



University of
Southern
Queensland
Australia



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SELECT CAMPUS

Springfield	<input type="checkbox"/>
Cairns	<input type="checkbox"/>
Sunshine Coast	<input type="checkbox"/>
Toowoomba	<input type="checkbox"/>

Homestay Student Application 2026

STUDENT PERSONAL DETAILS

Family Name:		Given Names:		Preferred Name:	
Age:		Date of Birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:		Telephone:		Email:	
Address:					

EMERGENCY CONTACT DETAILS

Family Name:		Given Names:		Relationship to Student:	
Home Phone:		Work Phone:		Email:	
Address:					

GUARDIANSHIP IN AUSTRALIA

If you will be living in Australia with either a parent or a person who has legal custody of you or a relative nominated by a parent or legal custodian who is aged 21 years or older, please provide your guardian's details in Australia.

Family Name:		Given Names:		Relationship to Student:	
Home Phone:		Work Phone:		Email:	
Address:					

FAMILY STRUCTURE

NAME	RELATIONSHIP	AGE	OCCUPATION

STUDENT PROFILE – Describe your character (select as many as relevant).

Quiet	<input type="checkbox"/>	Artistic	<input type="checkbox"/>	Social	<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Humorous	<input type="checkbox"/>
Active	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Shy	<input type="checkbox"/>	Curious	<input type="checkbox"/>
Athletic	<input type="checkbox"/>	Independent	<input type="checkbox"/>	Family Orientated	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Kind	<input type="checkbox"/>

Describe your hobbies, sporting and special interests:

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Provide any information to assist us in matching you with a compatible homestay family. Please note that we may not be able to accommodate all of your requests.

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STUDENT HOMESTAY PREFERENCES					
Australia is a multi-cultural country with families of Caucasian descent only making up 10% of the population. UIL will make certain students are placed with a Homestay Family where English is the main language spoken in the home, the family has met the safety standards required and they have completed our homestay family training program.					
Are you happy to live with a family who smokes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you happy to live with a family who has children?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If 'Yes':	<input type="checkbox"/> Baby to Toddler <input type="checkbox"/> Primary <input type="checkbox"/> Junior to Senior
Are you happy to live with a family who has a dog?	<input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes': <input type="checkbox"/> Inside <input type="checkbox"/> Outside Only	Are you happy to live with a family who has a cat?			<input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes': <input type="checkbox"/> Inside <input type="checkbox"/> Outside Only

DIETARY REQUIREMENTS – Do you eat the following?					
Chicken:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Pork:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Beef:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lamb:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Seafood/Shellfish:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fish:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other Dietary Requirements (please specify):					

PERSONAL HEALTH HISTORY	
List any medical problems that have been diagnosed:	

SURGERIES	
Year	Reason

MEDICATIONS – List your prescribed and over-the-counter medications, including vitamins and inhalers.		
Medication Name	Strength	Frequency Taken

ALLERGIES TO MEDICATION	
Medication Name	Reaction

OTHER ALLERGIES	
Food	Other

HEALTH HABITS AND PERSONAL SAFETY					
Do you drink alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you smoke tobacco?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have vision or hearing loss?	<input type="checkbox"/> No <input type="checkbox"/> Yes

MENTAL HEALTH	
Is stress a major problem for you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How do you respond to stress?	

MENTAL HEALTH (Continued)		
Do you feel depressed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently receiving medical treatment for depression?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you panic when stressed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have an eating disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you cry frequently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have trouble sleeping or insomnia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been to a counselor in the last three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

OTHER MEDICAL CONDITIONS – Do you or have you had any medical condition relating to the following? Provide an explanation as relevant.		
Condition		Explanation
Genetic or Familial Disorders	<input type="checkbox"/>	
AIDS / AIDS Related Condition	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	
Immunodeficiency Syndrome	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Chronic Lung Disease	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	
Head / Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Migraines / Regular Headaches	<input type="checkbox"/>	
Intestinal / Stomach	<input type="checkbox"/>	
Nose / Throat	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	
Tonsilitis	<input type="checkbox"/>	
Bowel	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Circulation	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Blood Pressure	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Travel Sickness	<input type="checkbox"/>	
Asperger / Autism	<input type="checkbox"/>	
ADHD	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	
Whooping Cough	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	
Recent Changes in Weight / Energy Level / Ability to Sleep	<input type="checkbox"/>	
Other Pain / Discomfort	<input type="checkbox"/>	
Phobias	<input type="checkbox"/>	

HOMESTAY TERMS AND CONDITIONS

1. The application fee is non-refundable.
2. The late booking fee applies to all homestay applications received less than 2 weeks prior to arrival.
3. If a 2-week notice period is not provided for changes to the arrival date, a late booking fee will apply.
4. Homestay invoices are payable 2 weeks in advance to avoid the late booking fee.
5. All homestay fees must be paid in full prior to the student entering the homestay.
6. Penalty for cancellation within 2 weeks of arrival = Application fee + 2 weeks homestay fee.
7. Cancellation within 48 hours of arrival – full fees apply.
8. For transport requirements between the hours of 8:00pm and 6:00am, an out-of-hours surcharge will apply.
9. No homestay allocation will be made until the payment has been received. The homestay profile will only be sent to the student once the homestay payment has been received.
10. If you cancel more than 14 days before your homestay commences, and before a homestay placement has been made, UIL will refund the pre- paid amount less the application fee.
11. If you cancel more than 14 days before your homestay commences, and after a homestay placement has been made, UIL will refund the balance of the pre-paid amount less 2 weeks' homestay fees and less the application fee.
12. If a student wishes to leave homestay before the nominated departure date, they must give a minimum of 2 weeks' notice to the Institute. Students will incur a 2-week penalty if they leave without giving 2 weeks written notice to the Institute.
13. Two weeks' notice is required to UIL prior to a homestay change or 2 weeks homestay payment in lieu and an additional placement fee will be charged for requests to change homestay.
14. Students wishing to extend their homestay placement must provide at least 2 weeks' written notice to the UIL. Direct negotiation with the homestay family will result in immediate removal from the homestay with no refund.
15. A holding fee is charged if a student is vacating their homestay during their placement period and their possessions are being stored by the homestay family. A minimum of 2 weeks' written notice is required otherwise the full weekly fee will apply during this period.
16. Each student will be provided with a Homestay Orientation which explains the terms and conditions of their stay in homestay. Should a student breach these conditions, they may be removed from the homestay at their own cost.
17. Illegal or unlawful behaviour of the student during any period of homestay may result in cancellation of Visa to remain in Australia. All associated costs must be paid by the student or parents.
18. If the student causes any damage to the homestay family property, fees and charges may be charged for replacement of personal belongings
19. If a student arrives to UIL with an existing/known health condition or allergy and the details have not been advised within this application form, in the event of the student requiring medical attention, UIL will take actions which are for the safety and well-being of the student.
20. UIL will not be responsible for any adverse outcomes as a result of the student's Parent and/or Guardian's failure to declare medical history or known ailment, including but not limited to, allergies, mental conditions or long-term medical conditions.

STUDENT DECLARATION

I certify that the information on the application and the supporting documentation is correct and complete. I have attached all documentation required to accompany this application. I acknowledge that the provision of incorrect information or documentation, or the withholding of information or documents relating to my application, may result in the cancellation of my enrolment. I further hereby declare that I have read and understood the UIL Homestay Terms and Conditions and agree to be bound by them.

Student Signature:

Date:

Parent / Guardian Signature:

Date: