



# BRISBANE COLLEGE OF ENGLISH

## ACCOMMODATION REQUEST FORM

### Personal Information

Name: \_\_\_\_\_

English Name: \_\_\_\_\_

Sex:  M  F

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

### Homestay Preferences

**I would prefer a home:** *(you may choose more than one)*

With people my age:

With people of different ages:

I don't mind

With pets

Without pets

With no students from my country

With students from my country

With a single room

With a shared room

That is non-smoking

That is smoking

I don't mind

**What foods do you like/dislike? :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Allergies

**Do you have any allergies?** (e.g. food, pets, medication):  Yes  No

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

### Medication

**Do you require medication? :**

Yes  No

If yes, please provide details:

\_\_\_\_\_

### Additional Information/Comments

**What are your hobbies?** (e.g. soccer, walking, sewing):

\_\_\_\_\_

\_\_\_\_\_

**What is your personality type? :**

Outgoing

Slightly Outgoing

Shy

Very Shy

### Parental/Guardian Consent for Under 18 yrs

I, \_\_\_\_\_ as  
parent/guardian of the student, *(name)*  
\_\_\_\_\_. I certify the  
information stated above is correct.

\_\_\_\_\_  
Parent/Guardian's Signature

Date \_\_/\_\_/\_\_

### Where to send your Application

**Brisbane College of Australia  
PO Box 10704 Adelaide Street  
Brisbane, QLD, Australia 4000**

**Fax: +617-3221-0002**

**Email: [study@bc.edu.au](mailto:study@bc.edu.au)**