



Homestay Provider Questionnaire

Main Contact Details	
Contact Name	
D.O.B.	
Occupation	
Full Address	
Post Code	
Home Tel	
Work Tel	
Mobile Tel	
Email	

Details of other family members and overnight guests / regular visitors	
Name	Sex
Occupation	Age
Name	Sex
Occupation	Age
Name	Sex
Occupation	Age
Name	Sex
Occupation	Age



Further information about you

Religion	
Languages spoken	
Hobbies / interests	
Pets	

Information about your home

Type of dwelling	
No. of rooms available for students	
Details of rooms and furniture in rooms (please provide information about each room i.e. Double / single. Wardrobe. Desk. TV. etc	
Room 1	
Room 2	
Room 3	

Transport Links to School and Leeds city centre

Parking available at the house? YES/NO

**Would you be happy to take students with special dietary requirements?
YES/NO**

Would you be happy to take students with disabilities YES/NO



Please use the space below to provide us with any further information you feel is relevant

Please provide us with details of two references we can contact regarding your suitability to becoming a homestay provider

Name	Name
Address	Address
Tel. Number	Tel. Number
How do you know this person?	How do you know this person?

Signed

Print name

Date