

STUDENT APPLICATION FOR HOMESTAY

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Please complete this form in **black ink** and **BLOCK CAPITALS**.
Fields marked with * denotes essential information
Your completed form should be returned to the Accommodation Office.
accommodation@stratford.ac.uk F. +44 (0) 1789 414687

Personal Information

First name*	
Family name*	
Nickname	
Date of Birth (DD/MM/YYYY)*	
Gender*	
Email address*	
Home address*	
(Your current address where we can contact you)	
Home telephone*	
Mobile telephone*	
Course title to be studied*	

Emergency and Medical Information

Emergency contact's name*	
Contact's relationship to student*	
Emergency contact's telephone*	
Emergency contact's address*	
Student's blood type (if known)	
Student's known medical conditions	
Student's known allergies	
Student's current medications	

Accommodation Information

Arrival date*	
Departure date*	
Type of board*	<input type="checkbox"/> Self catering <input type="checkbox"/> Half board
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you happy to live with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
What is your religion?	
Do you have any special requirements? (Food allergies, religious dietary requirements or allergies to pets)	

Student Declaration

I confirm that the information I have provided within this form is accurate and true			
Signature*		Date*	

Guarantor (UK students only)

The student is responsible for their rent being paid on the date that it is due, as discussed with their home stay provider. In the event of the student being unable to pay their rent by the date on which it is due, it is not the responsibility of the homestay provider to subsidise the student until such time that the student's finances become available. This is also true in the event of a delay with any financial support that a student has applied for in order to assist them with their accommodation finances

Please complete the following information. The Guarantor will then be contacted for payment of any rent due from the student which remains outstanding for more than 14 days after the date it became due. The Guarantor will then reimburse the outstanding rent to the home stay provider.

The student's nominated Guarantor must be over 18 years of age, be a UK homeowner and have a regular income or savings which are sufficient to meet the student's potential liabilities.

Guarantor Information

First name*	
Family name*	
Date of Birth (DD/MM/YYYY)*	
Home telephone*	
Mobile telephone*	
E-mail address*	
Home address*	
(Your current address where we can contact you)	

Guarantor Declaration

I confirm that the information I have provided within this form is accurate and true. I am aware of my responsibilities as Guarantor and agree to reimburse the home stay provider for any outstanding rent that the student has not paid.	
Signature*	Date*

Office Use

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