
HOST FAMILY PLACEMENT CONFIRMATION

* To be filled in by Y2A

We hereby confirm that our family will host the following You2Africa exchange student:

* To be filled in by Y2A

HOSTING PERIOD (*exact dates of student's stay*).....

FAMILY NAME

MOTHER'S FIRST NAME

FATHER'S FIRST NAME

HOST FAMILY ADDRESS

.....

.....POSTAL CODE.....

HOME TEL

FAMILY EMAIL ADDRESS

HOST MOTHER'S CELL

HOST FATHER'S CELL

IF APPLICABLE, NAMES AND AGES OF HOST BROTHERS AND SISTERS:

.....

.....

.....

.....

SUGGESTED LOCAL HIGH SCHOOL

SIGNED 1. DATE.....
MR

SIGNED 2. DATE.....
MRS

SIGNED 3. DATE.....
Y2A SUPPORT WORKER



HOST FAMILY APPLICATION

KINDLY COMPLETE USING BLACK INK, ENCLOSING COPIES OF YOUR ID, and PICTURES OF YOUR HOME, FAMILY AND ACTIVITIES

	Mother	Father
FAMILY NAME		
FIRST NAME		
ID NUMBER		
EMAIL ADDRESS		
STREET ADDRESS:		
POSTAL ADDRESS:		
HOME TEL NO.		
WORK TEL NO:		
HOW LONG AT PRESENT ADDRESS:		
OCCUPATION		
JOB DESCRIPTION:		
EMPLOYER:		
ADDRESS:		
HOW LONG EMPLOYED:		
PLACE AND DATE OF BIRTH:		
NATIONALITY:		
EDUCATIONAL QUALIFICATIONS:		
FOREIGN LANGUAGES:		

HOST BROTHERS AND SISTERS

NAME	AGE	SEX	LIVING AT HOME	SCHOOL & YEAR or EMPLOYMENT

ARE YOU PREPARED TO ACCEPT A STUDENT OF EITHER SEX? _____

IF YOU ANSWERED NO TO THE ABOVE PLEASE SPECIFY PREFERRED SEX: _____

WILL YOU EXCHANGE STUDENT SHARE A ROOM? _____

IF YOU ANSWERED YES TO THE ABOVE, WITH WHO? _____

CAN YOU PROVIDE A QUIET STUDY AREA? _____

WHAT ANIMALS DO YOU HAVE ON YOUR PROPERTY? _____

WOULD YOU HOST AN EXCHANGE STUDENT WHO SMOKES? _____

DO ANY MEMBERS OF YOUR FAMILY SMOKE? (info for allergy purposes) _____

PLEASE SPECIFY ANY DIETARY RESTRICTIONS YOUR FAMILY HAS: _____

PLEASE LIST SOCIAL AND SPORTING ACTIVITIES IN WHICH FAMILY MEMBERS PARTICIPATE, AND ANY SOCIAL OR SPORTING CLUBS AND/OR ORGANISATIONS THAT FAMILY MEMBERS BELONG TO:

ARE THERE ANY MUSICAL INSTRUMENTS IN YOUR HOME? WHICH MEMBER PLAYS WHAT?

ARE YOU PLANNING ANY SPECIAL ACTIVITIES FOR YOUR EXCHANGE STUDENT?

(Kindly give details and a description)

DO YOU WISH YOUR EXCHANGE STUDENT TO ATTEND YOUR PLACE OF WORSHIP? _____

IF SO WHAT RELIGION AND/OR DENOMINATION? _____

WILL THERE BE ANY FAMILY ACTIVITIES THAT WILL BE COMPULSORY FOR THE EXCHANGE STUDENT? E.g. Religious

WHAT IS YOUR REACTION TO HOSTING A SCHOLAR WHO HOLDS OTHER RELIGIOUS BELIEFS, PRACTICES DIFFERENT RELIGIOUS / SOCIAL / CULTURAL CUSTOMS, OR HAS NO RELIGIOUS TIES OR BELIEFS?

ARE YOU PREPARED TO ACCEPT A STUDENT OF ANY NATIONALITY ? _____

IF YOU ANSWERED "NO", PLEASE LIST YOUR PREFERENCES OF NATIONALITY:

FOR HOW LONG ARE YOU PREPARED TO HOST AN EXCHANGE STUDENT? _____
(Please specify time in months)

WHAT HOUSEHOLD DUTIES WOULD YOUR EXCHANGE STUDENT BE EXPECTED TO DO?

WHY DO YOU WANT TO HOST AN EXCHANGE STUDENT? _____

DOES ANY FAMILY MEMBER HAVE A SERIOUS/CHRONIC ILLNESS / DISEASE / NERVOUS OR PHYSICAL OR MENTAL DISORDER, HAS THERE BEEN ANY MAJOR SURGERY FOR A CONDITION WHICH MIGHT OCCUR? (Please give details)

NAME AND ADDRESS OF SCHOOL YOU WOULD PREFER YOUR EXCHANGE STUDENT TO ATTEND (Please note You2Africa will make the request)

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL (postal) _____

TELEPHONE NUMBER _____ FAX NUMBER: _____

PRINCIPAL'S NAME: _____

WHICH OF YOUR CHILDREN ATTEND THIS SCHOOL? _____

METHOD OF TRANSPORTATION TO AND FROM SCHOOL? _____

COST (if any) OF TRANSPORT TO AND FROM SCHOOL: _____
(Weekly bus fare, train fare or contribution towards lifts, etc)

WHAT'S THE DISTANCE BETWEEN HOME &SCHOOL? (in minutes) walking _____ driving _____

DESCRIBE THE SUBURB IN WHICH YOU LIVE (Including shopping centres, access to available public transport, recreational and sporting activities available etc.)

HOW FAR IS YOUR HOME FROM PUBLIC TRANSPORT? _____

WILL YOU BE ABLE TO COMPLY WITH THE RULES AS LAID DOWN BY Y2A? _____

WOULD YOU BE PREPARED TO HOST OCCASIONAL GET TOGETHERS FOR EXCHANGE STUDENTS IN YOUR AREA? _____

PLEASE INCLUDE THE NAME, ADDRESS AND PHONE NUMBER OF CLOSEST RELATIVE NOT LIVING WITH YOU:

NAME	ADDRESS
_____	_____
TEL. NO	RELATIONSHIP:
_____	_____

PLEASE SUPPLY NAME, ADDRESS AND PHONE NUMBER OF 3 REFEREES WHOM WE MAY CONTACT AS TO CHARACTER REFERENCES:

NAME	ADDRESS	TEL. NO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

We agree to co-operate with You2Africa(Y2A) its agents or representatives, and understand Y2A has the right to make all final decisions regarding:

- Placement of exchange students
- Rules and discipline
- Length of time a student remains in home or area
- The exchange scholars arrival and departure time and dates to/from South Africa

We further agree to abide by all the terms and conditions of the programme, as outlined in the information brochure, which we have read and understood, and our failure to do so can cause a scholar to be removed from their family and returned home.

Host Parent _____	Host Parent _____
Signed at _____ (CITY)	Date: _____

Photographs

In the spaces provided, please place photos of your family, your home, examples of activities and your community.

PASTE PHOTO HERE

Describe the photo _____

PASTE PHOTO HERE

Describe the photo _____

PASTE PHOTO HERE

Describe the photo _____

PASTE PHOTO HERE

Describe the photo _____

HOST FAMILY BANKING DETAILS

STUDENT'S NAME: _____

PROGRAM DURATION: _____

HOST FAMILY CONTACT DETAILS:

SURNAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE NR'S: _____

HOST FAMILY BANK DETAILS:

ACCOUNT HOLDER'S NAME: _____

ACCOUNT NUMBER: _____

BRANCH CODE: _____

BANK NAME: _____

SIGNATURE

NAME

DATE

FAMILY INTERVIEW FORM

To be filled in by Y2A Support worker

FAMILY NAME: _____ TEL NO: _____

POSTAL ADDRESS: _____

HOST LOCALITY: rural _____ small town _____ suburban _____ Population _____

WHAT DO YOU THINK THEY EXPECT TO GAIN FROM HOSTING AN EXCHANGE STUDENT:

HAVE THEY KNOWN ANY PREVIOUS EXCHANGE STUDENTS OR HOST FAMILIES? WHAT DO THEY KNOW ABOUT Y2A AND STUDENT EXCHANGE?

HOW DO YOU THINK THE FAMILY WOULD REACT TO THE STUDENT HAVING A VERY DIFFERENT LIFESTYLE?

DO YOU THINK THERE ARE ANY IMPORTANT LIFESTYLE TRAITS OF THE FAMILY THAT THE STUDENT SHOULD KNOW ABOUT, THAT COULD BE A SHOCK TO THEIR SYSTEM, eg. RELIGIOUS PRACTICES?

DO YOU THINK THAT THEY HAVE REALISTIC EXPECTATIONS OF CULTURAL DIFFERENCES?

ARE THE FAMILY OVER PROTECTIVE AND / OR RATHER CONSERVATIVE?

HOW WOULD THE FAMILY REACT TO AN OUTGOING & EXTROVERTED, SOCIALISING STUDENT?

HOW DO YOU THINK THE FAMILY WOULD HANDLE CULTURE SHOCK, HOMESICKNESS AND THE STUDENTS RESULTANT BEHAVIOUR?

PLEASE COMMENT ON THE CONDITION OF THE NEIGHBORHOOD, THE HOME (PHYSICAL CONDITION), THE STUDENTS BEDROOM AND STUDY AREA.

WHAT NATIONALITY, AGE, GENDER & DURATION WOULD SUIT THIS FAMILY?

DOES THE FAMILY UNDERSTAND THE RULES AND HAVE THEY READ THEM?

YOUR FURTHER COMMENTS AND RECOMMENDATION FOR MATCHING A STUDENT TO THE PARTICULAR TRAITS OF THIS FAMILY

INTERVIEWERS NAME: _____ DATE: _____

This form is to be completed after interview and meeting with the family, together with their Host Family application, Photographs, Family Profile and Reference Forms. Should you have already placed the student in a school the School Enrolment Form should also accompany these other documents.

To be filled in by Program Manager – Telephonic Interview

HOST FAMILY REFERENCE FORM

The family named below has volunteered to host an international exchange student coming to South Africa, and the arrangements are being made by our organization, Y2A. The family has given your name as a reference. Please complete and return this form to the students' support worker or to our office (details above).

HOST FAMILY NAME: _____ TEL NO: _____

ADDRESS: _____

YOUR NAME: _____

HOW LONG HAVE YOU KNOWN THIS FAMILY? _____

WHAT IS YOUR RELATIONSHIP TO THEM? _____

WHY DO YOU THINK THIS FAMILY WOULD WANT AN INTERNATIONAL EXCHANGE STUDENT?

PLEASE COMMENT ON THIS FAMILY'S ACTIVITIES, SENSE OF HUMOUR, FLEXIBILITY, HOME ATMOSPHERE, FAMILY RULES, NATURE OF FAMILY, CONSERVATIVE ETC.

ANY FURTHER COMMENTS THAT WOULD HELP US IN CHOOSING THE RIGHT STUDENT FOR THIS FAMILY?

Program Manager's Signature

DATE: _____