

HOST FAMILY / GUARDIAN APPLICATION FORM

Please tick one box: I am applying to be a *host family*
I am applying to be a *guardian* and *host family*

(Please fill in, print and sign the form)

APPLICANT 1

Title Date of birth/...../.....
First name (s) Surname
House number/Name Street
Town County
Postcode Home tel.
Mobile no Religion
Email@.....
Marital status Married Living with partner Single Widowed Divorced
Occupation (if retired, previous occupation)
Work Employed (part-time full time) Self-employed Retired
education GCSE A level Degree (please specify)
Hobbies
Do you have any disabilities/medical conditions/learning difficulties Yes No
.....
Do you hold a clean driving licence? Yes No

APPLICANT 2

Title Date of birth/...../.....
First name (s) Surname
Mobile no Religion
Email@.....
Occupation (if retired, previous occupation)
Work Employed (part-time full time) Self-employed Retired
Qualifications GCSE A level Degree (please specify)

Hobbies

Do you have any disabilities/medical conditions/learning difficulties Yes No

Do you hold a clean driving licence? Yes No

YOUR CHILDREN

1st Child Still living at home Living away from home

First name D.o.B/...../..... Male Female

School/University

Hobbies

2nd Child Still living at home Living away from home

First name D.o.B/...../..... Male Female

School/University

Hobbies

3rd Child Still living at home Living away from home

First name D.o.B/...../..... Male Female

School/University

Hobbies

4th Child Still living at home Living away from home

First name D.o.B/...../..... Male Female

School/University

Hobbies

GENERAL INFORMATION

Does anyone in your household smoke? Yes No

We do allow smoking inside and outside of the house Yes No

We only allow smoking outside Yes No

Do you have any criminal convictions? (If yes, please give brief details) Yes No

.....

Do you have any pets? (If yes, please give brief details) Yes No

Are you prepared to cater for any special dietary requirements? Vegetarian Halal

Have you acted as a host family before? Yes No

Please note that it is advisable that you contact your house and car insurance company to let them know that you may be hosting paying guests.

HOUSE

House/flat owner House/flat tenant

Number of rooms: Reception Bedrooms Bathrooms Toilets

Any special features: Piano Others

Is there wireless internet access? Yes No

Are there smoke alarms in full working order? Yes No

Has the boiler got an up to date service record? (It must be checked annually) Yes No

Local sports/recreation facilities

LODGERS/GUESTS

Is there anymore living or staying regularly in your home? Yes No

First name (s) Surname

Date of birth/...../..... Male Female Occupation.....

All adults regularly staying in your home will be required to undergo Enhanced DBS checks.

DISCLOSURE BARRING SERVICES

Do the main applicants have an enhanced DBS certificate?

***Applicant 1** Yes No ***Applicant 2** Yes No

Have you or any members of your household been disqualified from privately fostering children under the *Disqualification for Caring for Children Regulations 1991*? Yes No

If yes, please specify.....

I confirm that I have never been convicted or cautioned for an offence against a child, also I confirm that the information given above is accurate and correct and I am not subject to any of the disqualifications set out in the Protection of Children Act 1999.

I consent to a criminal records check if appointed to the position for which I have applied. I am aware that the details of pending prosecutions, previous convictions, cautions, or bindovers against me will be disclosed along with any other relevant information which may be known to the police, and Lists held in accordance with the Protection of Children Act 1999.

I agree to inform the person in the organisation responsible for processing applications for DBS (Disclosure and Barring Services) checks if I am convicted of an offence after confirmation of the post. I understand that failure to do so may lead to the immediate suspension of my work with children and/or the termination of my position.

I agree to inform the person in the organisation responsible for processing applications for DBS checks if I become the subject of a police and/or social services / social work department investigation. I understand that the failure to do so may lead to the immediate suspension of my work with children.

REFERENCES

Please find two referees to endorse your application. If possible obtain one personal and one professional reference

Personal reference

Title First name (s)

Surname House number/Name

Street Town

County Postcode

Telephone (s)

Email@.....

Occupation

How long do you know this person? In what capacity?.....

Professional reference

Title First name (s)

Surname House number/Name

Street Town

County Postcode

Telephone (s)

Email@.....

Occupation

How long do you know this person? In what capacity?.....

I would like to confirm that the information I have given throughout this application form is accurate and up to date. I understand that I am required to notify Sutherland Education immediately if there are changes to any of the above given information.

Signature (applicant 1)

Signature (applicant 2)

Date