

Richard Huish College

Homestay provider registration form

Homestay provider - personal details (main contact)	
Title:	Initials:
Given name(s):	Surname:
Home address:	
	Postcode:
Home tel:	Mobile:
Work tel:	Emergency tel:
Email: <input type="text"/>	

Homestay provider: household personal details				
<p>Please list all the people residing at the above property including yourself. Please note that it is vital that you inform us of any changes. Please note that we will require all persons living in the household that are 18 years and over to undertake a CRB check.</p>				
Full Name	DOB DD/MM/YYYY	Male or Female	Relationship to main contact	Occupation
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			

Health and Safety

Please tick

Is there a gas supply to the property Yes No

Corgi Gas Safety Landlords Certificate

A Corgi registered contractor must check all gas appliances in the property for safety under the Gas Safety Installation Regulations 1994. Until a Landlord's Gas Safety Certificate is received we will not be able to promote your accommodation to students. This will need to be up-dated on a yearly basis.

Expiry date on certificate _____ Copy enclosed Yes No

Smoke detectors

We recommend that you have at least 2 smoke detectors, one upstairs and one downstairs.

How many smoke detectors are fitted and working in the property? _____

How often do you check these? _____

Type of board and costs

Please tick

<input type="checkbox"/> Full Board	£ _____	<input type="checkbox"/> 7 day charge /	<input type="checkbox"/> daily charge
<input type="checkbox"/> Half Board	£ _____	<input type="checkbox"/> 7 day charge /	<input type="checkbox"/> daily charge
<input type="checkbox"/> Self Catering	£ _____	<input type="checkbox"/> 7 day charge /	<input type="checkbox"/> daily charge

Holding/retention fee during the major holidays £ _____ 7 day charge / daily charge

Students that you will consider accommodating

Please tick

Number of students that can be accommodated _____

Gender of student Male Female

Part-time (Mon-Fri) Yes No and/or Full-time Yes No

Would you consider students on a short term (few weeks) basis? Yes No

Can cater for dietary needs e.g. Vegetarian? Yes No

- if yes, please provide details _____

Please note that we will require all persons living in the household that are 18 years and over to undertake a CRB check.

Travel

Distance to nearest bus stop for bus(s) to the college _____ minutes

Frequency of bus(s) to the town centre _____ minutes

Journey time to Taunton town centre by bus _____ minutes

Cost of journey to town centre £ _____

Details of accommodation

Description of property/accommodation (detached, Semi, Terrace etc) _____

Number of bedrooms _____

Please tick

Student has single room

Student has shared room

Adequate wardrobe/drawer space Yes No

Desk and shelves/study space Yes No

Size of room(s) approx _____ x _____ x _____

Student has own bathroom

Student shares bathroom with family

Student shares bathroom with other student

Student shares bathroom with family and other students

Is your kitchen adequately equipped, including storage space for students wanting to self-cater Yes No

Is smoking permitted Yes No If yes, where are the students allowed to smoke? _____

Student parking space Yes No If yes, how many spaces? _____

Other

Please tick

Pets

Do you have any pets Yes No

- If yes, what? _____

Internet

Does the student have access to the internet Yes No If yes, is this wireless Yes No

Is there an additional charge for using this Yes No If yes, how much £ _____

Are there any restrictions Yes No If yes, please provide details: _____

Further information

Is there any further information you feel we should be aware of?

Do you accept students from other colleges/institutions?

References

Please provide the names, addresses and telephone numbers of two people who can provide character references (not a family member).

Reference names should not be given without consent of the person concerned

Referee one

Name _____ Relationship to referee _____

Home address _____

Postcode _____ Telephone _____

Referee two

Name _____ Relationship to referee _____

Home address _____

Postcode _____ Telephone _____

Home-owner declaration

I certify that I am the homeowner/occupier of the property detailed in this form, or have permission from the properties owner to rent to outside parties.

I also certify that I have the necessary Building and Household Insurance in place and that the property referred to in this form, complies with all planning, building and health and safety requirements.

Data protection and consent to process data

I agree to Richard Huish College processing personal data contained in this form or any other data which the college may obtain from me or other people whilst I am a homestay provider for the college.

I agree to processing of such data for any legal purposes connected with homestay accommodation, UK statutory organisations, including the UK Border Agency, our education agents, banks and medical services or for any other legitimate reason.

The particulars on this form are to the best of my knowledge, correct and I undertake, if accepted, to comply with the rules of the college, and the most recent homestay guidelines.

Signed Print name Date

For information in other formats call 01823 320802

Internal use

Date registration form received/...../.....

Date registration form entered on database/...../.....

Please return your completed form to Maria Smith.

HUISH INTERNATIONAL

RICHARD HUISH COLLEGE SOUTH ROAD TAUNTON SOMERSET TA1 3DZ ENGLAND

Tel: 01823 320863 | Emergency contact: 07817 089014 | Fax: 01823 320888

Email: international@huish.ac.uk | Website: www.huish.ac.uk/international

