

HOMESTAY APPLICATION

DUELI Study Tour Students



Please complete these details and return (with a copy of your passport) by email to dueli-studytours@deakin.edu.au.

Personal details

University/Institution in your home country	
Title (Dr, Mr, Mrs, Ms, Miss, Mx)	Family name
Given name(s)	Date of birth (day / month / year) / /
Male Female Unspecified	Smoker Yes No

Your arrival details

Arrival in Melbourne		Departure from Melbourne	
Flight Number	Airline	Flight Number	Airline
Date 11 / 02 / 2018	Time of arrival	Date 11 / 03 / 2018	Time of departure

Medical conditions

Do you have any medical condition/disability that we need to know about to provide for your wellbeing? If yes, please provide medical certificate to support any claims	
No	Yes. If yes, then describe
Allergies:	
No	Yes. If yes, please state your allergies
Food allergies:	
No	Yes. If yes, please list the foods you have reaction to
	Describe what happens if you take that food
Do you take medication for any medical condition that you may have listed above? If yes, please list your medications	
No	Yes. If yes, please state your medication/s

Homestay

Other Students in the homestay
Please note that it is quite likely that there will be other students in the homestay. If there is a student from the same country as you in the home and you have requested 'single' accommodation, we will ensure that the other student is from a different university. Where possible, we will ensure that there are other nationalities in the home as well, unless otherwise requested.

Homestay preferences

Are you happy to live with host that have the following?		
With pets	Without pets	Either
Are smokers	Are not smokers	Either
With children	Without children	Either
If you are happy to live in a homestay with children, would you have a preference for the age of the children?	No	Yes. Please specify the age-group
Smoker: Yes No	Pets: Like Dislike	

Other information

Please write any other information and/or special requests you wish to be taken into account for your homestay application, such as your hobbies etc.

Signed by student

I agree that information relevant to my health and wellbeing will be forwarded to my host family.

I agree that the information above is true and correct and has been completed by me.

Name

Signature

Date: / /