

Accommodation Questionnaire / Contract

YOUR INFORMATION									
Title:		First Name:		Last Name:					
Date of birth:		Religion:		Occupation:					
Address:									
Home Phone:		Work Phone:							
Mobile:		Email Address:							
What is your preferred method of contact?									
Have you had a DBS Check in the last 3 months?				Date of DBS Check:					
DBS Certificate Number:				Are you on the updating service?					
What is your current COVID vaccination status?									
YOUR PARTNER									
Title:		First Name:		Last Name:					
Date of birth:		Religion:		Occupation:					
Mobile:		Email Address:							
Have they had a DBS Check in the last 3 months?				Date of DBS Check:					
DBS Certificate Number:				Are they on updating service?					
What is their current COVID vaccination status?									
OTHER OCCUPANTS									
Please provide name, date of birth and COVID vaccination status of anyone else living in the home (please include any children and lodgers). Please include DBS details for anyone over 16.									
Is anyone living in the home disqualified from working with children?									
Are all people in the home over the age of 16 happy for a DBS check to be undertaken if required?									
YOUR HOME:									
Total number of bedrooms in the house:						Number of bathrooms:			
Does your home contain the following?			TV		Piano		Smoke detectors		
Carbon Monoxide alarm			Bath with shower attachment				Separate shower		
WIFI available to student			Do you have a bike that a student could borrow?						
Number of rooms available for students:			Double:		Double en-suite:		Twin:		
Twin en-suite:			Single:		Single en-suite:		Private guest bathroom		
Does each student bedroom contain the following?				Full size Bed			Table/Desk and chair		
Drawers			Wardrobe / hanging space				Mirror		
Please be aware that NILE requires homestay hosts to ensure that any gas appliances within their home are properly maintained and checked annually. A copy of the relevant certificate should be sent to NILE on an annual basis. Smoke detectors must be installed on each storey and a carbon monoxide alarm in any room containing a solid fuel burning appliance. Alarms must be checked regularly.									

LIFESTYLE:

Does anyone in the home smoke?		If yes where?	
Does anyone in the home vape?		If Yes where?	
Do you follow a particular diet? (e.g vegetarian, vegan, gluten free, halal?)			
Please give details of any pets:			
Please tell us about your interests, hobbies and reasons for wanting to host:			

YOUR PREFERENCES

Would you accept guests who are:	Female		Male		Under the age of 18	
Would you accept a married couple?			Would you accept an unmarried couple?			
Would you accept a guest who:	Smokes			Vapes		
What is your preferred length of stay? Short (1-4 Weeks), Long (1 Month-1 Year), Either						
Would you accept a guess who has not been vaccinated against COVID?						
Do you accept other paying guests?						
Please state any special diets you are happy to provide (e.g. vegan, vegetarian, pescatarian, halal, kosher, gluten free, lactose free, allergies such as nut)						

ARRANGEMENTS WITH YOUR STUDENT

Will you allow a guest to use the telephone by prior arrangement?	
Will a guest be able to do extra washing / ironing?	
Will a guest be allowed to use the kitchen by arrangement?	
Are you willing to host someone who has a disability?	
Please provide any further information which may help NILE in placing the right student with you:	
How did you hear about becoming a host for NILE?	

Please inform us immediately of any changes to your household.

NILE is committed to safeguarding and promoting the welfare of all its students and recognises its responsibility in particular for safeguarding children, young people or vulnerable adults.

This information is gathered and stored under the Data Protection Act 1984, 1998 & 2018. For information about how this data is stored and shared please see our *Terms & Conditions*.

By completing and returning this form you are agreeing to NILE/INTO's *Terms & Conditions*

Name		Date	
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