

# Babel Academy of English

## Host Family Application Form

Surname: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Age Range: 20 - 40  40 - 50   
 50 - 60  60+

### 2<sup>nd</sup> Person Living in House (If applicable)

Name \_\_\_\_\_ Age Range: 20 - 40  40 - 50   
 Occupation: \_\_\_\_\_ 50 - 60  60+   
 Nationality: \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Room Type	Number of Rooms	En Suite?		
Single	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there smokers in the home	Yes <input type="checkbox"/> No <input type="checkbox"/>
Double	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you accept smokers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Twin	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you accept couples?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Triple	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Children (including grandchildren living at home)

Name	Date of Birth	Sex (M/F)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Are there any other adults living at home? (i.e. au pair, lodger, grandparent etc) Yes  No  \_\_\_\_\_

Do you have any pets? Yes  No  \_\_\_\_\_

Can you cater for special diets? (i.e. vegetarian gluten free, kosher, lactose, intolerant etc) Yes  No

Can you accommodate students with mobility difficulties? (Elderly, wheelchair etc) Yes  No

Do you have a Wifi or Internet connection Available for students? Yes  No

