



Host Family Stay Information Form

Name of Host Family:	Name of Guest:
Address:	Address:

Telephone Number:	Telephone Number:
Mobile:	Mobile:

Who lives at this residence?	Names and relationship to host partner
Male Adult/s	
Female Adult/s	
Males under 18 (state ages)	
Females under 18 (state ages)	

Are there any regular visitors likely to have significant contact with your guest? Please give names, gender, relationship to household and ages if under 18	Yes/No

I confirm that:	Our guest will have their own bedroom	Yes/No
	Or will share with their exchange partner who is of same sex and similar age	Yes/No
	Our guest will have access to private toilet and bathroom facilities	Yes/No
	If our guest is vegetarian, vegan, has a nut allergy or dietary needs this can be accommodated	Yes/No
	When a private family vehicle is used to transport a young person, this will only take place when the vehicle is:	
	Roadworthy	Yes/No
	Appropriately insured	Yes/No
	Driven by a driver approved by both sides	Yes/No

Names of specified drivers:	

I confirm the statements made above are correct and I accept responsibility/duty of care for caring for this student in a safe and secure environment. I agree to any necessary checks.	
Signed:	Date: