

Homestay Program Application

1 Application Information

- Complete this application form, print it out and send it by fax or mail or email along with the \$200 CDN homestay placement fee to the **English Language Program**.
 - Once we receive the completed application form and fee, we will contact you.
 - After a host family has been selected for you, we will send you the necessary contact information.
- Please Note:** Applications are due a minimum of one (1) month before your English Language Program Placement Test, and there is a minimum of two (2) months participation in the ELP Homestay Program.

* The Placement Fee is non-refundable and does not constitute partial payment for the monthly homestay fee.

2 Personal Information

Family Name:	Given Name:
Date of Birth (YYYY/MM/DD):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	Passport Number:
Native Language:	Other Language(s):

Immigration Status in Canada

- Canadian Citizen Study Permit
 Permanent Resident/Landed Immigrant Visitor Visa

3 Home Country Address

Street Address:	
City:	Province/State:
Country:	Postal Code:
Telephone:	Fax:
eMail:	

Emergency Contact Information

Contact person in your home country. (Parent or Guardian preferable)

Family Name:	Given Name:
Relationship to Applicant:	eMail:
Home Telephone Number:	Work Telephone Number:
Street Address:	
City:	Province/State:
Country:	Postal Code:

4 Personal History

- 1. How long do you plan to stay in the Homestay Program?**
 2 months 4 months 6 months Over 6 months
- 2. How would you rate your oral English skills?**
 Poor Fair Good Excellent
- 3. What type of host family would you prefer?**
 Any type of family is fine
 Family with children
 Family without children
- 4. Many Canadian families have pets. Do you have pet allergies?**
 Yes (Please describe)
 No
- 5. Do you smoke?**
 Yes (Would you be will to smoke outside only? Yes No)
 No
- 6. Would you live in a house where any of the host family smoked?**
 Yes
 No
- 7. Do you drink alcohol?**
 Never Almost Never Sometimes Often
- 8. How would you rate your health condition?**
 Poor Fair Good Excellent
(Explain)
- 9. Are you currently on any medication or have any health problem(s) that your homestay family should be aware of? (failure to disclose all health problems will result in the immediate cancellation of your homestay)**
 Yes (Please describe)
 No
- 10. Do you have any food allergies?**
 Yes (Please describe)
 No
- 11. Is there any food type that you cannot eat due to dietary or religious reasons?**
 Yes (Please describe)
 No
- 12. Are there any types of food that you do not like?**
 Yes (Please describe)
 No
- 13. Would you live with a family hosting another international student?**
 Yes (If the student was from another country & I have a private bedroom)
 No

7 Homestay Agreement & Medical Authorization

I, _____, am an applicant for the Homestay Program, which is offered through the University of Alberta.

Agreement

I understand that my participation in the Homestay Program depends upon my following the rules and standards of the Homestay Program, and the instructions given to me during the Program. If I do not follow these rules, standards and instructions, I may be sent back to my home country at my own expense without a refund of fees. My participation in the Homestay Program may be terminated at the sole discretion of the University of Alberta.

In addition, I specifically agree:

- To pay all telephone bills charged by me to the host family household;
- To participate in the Homestay Program for a minimum of two months;
- To give my host family thirty days written notice before I leave the Homestay Program.

Upon arrival in Canada, I will give the following to my host family:

CDN \$50, if my host family has arranged to pick me up at the airport.

Upon arrival in Canada, I will give the following to the Homestay Coordinator:

CDN \$1000 (this consists of a \$300 damage deposit and \$700 last month's homestay fee) in CASH only. The damage deposit will be returned to me upon my departure provided that I have not caused any damage during my stay.

I agree that the laws in force in the Province of Alberta shall govern this Agreement and the Alberta Court of Queen's Bench shall have exclusive jurisdiction to determine any dispute over the terms of this Agreement.

Release from Liability

I understand that there are risks associated with travel and living in a foreign country in addition to the normal risks of daily life. I understand that I should obtain insurance to ensure coverage against loss or damage to myself or my property. I understand that I must maintain medical insurance, the cost of which is included in the fees for the English Language Program.

I hereby fully release and discharge the University of Alberta, its agents, employees, officers and Board members, and the host family, from any and all claims, causes of action, expenses, damages and demands of any and every kind and nature whatsoever, at law or at equity or pursuant to any statute, which I may have for any injury, loss or damage to any person or property arising in any way from: (a) my participation in the Homestay Program; or (b) my actions outside of the Homestay Program, including but not limited to, independent travel or absences from the University.

I shall indemnify the University of Alberta, its agents, employees, officers and Board members and the host family from any and all claims, damages, financial obligations or liabilities which may be brought or made against them as a result of any loss, damage or injury to any person or property caused by my acts or omissions.

Medical Treatment

If I become incapable, in the opinion of a registered medical practitioner, of consenting to medical treatment, I nominate the Homestay Coordinator or an adult member of my host family to consent to medical treatment on my behalf when a registered medical practitioner advises that such treatment is in the best interests of my health and well-being.

The University of Alberta, the Homestay Coordinator, or the host family may take reasonable actions in the event of my injury, illness, or incapacity, including transporting me back to my home country at my own expense.

I waive and release all claims against the University of Alberta, its agents, employees, officers and Board members, the Homestay Coordinator, or the host family, for any decisions or actions made relating to my incapacity, illness or injuries.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT WITH THE UNIVERSITY OF ALBERTA.

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Applicant's signature

Date

.....

.....

Parent or Guardian's signature

Date

SIGNED IN THE PRESENCE OF EACH OTHER



UNIVERSITY OF ALBERTA English Language Program

8 Checklist & Arrival

- I have completed **all** parts of this Homestay Application form.
- I have attached **two (2)** passport-sized photos.
- I have enclosed the **\$200 CDN** Homestay Placement Fee.
- I understand that there is a **two (2) month minimum** stay in the ELP Homestay Program.
- This application must be received a minimum of **one (1) month** before your English Language Program Placement Test.

Please note: The Homestay Placement Fee is **non-refundable** and is **not** a partial payment of the monthly homestay fee.

Do **not** send cash or a personal cheque from a bank outside Canada. The fee is payable by VISA®, MasterCard® or American Express®.

I expect to arrive in Edmonton on:

(YYYY/MM/DD):

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9 Payment Options

Choose one of the payment options below:

I wish to pay by: **VISA** Visa® **MasterCard** MasterCard®

Name of Credit Card Holder:	Expiry Date:
Credit Card Number:	

Please send your completed application form to:

English Language Program	
Enterprise Square	Phone: (+1) 780.492.5530
University of Alberta	(+1) 780.492.3036
10230 Jasper Avenue,	Fax: (+1) 780.492.1857
Edmonton, Alberta	
CANADA T5J 4P6	eMail: elpinfo@ualberta.ca
	Website: www.elp.ualberta.ca

The personal information requested on this form is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of enrolling students, contacting applicants, and tracking enrollment statistics. Questions concerning the collection, use or disposal of this information should be directed to: FOIPP Officer, Faculty of Extension, University of Alberta, Edmonton, AB. T6G 2T4.