



Lets Homestay Application Form
 P.O.Box 3129, Tauranga, New Zealand
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Personal information Sheet (PIS)

Family Name				Photo	
First Name					
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth / /		Age on Arrival
Address					
Home Telephone					
Email					
Emergency Contact					

Father		Age:		Occupation				
Mother		Age:		Occupation				
Brothers and Sisters	Name:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age:	Name:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age:
	Name:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age:	Name:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age:
Other family members								

Program Type. You may tick multiple boxes				
<input type="checkbox"/> Farmstay	<input type="checkbox"/> Homestay	<input type="checkbox"/> Home Lesson	<input type="checkbox"/> Homestay Plus	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Mother and Child	<input type="checkbox"/> Language School	<input type="checkbox"/> High School	<input type="checkbox"/> Other (please specify)	
Start Date				
Finish Date				
Arrival Flight	Flight Number	Arrival Time	Arrival Date	
Departure Flight	Flight	Departure Time	Departure Date	
Airport Shuttle	<input type="checkbox"/> Return	<input type="checkbox"/> One way	<input type="checkbox"/> Not required	

Personal Characteristics

<input type="checkbox"/> Talkative	<input type="checkbox"/> Curious	<input type="checkbox"/> Shy	<input type="checkbox"/> cheerful
<input type="checkbox"/> quiet	<input type="checkbox"/> Laugh a lot	<input type="checkbox"/> Tidy	<input type="checkbox"/> Tolerant
<input type="checkbox"/> Serious	<input type="checkbox"/> Other (please write)		

Interests

-
- Beginner
 - Elementary
 - Intermediate
 - Advanced

Religion

- Buddhist
- Christian
- Other

Purpose of Stay
 What do you hope to achieve during the stay?

Medical Form

Have you had or are subject to the following

	<i>Have</i>	<i>Haven't</i>	<i>Condition/Frequency</i>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heart Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lung Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fainting Spells	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Convulsions/Seizure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Atopic dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hay Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other disorder			

Do you have Allergies?

<input type="checkbox"/> Animals	<input type="checkbox"/> Food	<input type="checkbox"/> Plants	<input type="checkbox"/> Medicine
Allergy Details			
Check any of the above four categories and then give details please			

Are you carrying medicines while on the program?

Name of Medicine	For what illness symptoms	Dosage and times taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Physical activities you are restricted from doing?

Is there any other information host parents need to be aware of?

Authorisation

This is to authorise representatives of agents, Let's Homestay and respective host families to make decisions and to allow whatever medical treatment is deemed necessary when such an occasion arises.

Sign

(Parent or Legal Guardian if student) _____

Date _____ day/ month/ year



Lets Homestay Terms and Conditions

1. Application

Please see your agent for application forms

2. Application conditions

- a) Let's Homestay will accept individual applications from those participants who are 14 years of age and over, or unless special allowance has been made.
- b) Mentally or physically disabled applicants, also those who are suffering from any kind of health condition, must indicate the details at the time of application. Let's Homestay reserves the right to refuse any person it believes to be unfit to participate comfortably in the program.

3. Refunds

After the application a 10% cancellation will apply. Cancellation within 30 days and 3 days prior to commencing the program will result in a 20% cancellation fee. Within 3 days prior to the commencement of the program a 50% cancellation fee will apply. After commencement of the program 100% cancellation charge will apply.

4. Course Changes

Changes to course length, course type, course start and any other changes after applications have been accepted will incur a course change fee depending on the nature. Any increase in fees that arise from the change are payable immediately. No refunds will be given.

5. Homestay Placement

Let's Homestay reserves the right to make all homestay placements. Placements are not restricted or based on any characteristics such as religion, economy, ethnic characteristics, dialects, industry or climate. Let's Homestay does not discriminate against race or religion, and all participants must agree to live with any race or creed.

6. The Homestay

All participants are expected to take the role of a family member, therefore respecting the family rules and by obeying the community and national laws. Let's Homestay is an opportunity for both participants and hosts to learn about each other's cultures and way of life.

7. Schools and Activities

Participants must abide by the rules and conditions of the individual school or activity operator.

8. Dismissal

Let's Homestay reserves the right to dismiss any individual from the homestay whose conduct shows to be inappropriate by being improper or offensive to the host or community, or shows that the individual is incapable or unwilling to participate fully in the cross cultural environment. This type of conduct includes, but is not limited to, the use of illegal drugs, unacceptable sexual behaviour and excessive drinking. If an individual is dismissed from the program for any reason, that individual (the parents or guardians) will be responsible for additional expenses not covered by the fee. If a participant leaves the program early without the permission of Let's Homestay, that participant cannot rejoin the program nor are they entitled to any refund.

9. Agreement

In the consideration of the acceptance of the applicant by Let's Homestay, we agree to the above stated Conditions of Participation and acknowledge that we have read and understood the rules and nature of this homestay. We also understand that host family rules are to be followed by the participant. As an applicant of the Let's Homestay program I hereby waive and withdraw any claims against Let's Homestay, it's officials, employees and agents for any injury, loss, damage, accident, or delay, or expenses resulting either directly or indirectly from participation in the homestay program, including but not limited to, intentional or negligent acts or omissions by the host family or a third party. I also release Let's Homestay and it's officials, employees, and agents, and agree to compensate them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of the host family or others while participating on this homestay program. I understand that Let's Homestay is not responsible for any loss or injury suffered by me during periods of independent travel or absence from the program. In the event that Let's Homestay, it's agents, or host families advance a loan or any monies to me as a participant, or incur any special expenses on my behalf, I (my parent or guardian) agree to make immediate repayment to Let's Homestay.

10. Travel Insurance

All participants must be covered by a travel insurance policy for the duration of the homestay.

Declaration

By signing this application form I certify that all information on this application is true and complete to the best of my knowledge. I have read and understand the terms and conditions and

Applicants Signature _____

(Tick to sign)

Date _____

Parent or Guardian Signature _____

(Tick to sign)

If under 18 years

Date _____