

PO Box 1329,
New Farm,
Brisbane Qld 4005

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Homestay Request Form

Blue Arrow Homestay 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 homestay program.

Sign and Date _____

Return to: BLUE ARROW HOMESTAY SERVICES
PO BOX 1329
NEW FARM, BRISBANE, QLD 4005
AUSTRALIA

Attach a
recent
photograph
here

COURSE DETAILS

Name of Course _____ Student Number _____ Starting Date _____

Length of Course _____ Name of College _____

PERSONAL DETAILS

Family Name: _____ Other Names: _____

Home Address: _____

Country: _____

Telephone: _____ Fax: _____ Email: _____

Gender: Female Male

Marital Status: Single Married Date of Birth: _____

Nationality: _____ Religion: _____

ABOUT YOUR FAMILY

(Please list all family members who are living at home).

Father _____ Age _____

Mother _____ Age _____

Brothers _____ Age _____

Sisters _____ Age _____

Father's Occupation: _____

Mother's Occupation: _____

Do you live in a: City Apartment Suburban House

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 (0-6) (7-12) (13 & older)

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? _____

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? _____

AGENTS DETAILS

Company: _____ Agent's Name: _____

Telephone: _____ Fax: _____

Email: _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____

Address _____

Telephone _____ Relationship to Student _____

PLEASE FAX TO US 2 WEEKS BEFORE YOUR ARRIVAL ON 61 7 33585970