

Host Teacher Information Form

COMPLETE AND RETURN TO:

Student Reservations Office 38 Hawley Square, Margate, Kent CT9 1PH, England Tel: +44 1843 227700 • Fax: +44 1843 223377

E-mail: info@ilh.com

Please write in BLOCK CAPITALS

Personal detail	IS								
Family name	amily name								
Address	STREET								
	TOWN POST CODE COUNTRY								
<i>-</i>									
Telephone				obile					
Fax			E-r	nail					
Cheques payal	ole to:								
Bank name									
Address									
Sort Code			Ac	count Numb	per				
Tutor's first nar	ne		Da	te of birth					
Qualifications	FURTHER EDUCATION	FURTHER EDUCATION							
(send copies)	PROFESSIONAL								
		•							
-	king, give detai								
	hing experience	2:			/				
DATES	POSITION			SCHOOL	/ ORGANISATION				
Other work exp	perience:								
DATES	POSITION			SCHOOL/	/ ORGANISATION				
ability e.g. busi	eas of specialis iness, medicine								
Active hobbies including sport									
Foreign languag	ge(s) spoken an	d approxima	ate level						
Spouse's first n	ame			Da	ate of birth				
Qualifications									
If currently wor	king, give detai	ls							
Language teacl	hing experience	e (if applicabl	e):						
DATES	POSITION			SCHOOL/	SCHOOL/ ORGANISATION				
Other work over									
Other work experience: DATES POSITION				SCHOOL/	/ ORGANISATION				
Indicate any are ability e.g. busi	eas of specialis iness, medicine	t teaching							
Active hobbies	and interacte								

Active hobbies and interests including sports

Foreign language(s) spoken an	d approximate level		
Will more than one member of	f the family be teaching?	Yes	No
lf yes, please confirm who			
Qualifications (send copies)			
Has this been discussed with	Yes	No	
Specify number and type of pe	ets		

Your family and others living at home

If you have children indicate 1, 2, or 3 after each name (1 = normally at home all the time; 2 = normally at home only during academic holidays; 3 = no longer at home). If you have young children, indicate what supervisory arrangements would be made during lessons.

FIRST NAME	RELATIONSHIP	DATE OF BIRTH	OCCUPATION/S	TUDIES	ACTIVE INTERESTS, HOBBIES AND SPORTS				
Your home									
House Fla	at	lf house,	is it: detac	hed	semi-d	letached	ter	raced	
Seaside	nland	Village	town	city]			,	
If village, indic	ate nearest l	arge town a	nd distance	in kilom	etres (l	(m) or m	iles (m)		
Public transpo	rt and regula	arity							
Number of be	drooms	Num	ber bathroo	oms/show	/er-roo	ms		Number o	of WCs
Do you have a	: car	t.v.	video-recor	der	compu	iter	piano	garder	 T
-	privat	e bathroom	/shower-roo	om (for th	e stude	ent's sole	e use)	parking	
Student room	Ŀ						1		2
	DIMENSIONS DICATE METRES)	SINGLE TWIN	DOUBLE BASIN	WARDROBE	TABLE LAMP	CENTRAL HEATING	CHEST OF DRAWERS	TABLE/DESK AND CHAIR	MIRROR
Room 1									
Room 2									
Local amenitie		CLE AS APPLICABLI	- 0 - NOT AVAIL			ANCE 2 - 61			
tennis 0 1 2 3		2 3 water s							N, 5 = BI CAR
shops 0123		ntre 0 1 2 3				a 011213		/ 0 1 2 3	
Travel									
Nearest intern	ational airpo	ort	Nearest	port		Neare	st railwa	y station [
Indicate appro	ximate dista	ance from yo	ur house ir	kilometi	es (km	n) or mile	s (m):		
Airport	Port	Rail	way station						
Directions from		ernational							
airport by pub	lic transport								
Student profile									
Does anyone i			-				g in the	whole hou	ıse?
Are you willing				ooms?	V	Vhich?			
Are you willing	-	-							
Are you willing		-							
Maximum hou	•	er week 15	20	25					
Age group pre		up	to and incl			6-18	19-24	25	+
Indicate prefer	ence	ma	ale only	female	only	acce	pt both		
OFFICE USE ONLY									
CENTRE	FAM				ENTE	RED BY		DATE	