

Home-stay Application Form



EarthBeat.

Date:

Name	Family Name	First Name	Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tel:	<input type="text"/>	Fax:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Email:	<input type="text"/>		Skype User Name:	<input type="text"/>	
Date of Birth:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="text"/>
				Blood Type:	<input type="text"/>

Date of Arrival into Brisbane:	<input type="text"/>	Flight No. & Arrival Time:	<input type="text"/>
Homestay Start Date:	<input type="text"/>	Airport Transfer required (Y/N):	<input type="text"/>
Homestay Finish Date:	<input type="text"/>	Length of stay (No of nights):	<input type="text"/>
Name of School:	<input type="text"/>	Course & Start Date:	<input type="text"/>

Can you live in a house with pets:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No pets inside or outside
	<input type="checkbox"/> Pets outside OK		

I am allergic to:	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other animals:	<input type="text"/>
-------------------	-------------------------------	-------------------------------	---	----------------------

Health	Do you require special medical treatment or medication?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes	What Condition:	<input type="text"/>		
		What Medication:	<input type="text"/>		
	Allergies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes	What kind of allergy?:

Atopic Dermatitis Asthma Hay Fever Nettle Rash Allergic Rhinitis Food

Sports, Hobbies & Interests;	<input type="text"/>
------------------------------	----------------------

Smoking & Alcohol	Do you smoke?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	----------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Do you like children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------	------------------------------	-----------------------------

Dietary Requirements	Is there anything you cannot eat?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Beef		
	<input type="checkbox"/> Other:	<input type="text"/>	

Contacts persons in Australia:	<input type="text"/>	Relation:	<input type="text"/>	Contact:	<input type="text"/>
--------------------------------	----------------------	-----------	----------------------	----------	----------------------

Please write any special requests or questions:

<input type="text"/>

* For information on share-house and other types of accommodation please contact Earthbeat.

Please return completed form to;

Homestay Coordinator: Fax(Int): +61-7-3878-9897 Fax (Local): 07-3878-9897 Mobile: 0417-142-979

Email: info@earthbeat.net.au Website: www.earthbeat.net.au