

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 **生年月日：年・月・日**
- After **例：1982年11月30生まれの場合**

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: 名字	Given Name: 下の名前・ファーストネーム
Date of Birth (YYYY/MM/DD):	<input type="checkbox"/> Male <input type="checkbox"/> Female 男性は☑を入れる 女性はこちら
Nationality: 国籍	Passport Number: パスポート番号
Native Language: 母国語	Other Language(s): 他に話せる言語があれば記入

Immigration Status in Canada

- Canadian Citizen Study Permit
 Permanent Resident **該当のビザの種類に☑**

3 Home Country Address

日本の住所(記入例↓)

Street Address:	
City:	Province/State:
Country:	Postal Code:
Telephone:	Fax:
eMail: 日本の国番号は+81も記入	

Emergency Contact Information

Contact person in your home country. (Parent or Guardian preferred) **日本の緊急連絡先：留学太郎さん(父)の場合**

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

- 滞在期間は？**
- How long do you plan to stay in the Homestay Program?
 - 2 months 4 months 6 months Over 6 months
 - How would you rate your oral English skills?
 - Poor Fair Good Excellent

英語力は？
 poor: 乏しい
 Fair: まあまあ
 Good: 良い
 Excellent: 優秀
 - What type of host family would you prefer?
 - Any type of family is fine
 - Family with children **ホストファミリーの希望は？(上から) どんなタイプもOK/ 子供がいる/子供なし**
 - Family without children
 - Many Canadian families have pets. Do you have pet allergies?
 - Yes (Please describe...)
 - No **ペットアレルギーがある場合、Yesに☑し、具体的に記入**
 - Do you smoke?
 - Yes (Would you be will to smoke outside only? Yes No)
 - No **タバコを吸う場合はYesに☑、さらに屋外でのみ吸うでOKならYesに☑**
 - Would you live in a house where any of the host family smoked?
 - Yes **喫煙者のいるホストファミリーでもOKな場合はYesに☑、嫌ならNoに☑**
 - No
 - Do you drink alcohol?
 - Never **飲酒は(左から)・・・しない/ほぼしない/たまに/頻繁に 該当するものに☑**
 - How would you rate your health condition?
 - Poor **健康状態は？悪い/まあまあ/良い/大変良好 ※悪い場合は具体的に記述**
 - Are you currently taking any medication? (Please list the name of the medication)
 - Yes **現在常用している薬や、ファミリーが知っておくべき病歴がありますか？(非開示の健康問題により、急に受入拒否される場合があります) Yesの場合、病名、薬名を記入**
 - No
 - Do you have any food allergies?
 - Yes (Please describe...)
 - No **食物アレルギーがあればYesに☑し、詳細を記入**
 - Is there any food type that you cannot eat due to dietary or religious reasons?
 - Yes **食事療法や宗教上の理由で食事制限があればYesに☑し、詳細を記入**
 - No
 - Are there any types of food that you do not like?
 - Yes **嫌いな食べ物があればYesに☑し、詳細を記入**
 - No
 - Would you live with a family hosting another international student?
 - Yes (If the student was from another country & I have a private bedroom)
 - No **他の留学生が先行にも、その生徒が同国出身者ではなく、個室があればOK=Yesに☑**

7 Homestay Agreement & Medical Authorization

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

Agreement

申込者本人が氏名を記入

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 in the best interests of my health and well-being.

私は、以上の記載事項を読み、内容を理解し、アルバータ大学と合意するものとして署名いたします。

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.

留学 一郎

05/JAN/2017

Applicant's signature

申込者直筆のサイン
(署名)

Date

記入日

留学 太郎

05/JAN/2017

Parent or Guardian's signature

保護者の署名

Date

保護者署名の記入日

SIGNED IN THE PRESENCE OF EACH OTHER

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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エドモントンへの到着予定日
(年/月/日)

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 for

English Language Program

Enterprise Square
University of Alberta
10230 Jasper Avenue,
Edmonton, Alberta
CANADA T5J 4P6

Phone: (+1) 780.492.3338
(+1) 780.492.3036
Fax: (+1) 780.492.1857
eMail: elpinfo@ualberta.ca
Website: www.elp.ualberta.ca

カード有効期限は
月/年の順で記入

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.

Clear this Form

チェックリスト (上から)

- このホームステイ申込書の全ての項目を記入しました
- パスポートサイズの写真2枚を併せて提出します
- ホームステイ手配費用としてCA\$200を納めます (クレジットカード情報を記入)
- 少なくとも2ヶ月以上ホームステイを続ける必要があることを理解しています
- クラス分けテスト実施日の1ヶ月以上前にこの申込書を提出しなければいけないことを理解しています

注意: ホームステイ手配費用は返金不可で、ホームステイの月額費用の一部としては換算されません。

ホームステイ手配費用として現金や小切手を送らないでください。クレジットカード (VISA、MasterCard、American Express) で支払えます。