

**APPLICATION FOR INTENSIVE ENGLISH LANGUAGE
AND CANADIAN CULTURE PROGRAM**

Please Print

ESL INTENSIVE PROGRAM (month/year) _____

LAST/FAMILY NAME _____ FIRST NAME _____

GENDER: MALE _____ FEMALE _____

DATE OF BIRTH (DD/MM/YY) _____ AGE _____

NAME OF UNIVERSITY _____

FIELD OF STUDY _____ YEAR OF STUDY _____

MAILING ADDRESS _____

_____ POSTAL CODE _____

TELEPHONE _____ FAX _____

PRIMARY E-MAIL: _____

SECONDARY EMAIL _____

EMERGENCY CONTACT INFORMATION

(Contact person in your home country, e.g. parent or guardian):

NAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CELL PHONE (for emergency contact) _____

E-MAIL (for emergency contact) _____

HOMESTAY QUESTIONNAIRE

Please answer the questions carefully. Your answers are important as we use them to select a family where you will be comfortable.

1. How would you rate your oral English skills?

- Poor Fair Good Excellent

2. Many Canadian families have pets. Would you like a family with

- No preference Pets No pets No dogs No cats No birds No reptiles

3. What type of host family would you prefer?

- Any type of family is fine
 Family with children
 Family without children

4. Do you smoke?

- Yes No

(If you smoke, you will not be allowed to smoke inside the house of your host family unless specific permission is given by your host family)

5. Are you willing to live with someone who smokes?

- Yes No

6. 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 may result in the immediate cancellation of your homestay)

- Yes (Please describe).....
 No

7. Do you have any allergies? Yes No

If yes, please specify

- Food Plants Pets/animals Dust Other

8. Is there any food type that you cannot eat due to dietary or religious reasons?

- Yes (Please describe).....
 No

9. Do you have any physical disabilities?

- Yes (Please describe).....
 No

10. Do you drink alcohol?

- Never Sometimes Often

(If you drink alcohol, you will not be allowed to drink inside the house of your host family, especially when in front of children, unless special permission is given by your host family.)

11. Please describe what a perfect host family would be like for you. Attach a separate sheet if necessary. (Please note, subject to availability of host families, there is no guarantee that you'll be matched with your ideal family)

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12. Please introduce yourself to your homestay family. Describe your personality, your hobbies & interests, your family and your hometown. Explain what you hope to get out of your experience staying with a Canadian family. Attach a separate sheet if necessary.

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PAYMENT INFORMATION: (Do NOT complete, if payment is made by your university)

Total registration Fee (March or August 2017 - \$2,535)

(Non-refundable deposit of \$225 required, \$175 is refunded upon written proof of denial of visa, 10 business days prior to program start) _____

Method of Payment:

VISA MASTERCARD Money order Bank wire Cash Debit card Other _____

If you pay by VISA or MasterCard, please provide:

Credit card number #: _____

Name of the cardholder _____

Date of expiry: Month _____ Year _____

AMOUNT OF PAYMENT: CAD\$ _____

Signature _____ Date: _____