



INTERNATIONAL STUDENT SERVICES

QUEENSLAND UNIVERSITY OF TECHNOLOGY

June2003

Victoria Park Rd Kelvin Grove Qld 4059 Australia

Tel: +61 7 3864 3846
Fax: +61 7 3864 3655

Homestay Request Form

- International Student Services must receive this form two weeks before you arrive in Brisbane.
- I certify the information supplied in this form is true and correct.
- I understand the terms of the QUT homestay program.

Attach a recent photograph here

Return to: QUT INTERNATIONAL STUDENT SERVICES
VICTORIA PARK ROAD
KELVIN GROVE QLD 4059
AUSTRALIA

Sign and date

COURSE DETAILS

Name of Course: _____ Student Number: _____

Length of Course: _____ Starting Date: _____

PERSONAL DETAILS

Family Name: _____ First Name: _____

Home Address: _____

Telephone: _____ Fax: _____

Email: _____ Date of Birth: _____

Gender: Female Male Marital Status: Single Married

Nationality: _____ Religion: _____

ABOUT YOU

Why do you prefer to stay in a homestay? _____

How long do you plan to stay at the homestay? (Eg. 4 weeks or for the length of my course) _____

Do you enjoy the company of children? Yes No

Do you like pets? Yes No

Do you smoke? Yes No

Have you ever lived in another country? Yes No If yes, where and how long: _____

Do you have any allergies? Yes No If yes please gives details: _____

Do you take regular medication? Yes No If yes please gives details: _____

Do you have any special needs? Yes No If yes please gives details: _____

What are your favourite activities? _____

ABOUT YOUR FAMILY

(Please list family members who are living at home)

| Age | Age | Age | Age |
|----------------------------|---|----------------------------|--------------------------|
| Father | Mother | Brothers | Sisters |
| Father's Occupation: _____ | | Mother's Occupation: _____ | |
| Do you live in a: | City Apartment <input type="checkbox"/> | Suburban House | <input type="checkbox"/> |

LANGUAGE

| What is your level of English? | <u>Poor</u> | <u>Not Very Good</u> | <u>Good</u> | <u>Excellent</u> |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How long have you been learning English? _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____

Address: _____

Telephone: _____ Relationship to Student: _____

AGENTS DETAILS

Company: _____ Agent's Name: _____

Telephone: _____ Fax: _____

Email: _____