

### Your Family

<b>Host:</b>	Name	_____	<b>Children:</b>	Name	_____
	Surname	_____	(only if at home)	Sex	_____
	Date of Birth	_____		Date of Birth	_____
	Occupation	_____			
<b>Host:</b>	Name	_____		Name	_____
	Surname	_____		Sex	_____
	Date of Birth	_____		Date of Birth	_____
	Occupation	_____			
<b>Any pets in your house?</b> Please give details _____					
<b>Family Religion</b> _____					
<b>Your interests</b> _____					

### Your House

<b>Address:</b>	_____				
<b>Telephone:</b>	Home:	_____			
	Mobile:	_____			
	Work:	_____			
<b>Email:</b>	_____				
<b>Is your place:</b>	a house <input type="checkbox"/> a flat <input type="checkbox"/> an apartment <input type="checkbox"/> a maisonette <input type="checkbox"/> other <input type="checkbox"/>				
<b>Nearest Station</b>	_____	<b>Zone</b>	_____		
<b>Distance from your house to the tube:</b>					
On foot	_____	By bus	_____		
Is there a bus going to Oxford Circus? _____					
<b>Does your house have:</b>					
Living room	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Dining room	<input type="checkbox"/>
		Garden	<input type="checkbox"/>		
<b>Number of bedrooms</b>	_____	<b>Number of bathrooms</b>	_____		
<b>Number of rooms available for students</b>					
Single	_____	Double	_____	Twin	_____
<b>Do any of these rooms have an en-suite bathroom?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Facilities in the room:</b> _____					
<b>Do you have:</b>					
Internet access student can use	<input type="checkbox"/>	Full Central Heating	<input type="checkbox"/>		
Current Gas Appliance Certificate	<input type="checkbox"/>	Continuous hot water	<input type="checkbox"/>		

## GENERAL

<b>Is English the main language spoken in your home?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>Any other languages spoken in your home ?</b> Please give details _____							
<b>Do you smoke?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>Will the student be allowed to smoke?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If yes, where will smoking be permitted _____							
<b>Are you prepared to take students for:</b>							
BB	<input type="checkbox"/>	HB	<input type="checkbox"/>	FB	<input type="checkbox"/>	HB + packed lunch	<input type="checkbox"/>
<b>At what time is:</b>							
Breakfast	_____	Evening Meal	_____				
<b>Are you prepared to cater for students with special diet needs?</b>							
vegetarians	<input type="checkbox"/>	diabetics	<input type="checkbox"/>	other	<input type="checkbox"/>		
<b>Would you accept:</b>							
Female	<input type="checkbox"/>	Younger	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Long stay	<input type="checkbox"/>
Male	<input type="checkbox"/>	Older	<input type="checkbox"/>	Non-smoker	<input type="checkbox"/>	Short stay	<input type="checkbox"/>
Couples	<input type="checkbox"/>						
<b>Will the student be allowed a daily bath or shower</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>Will the student be given their own front door key</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>May the student use the telephone for incoming calls</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>May the student use the washing machine</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>May the student use the kitchen to make light refreshments</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
<b>When are you available to host students from?</b> _____							