## Mayflower College Host Family Questionnaire

| Family Name:  |                                    | Home telephone No:  |   |  |
|---|------------------------------------|---|---|--|
| Address:  |                                    | Do you have an answerphone?<br>Email:                       | YES/NO  |  |
| Postcode:   |                                    |   |   |  |
|   |                                    |   |   |  |
| Name (including title)                              | Main Contact:                      | Spouse/Partner:   |   |  |
| Date of birth                                       | Main Contact:                      | Spouse/Partner:   |   |  |
| Mobile number                                       | Main Contact:                      |   |   |  |
| Occupation  | Main Contact                       | Spouse/Partner:   |   |  |
| Working Hours                                       | Main Contact:                      | Spouse/Partner:   |   |  |
| Telephone No. at work                               | Main Contact:                      |   | VECINO  |  |
| Can we call you at work?                            |                                    | YES/NO  | YES/NO  |  |
| Please gives names and                              | dates of births of any child       | dren living at home:  |   |  |
| Please give the names of                            | of any other persons who li        | ve in your household:                                       |   |  |
| Do you have any pets?                               | Please indicate type/breed         | d and name(s):  |   |  |
| Please circle type of dwe                           | elling: House / Flat / Bunga       | alow / Other (please specify)                               |   |  |
| Do you practise any part                            | icular Religion?( <i>please sp</i> | ecify)  |   |  |
| Are languages other than                            | n English usually spoken ir        | n the household? (please specify)                           |   |  |
|   |                                    |   |   |  |
| Bedrooms available for s                            | students:                          | Room 1 Room 2   | Room 3  |  |
| Single/Twin/Double (plea                            | ase specify)                       |   |   |  |
| Approximate size of roor                            |                                    |   |   |  |
| Is there a desk? (Yes or                            |                                    |   |   |  |
| Is there a wardrobe? (Ye                            |                                    |   |   |  |
| Is there a chest of drawe                           |                                    | <u> </u>  |   |  |
| Can you offer private bat                           | throom facilities for studen       | ts? Are you a car owner?                                    |   |  |
| Do you have a shower?                               |                                    | Is there parking available?                                 |   |  |
| Do members of the famil                             | ly smoke?                          |   |   |  |
| Can students smoke in t                             |                                    | Could you cater for diabetics?                              | Could you cater for vegetarians? Could you cater for diabetics? |  |
| Do you have central heating?                        |                                    |   | Can you offer Internet access?                                  |  |
|   | 9.                                 |   |   |  |
| Do you intend to take stud                          | lents from any other organ         | isations? (If so, please name)                              |   |  |
| Please provide any further                          | details you would like us          | to pass on to your students, e.g. Hobbi                     | ies, interests,   |  |
| personality, special facilities                     | es etc                             |   | · · · · · · · · · · · · · · · · · · ·                           |  |
|   |                                    |   |   |  |
|   |                                    |   |   |  |
| Your preferences for stude                          |                                    | e/Female?Long/short ter                                     | m?  |  |
| •   |                                    | _   | -   |  |
| Which is the better bus pa<br>Bus pass information: | _ · · · _                          | e specify) City Bus First<br>(City zone/All zone) number(s) |   |  |
| ous pass illivilliativii.                           | First                              | (Inner zone/Outer zone) number(s)                           |   |  |
| Months available:                                   | J F M A                            |   | N D   |  |
| Holiday dates:                                      | J I IVI A                          | IVI J J A 3 U   |   |  |
| Where did you hear about                            | the Mayflower College? (           | please specify)   |   |  |