

# **UNDER 18 CHECKLIST**

Homestay Applicant Name:						
Homestay Address:						
					D	
Dictance to WAIES by public transports					Post code: .	
Distance to WAIFS by public transport:						
Homestay Phone Number:						
Mobile Number:						
Work Phone Number:						
Employer:						
Other Family Members of the Household						
Name	Gender	Age	Relationship		Name of school / occupation	
Person/s conducting		Position	<u> </u>		Interview	
interview		1 031(1011		date / /		
					, ,	
Family Profile						
What activities or hobbies do the family enjoy?						
Which community organizations are the family invo	lved in ?					
What religion do the family members belong to?						
What is the main language spoken in the house?						
Has your family ever hosted international Students?						
If yes give details						
7 7	What kind?					
Does any one in the family smoke?						
Is smoking permitted in the house?						
Does any family member suffer any chronic illness?						
Please specify?						
What Length of accommodation would you be able	to offer?					
Do you have public Liability Insurance?						

CRICOS Provider No. 03188C RTO Provider No. 52128 Author: WAIFS Current Version: 1.1 Initial Issue date: 01/06/2013 Current Version Issue Date: 16/01/2018 Next review date: 16/01/2019 Page 1 of 3

### **Facilities**

Please indicate on the list below, which of the facilities you are able to provide for each of the bedrooms allocated for						
international students. Facilities marked with an * are essential for all students and those marked with ** are essential						
for long-term students.						
<b>Bedroom A:</b> single room □ shared room □ other (eg granny flat) □						
<b>Bedroom B:</b> single room □ shared room □ other (eg granny flat) □						
<b>Bedroom C:</b> single room □ shared room □ other (eg granny flat) □						
Bedroom D: single room □ shared room □ other (eg granny flat) □						
Bedroom B Bedroom B	Bedroom C	Bedroom D				
Bed and bedding (sheets, blankets, pillow/s) *						
Wardrobe *						
Study desk **						
Study and/or bedside lamp **						
Own toilet/bathroom						
Electric blanket						
Heating						
Cooling						
Lock on bedroom door						
Own telephone line						

### **Additional Facilities**

(Please identify any additional facilities as this may assist with suitable matching of students)
☐ House key (optional)
□ Piano / keyboard
□ Computer
□ Electric blanket
□ Recreational facilities available for student use (please detail)
Internet:   Dial-up   Broadband  Are you prepared to have internet connected?   Yes   No
Additional information/restrictions on the use of Additional Facilities:
Additional expectations/restrictions on students living in the home:
Any transport Services provided?

## **Duty of Care in the home**

□ Ensuring the personal safety of the student
□ Assisting with transportation arrangements as required
☐ Assisting my student's understanding of finance and banking as required
□ Assisting with visits to medicos / dentist if / when required
□ Knowing my students whereabouts
□ Security Alarm (optional)
□ Smoke alarm/s (compulsory)
□ Fire extinguisher
□ Security for international students' belongings
□ Pool fencing (legislated)
□ Adequate heating and cooling
□ Cleanliness

CRICOS Provider No. 03188C RTO Provider No. 52128 Author: WAIFS Current Version: 1.1 Initial Issue date: 01/06/2013 Current Version Issue Date: 16/01/2018 Next review date: 16/01/2019 Page 2 of 3

### **Services**

☐ Meeting my student at the airport / school					
□ Engaging in conversations with my student and speaking English at all times					
□ Providing a warm, caring and supportive home environment					
☐ Taking an interest in my student's activities, culture and family					
□ Negotiating house rules					
□ Respecting their personal space, belongings and privacy					
□ Providing three meals a day (negotiating likes / dislikes)					
□ Providing laundry service / facilities					
☐ Assisting/supporting with school work and liaising with the school (as appropriate)					
□ Providing some recreational activities / sightseeing					
□ Involving my student in family activities where appropriate					
□ Never borrowing from nor lending money to my student					
□ Providing maps and transport information of city and local area if required					
☐ Household routines (indicate general times): Evening Meal Time: Bedtime:					
Other relevant information					
(eg renovations, upcoming vacations etc)					
I am satisfied that the Homestay interviewer has clearly covered a	ll aspects of Homestay provision as mentioned on				
this form and answered all questions satisfactorily.					
Homestay Signature:	Name:				
Tionicstay Signature.	TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TO				
WAIFS Staff Member:	Name:				
Date:/					
Internal Use only					
□ Initial Visit pre CoE Date					
□ 6 months phone call Date and Outcome					
☐ Annual Follow up Visit Date and Outcome					
□ Special Vicit Date and Peacen					
☐ Special Visit Date and Reason					

CRICOS Provider No. 03188C RTO Provider No. 52128 Author: WAIFS Current Version: 1.1 Initial Issue date: 01/06/2013 Current Version Issue Date: 16/01/2018 Next review date: 16/01/2019 Page 3 of 3