

Title

Host Family Application Form 2024

The information given on this form is confidential and only used for our records. It is subject to GDPR and the Data Protection Act 1998. Please be aware that if you are receiving benefits, we are obliged by law to disclose any payments made to host families if requested to.

Forename

Surname

Address Line 1					
Address Line 2					
Address Line 3				Postcode	
Landline		Mobile			
Email					
Partner's forename		Partner's surname			
Partner's mobile					
Your nationality		Partner's nationality			
Your work hours	Full time 🗖	Pa	art time 🛮	Do	not work 🗆
Partner's work hours	Full time 🗆	Pa	art time 🛮	Does	not work 🗆
Doctor's Surgery					
Your household Please	include any children w	ho visit at wee	ekends or in the holic	days and any loc	lgers
Your household Please Names of all people living in the house (Including yourself)	Date of Birth e.g. 12/03/1985	ho visit at wee Male/ Female	Relationship (E.g. Mother, Father)	Occupation	dgers e.g. nurse/student/ nemployed
Names of all people living in the house	Date of Birth	Male/	Relationship (E.g. Mother,	Occupation	e.g. nurse/student/
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Names of all people living in the house	Date of Birth e.g. 12/03/1985	Male/ Female	Relationship (E.g. Mother, Father)	Occupation	e.g. nurse/student/ nemployed

All year round \square	All nat	tionalities 🗆]					
If no, please specif	- Y							
Males 🔲 💮 Fe	males \square		Ages:	9-12 🗖	13-15	16-1	8 🗖	18+ 🗖
(If you want to host on Have you had any?		by signing t	his form y	ou are agreeing	to unde	ergo an enhanc	ed DBS	check)
Safeguard training?	Yes 🛚	□ No □	If yes, What/v	vhen?				
PREVENT training?	Yes 🛭	□ No□	If yes, What/v	vhen?				
First aid/medical training?	Yes 🛭	□ No□	If yes, What/v	vhen?				
Vegetarian diet Does anyone in th	L	.actose/Dair		Gluten fr	·		Vegan Yes [diet 🗆
smoke?		Yes 🗆	No 🗆	smoker?		Yes □ (o	utside	only)
Do you have a Please tick ones th	•	Cat 🗆 N bı Other	reed			Dog □ Num bree		
Accommodation								
Total number of	toilets			Number o bathroom				
Room available for s	tudents (P	lease write i	number o	f rooms in the bo	x):			
Bedroom 1	Single	Т	win	Double		Triple		Ensuite
Bedroom 2	Single	Т	win	Double		Triple		Ensuite
Bedroom 3	Single	Т	win	Double		Triple		Ensuite
Bedroom 4	Single	Т	win	Double		Triple		Ensuite
How many studen	ts sould							
you accommodate one time (The ma	e at any	1 🗆]	2 🗆		3 🗆		4 🗆
Married couples (x2	in double	room) Yes 🛭] No□]				
Would you be able to						e room that you s	ı would	d not normally use
Emergency roo	m(s)	Single		Twin \square		Double \square		Ensuite \square

Preferences – which students are you able to host? (Tick all that apply)

Do you have any o	f the		Wi-Fi □		Bicycle \square	Bicycle s	storage 🔲	Games console
following for use	by a	N	∕Iusical 🏻		Piano 🗖			Study/Arts Craft l
student?		inst	rument		Violin □		Other 🗆	room
Family's interests/hob	bies. Thi	s gives stud	dents an ide	a about	who they will	be staying	with. Please	tick:
Football 🗆	Ŋ	∕lusic □	Readi	ing 🗆	History [Walking \square	Swimming
Yoga □	Co	oking 🗆		ing 🗆	Gardening [Movies 🗆	
Running 🗆		rama 🗆		Art 🗆	Cycling [rd games 🗆	
Computer □ games	Arts + (Crafts 🗖	Gy	ym 🗆	Travelling [] Ma	artial arts 🗖	Going to the beach
Other:								
Please write a couple	e of sen	tences abo	out your fa	mily life	е			
E.g. We have two ch	ildren, E	Ben and Sa	m, and ha	ve lived	in Southbour	ne for 10	years. They	y are both growr
up now but our gran						-		_
programmes. We go	_				- ,		•	•
love meeting people	from ar	round the v	world and	enjoy tr	avelling ours	elves.		
Holidays or dates								
unavailable								
Have you hosted	No		Yes □		If yes, from			
before?					(MM/YYYY)			
If yes, which schools?	?							
Are you registered		_						
with/do you host for other schools?	No	Ц	Yes 🗆					
If yes, which schools?	?							
This information is req	uired hv	Southbour	ne School o	f Fnalish	to enable us t	o make acc	commodatio	on navments hv BA
directly to your bank a	-		,	, 3				, , ,
	•1							
Host family bank detai	IIS							
Account holder's na	ame							
Account numbe	r							
Bank name								
Sort code								
Bank Branch								
Account holder's add							·	
(if different from	n						Postcod	
home address)							Postcoa	C

References

We need two people who know you well to act as referees. You are not able to use a family member.

Please use at least one professional i.e. teacher, nurse, policeman, vicar, manager at work, colleague. You can use a friend or a neighbour as the 2^{nd} referee.

Referee 1

Surname		Forename	Title	
Address Line 1				
Address Line 2				
Address Line 3			Postcode	
Landline		Mobile		
Email*	·			
How long have you known your referee?		How do you know your referee?		

Referee 2

Surname	Forename	Title
Address Line 1		
Address Line 2		
Address Line 3		Postcode
Landline	Mobile	
Email*		
How long have you known your referee?	How do you know your referee?	

^{*} Please note: We are unable to process any references without valid email addresses for both referees

Risk Assessment – Record of Significant findings

It is the responsibility of those providing accommodation for paying guests to complete a fire safety check and provide a copy of an annual landlord's gas certificate.

Step 1: Risk	Step 2: Who	Step 3: Action taken	Step 4: Review
E.g. Loose connection (plug); may trigger a spark	All individuals in the event of a fire	Check the connection and if necessary replace the plug	John Smith, Sept 2017

Does anyone (you or another pe	rson) living in your home have any Military cor	nvictions Yes 🗆 No 🗆
If yes – please provide details o	f who received this, when they occurred and v	vhat they were
Conference) Yes □ No □	son) living in your home ever been subject to a	
I/We, the occupier(s) of the addr	host family's address are require to sign below ress below have read and understood fully the I not accommodate foreign students under 18	information above. We confirm there
Host family address		
Full names (BLOCK CAPITALS)	Signature	Date
	Host Family handbook' and agree to the condi contact local authorities in case of any Safegu	
Print name	Signature	
Date (DD/MM/YYYY)		

Please complete all sections of the application form and return it to:

 $\underline{accommodation@southbourneschool.co.uk}$

DBS Check and Child protection information for hosts accommodating under 18-year-olds

If you are hosting under 18-year-olds and do not have a valid DBS certificate (i.e. on the update service for **child workforce** for **homestay provider**), please fill in the form below. Please bring your driving licence or passport to the office so we can take a copy. A DBS is £44 to process which is payable by cash, cheque, and online transfer.

Everyone aged 16 and older that lives in your house must read this form, sign and date the form but the DBS information is for the MAIN CARER only.

Compulsory declaration of any convictions, cautions or reprimands, warnings or bind-overs: Do you have any convictions, cautions or reprimands, warnings or bind-overs? YES / NO

If your answer is YES, you must record full details and email to **kathryn@southbourneschool.co.uk** Having convictions does not stop you being a host but we have to do a risk assessment.

We are obliged to inform you that people are NOT permitted to accommodate children if any of the following apply:

- Anyone who has had a child removed from his or her custody by order of court
- b. Anyone who has been convicted of an offence against a child
- c. Anyone cautioned under the Nurseries and Child minders' Act 1948 or the Children's Act 1989.

Title	
Forename	
Middle name/s	
Surname	
Date of birth	
Town of birth	
County of birth	
Birth Nationality	
Mobile	
Email	
National Insurance Number	
Gender	
Surname at birth	
Surname History with year	
Forename History with year	
Current address	
At address since (MM/YYYY)	
Previous addresses and dates for last 5 years (MM/YYYY) eg 62 Hill Road Bournemouth BH4 2YP 06/2000 -09/2018	

Persons residing with you at your current address (State full name, date of birth and relationship to you)			
main carer of the household, if ho	ease send a scan/copy of the green DBS form when sting students under the age of 18 years, will be rec checked on the update system and is for the correc	quired to provide	a valid DBS
		Yes	No
Is your DBS for hosting?			
Are you on the DBS update syste	m?		
Do we have permission to check	your DBS on-line?		
	Please provide a scan or photocopy of your DBS		
Data Protection Act and GDPR : Th DBS check. Once the check is com	e information for your DBS will be stored securely a pleted, this form will be deleted.	and only used in r	elation to your
I have read and understood the 'H	ost Family handbook 2023' and agree to the condit	ions therein.	
Signed	Date		



FIRE ESCAPE PLAN

*Please complete the plan to make it relevant to your property

Host	Family Name and Address:
IF FIRE	BREAKS OUT:
2.	Shout "Fire" to alert others Leave the building immediately via the closest clear escape route – NEVER stay behind or stop to collect belongings Wait at the meeting point
J.	Meeting Point:
4.	If the hosts are not present: Call the Fire Brigade: Dial 999 When asked, give your phone number and request FIRE When the Fire Brigade answer, tell them clearly the Address: Address:
KEA I U	Wait until the address is repeated back to you correctly CATIONS:
NE. I	realions.
ESCAP	E ROUTES:

DO NOT STAY BEHIND TO PUT THE FIRE OUT

DO NOT RE-ENTER THE BUILDING UNTIL THE HOST TELLS YOU IT IS SAFE



HOMESTAY RISK ASSESSMENT

Please note, as homestay providers are paid to have students sleeping in their home, they are legally required				
	oly with safety law. This is evidence that the homestay provic	der has not been		
negligent.				
	efit and safety of all persons staying in the property.			
_	using candles and electric blankets.			
Are there any areas of				
concern in the homestay?				
e.g. live and exposed wires,				
trip hazards, loose stairs or				
bannisters, railings, blocked				
exits and loose carpets.				
	se has any specific features which may be hazardous			
e.g. balconies, steep stairs etc.				
Written fire escape plan		П		
		_		
Smoke alarms on each flo	oor			
When was the last date t	that the smoke alarms were tested?	_		
How often do you test yo				
now orten do you test ye	our smoke diarms.			
Carbon monoxide detect	tor			
- Carbon monoxide detect				
• Any other fire safety day	rices? e.g. fire blanket/extinguisher			
Any other me salety dev	nces: e.g. ine bianket/extinguisher			
No. contract and a sister				
Number of exits:	and makining the stand			
Exit routes are always kept clear a	and not blocked.			
Students are briefed on arrival ab	Out.			
Fire escape plan	out.			
 Alarms/smoke detectors 		L		
,				
How and when to use fire	efighting equipment, if applicable			
A system in place so that the hom	nestay will always be aware if the student is in his/her			
room, especially if it is locked.	iestay will always be aware if the student is in his/her			
room, especially in it is locked.				
Students are given the emergency	y contact number 999 and homestay personal mobile			
	t at home when the emergency occurs.			
number in case the family are not	at nome when the emergency occurs.			
		L		
Print name and address:				
Signature:	Date:			