.....
5.....	.....	.....	.....
6.....	.....	.....	.....
<b>Do you have any pets?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you answered yes, please specify what type(s) of pet(s) &amp; how many:</b>			
.....			
<b>Is at least one adult member of your household a native English speaker?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify) .....			
<b>Is English the main form of communication in the home?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Do you have a preference of the gender of the student?</b>			
<input type="checkbox"/> No preference <input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Have you provided homestay accommodation for foreign students before?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please indicate which institution(s) have you worked with before:</b>			
.....			

Please describe your hobbies and any activities you undertake:

.....  
 .....

**STUDENT ROOM & FACILITIES**

**What is the size of the bed available for the student?**

- Single     Double     King

**Where is the student bedroom located?**

- Ground floor     First Floor     Second Floor     Other

**Would you be able to accommodate a student of limited mobility?**

- Yes     No

**What type of flooring is in the student bedroom?**

.....

**How is the student bedroom heated?**

.....

**How is the student bedroom lit?**

.....

**Type of storage space for the student?**

.....

**Does the student have a mirror or access to a mirror?**

.....

**Is there a desk or table and chair in the bedroom that the student can use for the purposes of study?**

- Yes     No

**If answered no, please specify if there is a desk/table and chair elsewhere in the home which the student can use to study undisturbed:**

.....

**Will the student be sharing a bathroom, or will they have a private bathroom?**

- Sharing     Private bathroom

**Is there is a place in your home where the student can securely store valuables such as passport and flight tickets.**

- Yes     No

**Do you have internet access?**

- Yes     No

### CATERING FOR THE STUDENT

**Do you and your family follow a specific diet? (e.g. Halal, Vegetarian, Veganism etc.)**

- Yes                       No

**If yes, please specify:**

.....

**Do you or any of your family members have any dietary restrictions?**

- Yes                       No

**If yes, please specify:**

.....

**Would you be prepared to cater for the following diets?**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Vegetarian                        | <input type="checkbox"/> Nut free     |
| <input type="checkbox"/> Veganism                          | <input type="checkbox"/> Gluten free  |
| <input type="checkbox"/> Halal ( <i>No pork products</i> ) | <input type="checkbox"/> Diabetic     |
| <input type="checkbox"/> Kosher                            | <input type="checkbox"/> Lactose free |

**Will you provide half board or self-catering for your students?**

- Half Board                       Self-Catering                       Both

**Do you have any house rules that the student must adhere to?**

.....  
 .....  
 .....

### SMOKING/ALCOHOL

**Do you or any of your household smoke?**

- Yes                       No

**Would you accommodate a student that smokes outside the home?**

- Yes                       No

**If so, where are they permitted to smoke?**

.....

**Do you permit alcohol in your home?**

- Yes                       No

### LOCATION

**What amenities are there within a 15-minute walking distance of your home?**

- |                                      |                                       |                                  |  |
|--------------------------------------|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Pub(s)      | <input type="checkbox"/> Newsagent(s) | <input type="checkbox"/> Shop(s) | <input type="checkbox"/> Restaurant(s) |
| <input type="checkbox"/> Post Office | <input type="checkbox"/> Bank(s)      | <input type="checkbox"/> Cinema  | <input type="checkbox"/> Library       |

Other.....

## STUDENTS AGED UNDER 18

Would you consider hosting a student aged under 18?

Yes

No

If yes, we would need to see your enhanced DBS certificate. If you do not currently hold one, we will need to carry out an enhanced DBS check and require original copies of your ID including passport, driving licence etc.

I already have an enhanced DBS certificate

No, I would like MC Academy to apply for an enhanced DBS certificate

### Additional Comments

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I declare that the information contained in this application is correct to the best of my knowledge and understand that any false statement may result in my application being withdrawn.

Name of Host:

Checked by (MCA Staff):

Signature:

Signature:

Date:

Date: