

## Homestay Application

Thank you for your interest in hosting a Mater Christi International Student. Please complete the form and return it to the College at your earliest convenience. The Homestay Coordinator will contact you to arrange a time to discuss your application and features of the Homestay Program.

Primary Contact						
Name						
Contact Details						
Address						
Phone	Н		W		М	
Email						
Residents' Details  Name of other re	sidents	Relationship	Occupation	Hour		Date of Birth
		with Primary Contact		Work	(	
NB: All residents ov www.workingwithc	<u>hildren.vic.gov</u>	<u>'.au</u>				
It is an expectation	that all Hosts	are familiar with	the MCC <u>Student</u>	<u>Protectio</u>	n Policy	
Interests and activit	ies of resident	S				

## Accommodation and amenity details

Number of student room available	ns			
Bathroom / Toilet sharing	9			
arrangements Household Pets				
Internet access details				
Languages spoken in ho	me			
Dietary preferences (vege	etarian?)			
Smoking permitted in the home?	ne			
Access to public transpo	rt			
Delevent experience with		wahanga / traval o	ynarianea	
Relevant experience with	1 Students / Cuiturar e	exchange / traver e	хрепепсе	
1				
Main reason/s for becom	ning a Homestay Host			
Any other comments				
1				
				_
Referees:				
Name	Contact Number	Email	Relationship to	
			applicant	
1.				
2.				

Thank you for your interest. Our Homestay Coordinator will contact you shortly.