



Scouts Australia International Venturer Exchange Program

Expression of Interest – to be a Host Family

Please return this form to your State Co-ordinator

◇ (Please tick). We have read 'Host Family Information' located at www.scouts.com.au/sisep

Our family would like to host a male or female Scout Exchange Student,
from **Denmark** , **England** **Japan** . (Please indicate order of preference)

Family Details

Family Name: _____ Home Telephone: () _____

Address: _____ Post Code: _____

Parents:

Given Name	Age	Occupation	Mobile	Email

Youth

Given Name	Age	Year at School/ Occupation	Email

Please note all adults & any youth 18 years & older, living in the household require a Working with Children (or similar) check.

Please provide the number and expiry date. This also needs to be registered with your state association.

Name on Card	Number	Expiry date	Registered with State Scout Association Y/N

School Details

School Name: _____

Address: _____ Post Code: _____

Telephone: () _____ email _____

Principal: _____ Student Exchange Liaison: _____

Has the school confirmed the exchangee can attend the school Yes / No

If No when will confirmation occur. _____

Scouting Details

Venturer Unit: _____ District: _____ Region: _____

Venturer Leader Name: _____ Telephone: () _____

Email: _____

Group Leader Name: _____ Telephone: () _____

Email: _____

To try and provide the best match, please complete the following

Family involvement in:

Scouting: _____

Other organisations/activities: _____

Have you hosted an Exchange Student before? Yes [...] No [...]

If yes, through which organisation and from what country? _____

What language(s), is/are spoken in the home? _____

Can anyone in the household speak any other language? _____

Does anyone in the family smoke? Yes [] No [] Sometimes []

If yes or sometimes does this occur in the house? _____

Do you have household pets? Yes [] No []

If yes please specify _____

Would you host an Exchange Student who is allergic to a specific food? Yes [] No []

Would you host an Exchange Student who is a vegetarian? Yes [] No []

Are there any (other) restrictions that you would place on having an exchange student? _____

Do any family members have an emotional, physical or intellectual disability? Yes [] No []

If yes, please give details: _____

What is your family's religious denomination? _____

How often do you attend religious services? Never [] Occasionally [] Most Weeks []

Would you expect your exchangee to attend religious services with your family? Yes [] No []

Why would your family like to host an Exchange Student? _____

Are you prepared for the financial and possible emotional demands that hosting will impose?

Yes [] No [] (see host family information at www.scouts.com.au/sisep)

Are you prepared to handle the additional transportation that may be involved, particularly for School and Scout activities? Yes [] No [] (see host family information at www.scouts.com.au/sisep)

What qualities of your family's life do you look forward to sharing with an exchangee? _____

What would you expect of an Exchange Student with regard to school work, home responsibilities, friends and activities?

Would your exchangee have their own bedroom or would they share a bedroom?

Own [] Share [] If share with whom _____

What experience and/or contact do the adults in the household have with adolescents outside your own family?

What experience have any family members had with other cultures and/or countries?

REFEREES

Please provide details of two referees who will support your application. They should be friends or business associates who are not related to you.

Name: _____ How known to the family: _____

Address: _____ Post Code: _____

Telephone: Home () _____ Work () _____

Name: _____ How known to the family: _____

Address: _____ Post Code: _____

Telephone: Home () _____ Work () _____

SIGNATURES

Please obtain the following signatures prior to submission of the application form.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of School Officer: _____ Date: _____

Signature of Venturer Leader: _____ Date: _____

Signature of Group Leader: _____ Date: _____

Group: _____

Signature of Region Commissioner: _____ Date: _____

Region: _____