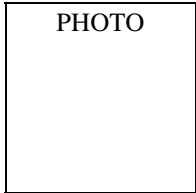




Western Training Group Inc.

2621 East 29th Ave. Vancouver B.C. Canada V5R 1V3
Tel: (604)439-0362 Fax: (604)877-0362
E-Mail: info@westerntraining.com



HOMESTAY APPLICATION

Personal Information

First Name: _____ Family Name: _____

Home Address: _____

Country _____ Postal Code _____

Home Tel: _____ Home Fax: _____ e-mail: _____

Date of Birth _____ Age _____ Sex Male _____ Female _____

Family Information

Name	Relationship	Occupation	Birthday

English Conversation level: Poor _____ Medium _____ Good _____

Visa Student _____ Visitor _____ Working Holiday _____ Others _____

School name during homestay _____

Your personality & characteristics _____

Your hobbies & interests _____

Are you a smoker? Yes ___ No ___

Passport No. _____

Placement Information

Family type: Family with young children _____ Family with teenagers _____
Adult with no children _____ No preference _____

Length of homestay: _____ **Period:** from _____ to _____

Can you stay with a family with pets? Yes _____ No _____

Can you stay with a family that smokes? Yes _____ No _____

Any food you can not eat? _____

Name any allergies you have: _____

Are you on any medication? Yes _____ No _____

Your insurance covers: Medical _____ Theft _____ Personal liability _____
Company name _____ Policy No. _____ Expiry date _____

Arrival information: Date _____ Flight No. _____ Time _____

Do you need airport pick-up? Yes _____ No _____

Please select the payment method: Cheque _____ Money Order _____ Bank Transfer _____

Have you ever been convicted of a criminal offence? Yes _____ No _____

I have read the homestay payment and cancellation policies, and I understand that the Homestay Program coordinator will select a family based on the information I have provided and cannot guarantee that all of my personal preferences will be met.

I state that all the information provided in this application is true and complete to the best of my knowledge.

Date _____ **Signature of Applicant** _____