

Homestay Application

Personal information			
Last name	First name	Middle name	Email
Home address	City	Postcode	Home phone Mobile
Are you entitled to work in the UK?	Are you 25 or older?		If yes, date of birth
Have you hosted before?		Do you hold a current driving licence?	
How many rooms do you have available for students?		Date available to start:	
How did you hear about this position?		HEALTH DECLARATION: Do you have any health issues which may prevent or impact on your ability to carry out this role? Yes / No	
Religion:		Smoker or non-smoker:	
Do you have any pets?		Do you speak any other languages?	

Current & Prior work experience				
	Current/most recent		Prior	
Employer				
Address				
Town/City Postcode				
Telephone				
Email				
Name of line manager				
Dates of employment	From	To	From	To
Position/job title				
May we contact them for a reference?				

Special interests and hobbies

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Information on additional household members

Household member 1

Full name
Date of birth
Gender
Occupation

Household member 2

Full name
Date of birth
Gender
Occupation

Household member 3

Full name
Date of birth
Gender
Occupation

Household member 4

Full name
Date of birth
Gender
Occupation

Do you have any regular visitors to the house? Please give details:

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Disclaimer – By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records

Signature

X

Date

X

DBS DISCLOSURE AND CHILD PROTECTION

YES / NO

Have you been subject to a DBS disclosure in the past for work you have done on a paid or voluntary basis with children or vulnerable adults?

***If you circle 'Yes' please attach a copy of the front page of the certificate when you return this form**

If 'Yes' are you on the update service? If yes please provide details

YES / NO

This work will involve providing services to children. That means we will require you to complete the DBS disclosure process at enhanced level in order to come onto our register. In completing this form you confirm that you understand and accept the need to complete this process and will do so

Sign

X

Declaration	Please sign each declaration to confirm
I/we confirm that I/we understand the reason for and agree to a DBS disclosure being obtained for me/us in carrying out any work for Oxford Guardians Limited.	X
I/we know of no reason why we would not be found to be appropriate adults to work for Oxford Guardians.	X
I/we agree to inform Oxford Guardians immediately by email if there are any changes to the above circumstances.	X
I/we agree to Oxford Guardians requiring the names of two people to act as a referee, one professional (if possible) and one personal, from people who have known us/me for a minimum of three years.	X

Next of Kin Details		
Last name	First name	Relation to you:
Home phone	Mobile	

Referees						
	Name	Occupation	Years Known and in What Capacity	Address	Telephone	Email
Referee 1						
Referee 2						