

ACCOMMODATION APPLICATION FORM



ACCOMMODATION TYPE: HOMESTAY

Kindly fill out the questions below with your accurate and detailed information. This will help us find the most suitable accommodation for you. We cannot guarantee that all your preferences will be met, but we will try to make the best possible match for you.

STUDENT ID (Existing SAI Student only)

PERSONAL DETAILS

First Name

Middle Name

Last Name

Gender ☐ M ☐ F Date of Birth (dd/mm/yy)

Under 18 years ☐ Yes ☐ No

Address

Home

Work

Mobile

EMERGENCY/ PARENTS CONTACT DETAILS

Full Name

Relationship

Address

Email

Phone

Mobile

EDUCATION AGENT INFORMATION

Name of Agency

Contact Name

Address

Email

Phone

ARRIVAL INFORMATION

Arrival Date (dd/mm/yy)

Contact Name

Address

Email

Phone

Airport Welcome Service ☐ Yes ☐ No

If Yes, a charge of \$130 applies

HOMESTAY REQUIREMENTS

(Please complete ALL the items below)

Estimated Homestay Duration (dd/mm/yy)

From To

(Minimum is TWO weeks)

For Student Under 18

☐ Private Room (3 meals per day, 7 days a week)
\$325 per week

For Student Over 18

☐ Private Room (2 meals Monday to Friday, 3 on weekends) \$290 per week

☐ Shared Room (2 meals Monday to Friday, 3 on weekends) \$260 per week

Homestay and Related Add-ons

☐ Private Bathroom (exclusive use of bathroom facilities) (extra charges may apply)

☐ Internet Access (extra charges may apply)

Accommodation Placement Fee ☐ Yes ☐ No

If Yes, a charge of \$290 applies

HOMESTAY PREFERENCES

Family Preference

- ☐ Family with no children
☐ Family with teenage children
☐ Family with young children
☐ No Preference

Would you live with a family who has one or more Homestay students?

☐ Yes ☐ No

Pet Preference

- ☐ I prefer no pets
☐ I prefer cats only
☐ I prefer dogs only
☐ No preference

Do you smoke? ☐ Yes ☐ No

If Yes, please note that most host families are non-smoking, therefore some restrictions may apply.

Do you require special meals?

- ☐ No
☐ Halal (some limitations may apply)
☐ Vegetarian (some limitations may apply)

HOMESTAY SPECIAL NEEDS/ REQUESTS & MEDICAL INFO

Do you have any special needs or requests?

☐ Yes ☐ No

If Yes, please explain

ADDITIONAL PLACEMENT CONDITIONS

Hobbies, Interest, etc:

Additional Comments

DECLARATION

1. I declare that the particulars in this application form are true to the best of my knowledge.
2. Any misinterpretation or omission of information will render me ineligible for student accommodation
3. Skills Australia Institute is assisting the student to provide information to accommodation arrangements only and is not responsible for accidents and/or incidents that occur while the student is with the Homestay host.

For Student under 18

☐ I declare that I have read the Homestay information provided on Skills Australia Institute's website. I have read and understood the Australian Home Network (AHN) Contents Insurance for Students and Hosts.

Applicant's Name

Applicant's Signature

Date (dd/mm/yy)

If applicant is under 18 years old:

Parent/Guardian's Name

Parent/Guardian's Signature

Date (dd/mm/yy)

PLEASE COMPLETE THIS FORM AND SEND IT TO

Post: 230 Railway Parade, Cannington WA 6107
Level 1 East 50 Grenfell St, Adelaide SA 5000

Email: admissions@skillsaustralia.edu.au

Web: www.skillsaustralia.edu.au

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