

## ULETH HOMESTAY Student Application Form

#### **Application Procedure**

# 1. **If you need additional information**, please contact ULeth Homestay Coordinator at <u>homestays@uleth.ca</u> or 1-403-382-7190.

- 2. Submit this fully completed Homestay Student Application Form.
- 3. Pay the non-refundable \$225 Homestay Placement fee.
- 4. You will receive an email with your Host Family's profile and contact information.
- 5. **Inform us** of any change in arrival or departure. Please note that host families cannot pick you up in Calgary and that we do not arrange transportation to Lethbridge.

Thank you for your interest in becoming a homestay student! Please complete this application form as clearly and as detailed as possible. The information provided will help us to select a host family to provide you with a home away from home. Please note that while we do our best to match students and family carefully, we may not be able to meet all your preferences.

### **Applicant Information**

Last Name:	First Name:		
ULethbridge Student ID Number:	Intended Program of Study:		
Date of Birth (DD/MM/YY):			
Nationality:	Language(s) Spoken:		
English Proficiency:   None  Survival  Begi			
Contact Information			
Street Address:			
City/Country:			
Email Address:	Twitter/Facebook (optional):		
Emergency Contacts			
Adult 1 (Print Name):			
Relationship to Student:			
Phone Number:			
Email:	Email:		
Homestay Information			
When will you need your Homestay to start? (DD/MM/YY)			
How long are you planning to stay in Homestay?			
Please provide your arrival information, if available (Time and Airport of Arrival, Flight Number):			
Why did you choose to apply to our Homestay program?			

**OFFICE USE** 

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Overseas experience Have you every travelled outsi <i>If Yes</i> , please indicate	-	-	oefore? (Please Circle) long?		Yes/No
How was your experience (po	sitive, cl	nallenging, e	xciting, etc)?		
How do you feel about comi	-	<b>ve in Canad</b> □ Unsure			
<b>Smoking</b> Do you smoke? Would you be comfortable wit	th a farr	nily whose m	ember(s) smoke outside?		s 🗆 No 🗖 Occasionally
Health Issues: Please list any medical conditi allergies, chronic health condi			e special accommodatior	ns during your h	iomestay placement (e.g.
Interests/Hobbies – what do					
	□ Yes		lype(s):		
	□ Yes				
Sports (watching)			Type(s).		
Sport (playing) Watching Movies	□ Yes □ Yes		Type(s):		
Arts and Crafts	□ Yes		Type(s):		
Dancing	□ Yes		Туре(s): Туре(s):		
Cooking	□ Yes		Type(3).		
Site Seeing/Museums					
Reading	□ Yes				
Outdoors activities	□ Yes		Type(s):		
Going out with friends			· ) [- (-),		
<b>Diet Information/Food habit</b> What kind of food do you like					
Is there any food that you do i	not eat?	,			
Do you have any dietary pract	ice or fo	ood restrictic	ons (i.e. vegetarian, gluter	n intolerance, fo	od allergies)?
Do you like to cook? Would yo	u like to	be able to c	cook?		
Would you prefer to be place If Yes, please indicate		-	llows a specific diet?	□ Yes □ No	, ,
Current living situation					

# What household responsibilities and expectations are you accustomed to (i.e. doing laundry, cooking, cleaning)? Please be as detailed as possible.

### **Host Family Preferences**

Please note that Canada is a multicultural country that values diversity and respect. Therefore, host families vary greatly in terms of customs and traditions. All families have been carefully inspected and selected and we do our best to find the best match possible; please note that we may not be able to satisfy all preferences.

#### Children

Do you prefer living with a family with children?	🗆 Yes	🗆 No
<i>lf yes,</i> do you prefer children:	□ Ages 1-9	□ Ages 10+

#### Pets

Do you like dogs?	🗆 Yes	🗆 No
Do you like cats?	🗆 Yes	🗆 No

#### Additional Comments

Please indicate if one or more of the preferences selected above is crucial. Also, indicate anything else that is important to you but is not included in this application form.

#### Activities

What kind of activities would you like to participate in while studying at the University of Lethbridge?

*Please select all that applies and be as detailed as possible; this information will help us to plan activities accordingly to your interests. Note that we may not be able to accommodate every wish.* 

#### Homestay Fees:

Non-refundable placement fee: \$225

Monthly Home Placement Fee: \$775 (to be paid directly to your host family on the first day of the month) For stays shorter that 1 month, Daily Homestay Placement Fee: \$26

Payment Method: Bank Wire / Cheque / Cash

#### Agreement

*By signing/typing my name below, I agree to the following terms and conditions:* 

- ✓ I will submit my Homestay application and non-refundable Homestay application fee at least one month prior to arrival, unless otherwise specified.
- ✓ I will be 18 years of age by the day I begin homestay or will have a Legal Guardian in Canada until I turn 18.
- ✓ I understand that the Homestay Program places students with local families of diverse backgrounds, life experiences and world views.
- ✓ I understand that ULeth Homestay will select a family based on the information I have provided on my Homestay application and that there is no guarantee that all of my personal preferences will be met.
- ✓ I have read and understand the ULeth Homestay Student Guidelines outlined in the Handbook available on this page: <u>http://www.uleth.ca/international/content/uleth-homestay</u>
- ✓ The Homestay contract with the host family is for the duration of my program.
- I agree to provide a signed and completed One Month Notice form should I decide to terminate the hosting relationship before the end of my contract.
- ✓ I will pay my host for one full month from the day the One Month Notice form is signed by my host and myself.
- ✓ I will have adequate medical insurance coverage for the duration of my stay in Lethbridge, Alberta.
- ✓ I will have adequate insurance coverage for my belongings and personal liability for the duration of my stay in Lethbridge, Canada.
- ✓ I authorize ULeth Homestay to release information in this application to my host family and educational institution, if applicable.

Signature of Applicant	Date:	
Printed Name (Applicant):		(DD/MM/YY)
Signature of Legal Guardian (if applicable):	Date:	
Printed Name (Legal Guardian):		(DD/MM/YY)

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta F<u>reedom of Information and Protection of Privacy Act</u> ("Act") and will be protected under Part 2 of the Act. It will be used for the purpose of evaluating this application for the homestay program, contacting accepted participants in the homestay program, matching students participating in the homestay program with host families and my personal safety and well-being. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.