



# STS HOST FAMILY APPLICATION FORM

Please complete and return form to your local STS Agent and keep us informed of any changes.  
Please fill out application form in block capitals.



1. Full name ..... E-mail: .....  
Full address .....  
Postcode..... Tel. no. (home) ..... (work) ..... (mobile) .....  
Date of birth ..... Occupation ..... Working hours .....

2. Partner's first name ..... Surname .....  
Date of birth ..... Occupation ..... Working hours .....

3. Please give details of ALL other persons living in your home:

Full name	Relationship	Occupation	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

4. Are you CRB-checked?  yes  no If yes, please supply copy.  
Are you ISA-registered?  yes  no If yes, please fill in ISA number .....

5. Do you have (please tick to confirm)  a car  shower  desk to use  pets (please specify) .....

6. Do you (please tick to confirm)  smoke  not smoke  allow smoking in the house  not allow smoking in the house

7. Hobbies & interests .....

8. Would you accept (we will pay extra for this)  a vegetarian  a diabetic  a gluten diet  other diet for ex. ....  children who may need special attention

9. Do you prefer to accommodate (please tick to confirm)  girls  boys  either  leaders

10. Number of STS students preferred at the same time ..... Number of single rooms for exclusive use by STS .....  
Number of double rooms for exclusive use by STS .....

**No more than 4 students allowed to stay from this or any other organization.**

11. Do you take students from any other organization at the same time as STS?  
 No  Yes If yes, how many? ..... What dates?.....

12. We cannot take students during..... (please give dates)

13. Best time for your local STS agent to make a visit/re-visit.....

14. Date and year when our family was last visited by an STS representative.....

15. Has any person living in the household a serious illness, disability or nervous disorder;  
 No  Yes If yes, .....

16. Has any member of the household been convicted of a serious crime.  
 No  Yes If yes, .....

17. We would like to recommend the following friend(s) who might be interested in accommodating STS students

Name..... Address..... Tel. no. ....  
Name..... Address..... Tel. no. ....



# STS HOST FAMILY APPLICATION FORM CONT.



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18. All payments within the UK and Jersey will be made by direct bank transfer. Residents within Ireland will be paid by cheque. Please complete details below.  
UK and Jersey residents please complete details under section 18.

**For Ireland**

I would like payment by cheque with the initials .....

Should you as host family become indebted to STS, STS reserves the right to exercise our statutory privilege for the return of our money. In addition, we may seek to recover lost interest and compensation for the debt recovery costs, in for instance the small claims court, under the late payment legislation.

**19. Application for payment by bank transfer**

Please check with your bank to make sure the following information is filled in correctly.

Name of Bank/Building Society .....

Address of Bank/Building Society .....

Bank Sort Code (6 digits)

Building Society Role/

Reference Number

Account Number (max 8 digits)

Name the account is held in .....

**Additional information/requirements for all adult members of your household (aged 18 or above)**

As a result of the Children's Act of 1989, we are obliged, in certain circumstances, to notify the Social Service Department that you wish to provide accommodation for students in order that the following can be verified.

The following people are not allowed to accommodate children;

- 1) Anyone who has had a child removed from their care by order of a court
- 2) Anyone who has been convicted of an offence against a child
- 3) Anyone who has had an order made against him/her refusing or cancelling registration under the Nurseries' and Childminders' Act from 1948 or under the Children's' Act of 1989.

You will appreciate that the Act provides a necessary element of protection for students who are potentially at risk and vulnerable away from their own families. The Social Service Department has confirmed that such information passed on to them will be treated in the strictest confidence and be used for the above purpose only.

**Please note!** You may only host a maximum of three french students at any one time.

**We have read and understand the above information and we confirm that there is no legal reason why we should not provide accommodation for overseas students of any age, and that we have no objection for verification of this being obtained from the Social Service Department. We are also aware that according to EU directive (prEN 14804:2004) we will be loco parentis (legal guardian) for any hosted students during their stay. The below details must be completed in order for you to host students.**

Full names (Block capitals)	Signatures
.....	.....
.....	.....
.....	.....

I hereby confirm to the best of my knowledge and belief, that the information given on this form is correct and complete. STS can not be held responsible for any incorrect information given on this form. I have read and understood the Host Family Guidelines and agree to abide by the conditions therein.

Name .....

Date .....

Signature .....

**Thank you for completing this form! Please return the form to the address stated in the cover letter.**