

HOST FAMILY PROGRAM REQUEST FORM

Fill in this form as carefully as you can to help us find the best "family" for you. Bear in mind that some of your preferences may not be satisfied. You might therefore want to indicate your priorities. It may not be possible to satisfy all your preferences, so indicate any priorities.

Application for Fall Spring Summer 201.....

Last Name: First Name:

College/University:

Major Programme:

Personal information

Home address:
.....
.....

Phone: Mobile phone: E-mail:

Date of Birth: Place of Birth:

Sex: Male Female

Do you smoke ? Yes No

Do you have allergies that may affect your housing (cats, dogs, dust,)? Yes No

If so, please give details:

Are you a vegetarian ? Yes No

If so, how strict:

List things you do not eat:

For non-vegetarians: Are there any foods you dislike? Or do you have any preferences in your diet?
.....

Are there any restrictions in your diet for religious or physical reasons?
.....

Are you willing to change your eating habits whilst being in the home stay program?

Yes No

Do you take any special medication or need any special treatments? Yes No

If so, please give details:

.....

Have you ever traveled or lived in a foreign country? Yes No

If so, where and for how long?

.....

.....

Have you participated in a home stay program before? Yes No

If so, where and for how long?

.....

.....

Which foreign language, if any, do you plan to study while at Vesalius College?

Dutch French None

Which foreign language(s) have you previously studied and for how many semesters (College, Highschool, etc.)?

.....

.....

Your preferences

Which type of host family would you prefer? Number the following list in order of preference (1 = most preferred)

- | | |
|---|--|
| Couple with young children <input type="checkbox"/> | Family with children your own age <input type="checkbox"/> |
| Couple without children <input type="checkbox"/> | Single person <input type="checkbox"/> |
| Retired couple <input type="checkbox"/> | |

Do you have brothers or sisters? If yes, how many:

Do you mind living with smokers? Yes No

Is internet an absolute must to you? Yes No

Do you object to pets? Yes No

If your answer is yes, explain

Are you willing to share with another student?

- | | | |
|--------------|------------------------------|-----------------------------|
| - the family | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - the room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

