



## Application For Homestay For Overseas Students Whanganui Campus

Please complete this form and return it to us, so that we can arrange accommodation for you.

Full Name: \_\_\_\_\_

I like to be called: \_\_\_\_\_ Male • Female •

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
(STD Code) Local No \_\_\_\_\_ Email \_\_\_\_\_

Passport/ID No \_\_\_\_\_ Issuing Country \_\_\_\_\_

Date of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Nationality \_\_\_\_\_

Name of Parent or Guardian (for emergency contact only) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
(STD Code) Local No \_\_\_\_\_ Email \_\_\_\_\_

**Please complete this page for homestay accommodation** (either temporary or permanent).

I require Homestay accommodation from:

(Start date) \_\_\_\_\_ to (End date) \_\_\_\_\_

Do you prefer a family?

- |                                   |            |                       |           |                       |
|-----------------------------------|------------|-----------------------|-----------|-----------------------|
| a) With no children               | <b>YES</b> | <input type="radio"/> | <b>NO</b> | <input type="radio"/> |
| b) With children under 12 yrs old | <b>YES</b> | <input type="radio"/> | <b>NO</b> | <input type="radio"/> |
| c) With children over 12 yrs old  | <b>YES</b> | <input type="radio"/> | <b>NO</b> | <input type="radio"/> |

Most New Zealand families have pets. If you are allergic to animals please let us know.

Are you a vegetarian? **YES**  **NO**

Is there any food you cannot eat? **YES**  **NO**

If yes please give details \_\_\_\_\_

Do you have any special religious observances? Please give details:

Do you have any medical problems or allergies? **YES**  **NO**

If yes please give details \_\_\_\_\_

Do you smoke? **YES**  **NO**

Are you quiet or sociable? (Do you like to talk with friends a lot and go to parties?)

What are your interests? (music, rock n roll, dancing, sport, outdoor life, hiking etc.)

Is there anything else that you would like your host family to know?

Is this your first visit to another country: **YES**  **NO**

Do you have a medical condition we should know about? eg. Hearing loss, Asthma, Diabetes, Epilepsy, Allergy, Physical disability **YES**  **NO**

Please tell us about it

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**YES**   •   **NO**   •

Please tell us about it

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Signature:

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