



Please complete all sections in capital letters.

	FEMALE CARER	HUSBAND/PARTNER
Surname:		
First Name:		
Address: (incl. postcode)		
Date of Birth:		
Home Phone Number:		
Mobile number:		
Email address:		
Occupation:		
Hours of work (please be specific: days, times etc.)		
Are you: (please tick)	<input type="checkbox"/> Single <input type="checkbox"/> Separated/divorced <input type="checkbox"/> Married or living together <input type="checkbox"/> Widowed	
Do you have children? (please give details)		
<u>Names</u>	<u>Sex</u>	<u>Date of birth</u> <u>Still at home?</u>

Details of your house (please tick)		
	<input type="checkbox"/> Flat	<input type="checkbox"/> Terraced <input type="checkbox"/> Bungalow
	<input type="checkbox"/> Semi detached	<input type="checkbox"/> Detached
GARDEN:	<input type="checkbox"/> Large	<input type="checkbox"/> Small <input type="checkbox"/> No garden
Do you have Gas at your House?		
If Yes, please give the date of your last service and attach a copy of the service paperwork or gas safety certificate if you have one.		
Do you allow smoking in the house?		
(This question is asked because asthmatics and children suffering from allergies are not housed in smoking households. It does not imply permission for young guests to smoke in your home.)		
Do you have smoke alarms:	A Carbon monoxide alarm?	
Where are they located:		
Do you speak any languages in addition to English?		

What pets do you have?		
SHORT-STAY GROUPS (3 - 7 nights). Do you prefer: (<i>please tick</i>) <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Don't mind		
How many visitors can you accept at any one time? _____ In how many rooms? ____ No. of bathrooms _____		
How many in Single beds _____ How many in Bunk Beds _____ How many in Double Beds _____		
Would you accept adult group leaders? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you host for Trowbridge Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you host for Melksham Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you host for Chippenham Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you host for Westbury Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you host for Warminster Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How far from the meeting points are you? Trowbridge: Chippenham:		Melksham: Warminster:
Do you have a car for transporting students to & from the meeting point? If not, how will you get them there? Please note: The students must <u>always</u> be accompanied to and from the meeting point by an adult.		
Do you host students through other organisations and if so who?		
Is there any period in the year when you cannot accept visitors? If so, when?		
Please give below a brief description of the interests and hobbies of the members of your family.		
Are any members of your household vegetarian? Gluten free etc?		
Have you been visited at your current address by a representative of Wiltshire Host Families? If so, who? Please give date of visit. (Leave blank if not visited yet or current family.)		
Are you or anyone else in your household DBS checked? If so, please give your reference number/s and attach a copy of your certificate/s.		
<p>In relation to issues in the Children's Act 1989, please consider the following declaration: I declare that neither I, nor any member of the family residing in the household, have any criminal record or court case pending against me/them, and there is no reason why I/they should not be considered persons suitable to host children.</p> <p>I wish to receive foreign visitors introduced by Wiltshire Host Families Ltd. I have received a copy of the 'Guiding Notes for Host Families' which I accept and agree to follow.</p> <p>Signed _____ Date _____</p>		

Please return to (preferably by email):

Roxy Shepherdson (Admin) – 8 Brewery Walk, Trowbridge, Wiltshire, BA14 8TF

Telephone - 07707 864498

Email – <mailto:mroxyfromwhf@hotmail.com>