

inlingua Cheltenham Language School
Rodney Lodge
Rodney Road
Cheltenham
GL50 1HX
England
Tel. +44 (0)1242 250493
Fax +44 (0)1242 250495

www.inlingua-cheltenham.co.uk
info@inlingua-cheltenham.co.uk

Dear Host Family,

Thank you for your interest in becoming a host family for inlingua Cheltenham.

Inlingua Cheltenham is a private language school and part of inlingua International, an association of language centres in 44 countries across the world. We take students from all countries from as young as 12 years old. Our students come to study general or business English and we run a summer programme in July and August.

As a school, we are accredited by the British Council and the Independent Schools Inspectorate and as a result there are certain requirements with which we must comply. The terms and conditions for hosting include such things as; all individuals over 18 must be DBS checked if you wish to host under 18's, the home must meet fire and safety regulations and your home will be re-assessed every 18 months. The complete list can be found in our host family information booklet (included).

Please complete the application form enclosed and return it to the school at your earliest convenience. Once received, we will then contact you and if you live within our catchment area, we will arrange a homestay assessment visit with you, usually within 7 days, to ensure you meet our homestay requirements.

Thank you for your co-operation and we hope to welcome you on board as a host family. Any information provided by you will be held in confidence, subject to the Data Protection Act 1998

With best wishes

Caroline Nicholls
Accommodation Officer
inlingua Cheltenham

HOME STAY FAMILY APPLICATION FORM



Personal Details:

| | |
|------------------------|--|
| Title/Forename: | |
| Surname: | |
| Address: | |
| Home Telephone Number: | |
| Mobile number: | |
| Work telephone: | |
| E-mail address: | |
| Native Language: | |

| Host | |
|-------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

| Host | |
|-------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

DBS Held: NO YES Year Taken:

DBS Held: NO YES Year Taken:

Children living away from home: NO YES

| Children living at this address: | |
|----------------------------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

| Children living at this address: | |
|----------------------------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

| Other Adults living at this address: | |
|--------------------------------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

| Other Adults living at this address: | |
|--------------------------------------|--|
| Name: | |
| D.O.B: | |
| Occupation: | |

Does anyone named above smoke? NO YES

Pets:

Do you have a cat: NO YES Do you have a dog: NO YES Other:

Internet:

Do you have internet connection: NO YES Is it wireless? NO YES

Please give details of your Doctor:

| | | | |
|-----------------|--|-------------------|--|
| Name of Doctor: | | Telephone Number: | |
| Surgery Name: | | | |
| Address: | | | |

Location:

How far is your house from the town centre:

How long would it take to walk from your house to the town centre:

Is there a frequent bus service: NO YES

Is there a bus stop near your house: NO YES How far:

Accommodating students:

Please tick which of the following types of students you would be happy to accommodate:

Males Females

Short term (1-4 weeks) Long term (1-12 months)

Students over Christmas Smokers

Please tick which ages you would prefer:

Under 16 16-18 18-30 30-50 Over 50

Can you cater for:

Vegetarians Muslim Diet Self-Catering (shared use of kitchen)

Please number how many rooms are available:

Single bedroom Twin Bedroom Double Bedroom En-suite Bedroom

Have you had students before: NO YES Where from:

Further Information

Please provide information on your hobbies and interests:

Please return your completed application form by email to accommodation@inlingua-cheltenham.co.uk
or to inlingua Cheltenham, Rodney Lodge, Rodney Road, Cheltenham, Gloucestershire GL50 1HX
For any information please call 01242 250493

Private Foster Carers and Host Family Consent form

We have a duty to make sure that Private Fostered Children are not placed with people who may harm them in any way. For this reason, we have to carry out extensive checks on anyone who applies to become a Private Foster carer or Host carer. We need to check that people are who they say they are, and that they have not committed any offences against children.

In order to progress your application, we have a statutory duty to make various checks. Please read the permission statement and sign below.

TERMS OF AGREEMENT FOR CONSENT TO DISCLOSURE OF INFORMATION

I/We hereby agree to Gloucestershire County Council making enquiries to any other Local Authorities, OFSTED, Area Health Authorities, Education, Police, CAF/CASS, NSPCC and SSAFA concerning the above application.

I/We also give permission for information to be sought from Personal and Employer Referees and General Practitioners.

I/We understand that disclosure is not limited by the Rehabilitation of Offenders Act 1974 Section 7(2) (c): i.e. "spent" offences are disclosed.

I/We give permission for Gloucestershire County Council Children's Services or its agents, to request information about me in accordance with the Children Act 1989 Guidance. I understand that this will involve enquiries being made to Children's Services

Applicant 1.

Name: **Date of Birth:**

Previous Names:

Present Address:

.....

..... **Postcode:**

Signed:

Print Name:

Dated:

Please complete this form and return to:

**Lorraine Oxenham, Team Manager.
Friends and Family Fostering Team, Shire Hall, Quayside Wing, Gloucester. GL1 2TP.**

Private Foster Carers and Host Family Consent form

We have a duty to make sure that Private Fostered Children are not placed with people who may harm them in any way. For this reason, we have to carry out extensive checks on anyone who applies to become a Private Foster carer or Host carer. We need to check that people are who they say they are, and that they have not committed any offences against children.

In order to progress your application, we have a statutory duty to make various checks. Please read the permission statement and sign below.

TERMS OF AGREEMENT FOR CONSENT TO DISCLOSURE OF INFORMATION

I/We hereby agree to Gloucestershire County Council making enquiries to any other Local Authorities, OFSTED, Area Health Authorities, Education, Police, CAF/CASS, NSPCC and SSAFA concerning the above application.

I/We also give permission for information to be sought from Personal and Employer Referees and General Practitioners.

I/We understand that disclosure is not limited by the Rehabilitation of Offenders Act 1974 Section 7(2) (c): i.e. "spent" offences are disclosed.

I/We give permission for Gloucestershire County Council Children's Services or its agents, to request information about me in accordance with the Children Act 1989 Guidance. I understand that this will involve enquiries being made to Children's Services

Applicant 2.

Name: **Date of Birth:**

Previous Names:

Present Address:

.....

..... **Postcode:**

Signed:

Print Name:

Dated:

Please complete this form and return to:

**Lorraine Oxenham, Team Manager.
Friends and Family Fostering Team, Shire Hall, Quayside Wing, Gloucester. GL1 2TP.**