



GROUP ACCOMMODATION FORM

If you require accommodation services, please complete this form.

Please print clearly

INSTITUTION NAME: _____

Family name: _____ First Name: _____

Permanent home address:

City _____ Country _____ Postal Code _____

Date of birth (day/month/year): _____ Male ☐ Female ☐

Nationality: _____ Native language(s): _____

Telephone number: _____ Fax number: _____

Email address: _____

I would like: ☐ Campus (Dormitory) Accommodation OR ☐ Homestay

Emergency Contact Information

Name: _____

Telephone number: _____ Fax number: _____

Sponsoring Agency: _____

Local Contact (if known): _____

Local Address: _____

Telephone number: _____ Fax number: _____

Declaration of Applicant

I accept that if, in reading and completing this application, I knowingly or carelessly provided false, inaccurate or incomplete information:

- ELI may take longer to process this application and/or
- ELI may deny accommodation services.

I agree to comply with all rules and regulations of the English Language Institute.

I agree to pay my host family for the first 30 nights of my stay. If my program is less than 30 days, I agreed to pay for the number of nights that I am in homestay. Payment for homestay will be on the first night of homestay.

- If I plan to move out from my host family's home, I agree to tell the host family 15 days before the day I move.
- I agree to purchase adequate medical coverage during my stay in Canada.

Signature

Date

Please note: We will make every effort to meet your requirements as indicated; however, because of the number of students requesting this service, it is not always possible to do so.

Complete this section **ONLY** if you are applying for Homestay.

Do you smoke? No ☐ Yes ☐ If yes, how much? _____

Are you willing to live in a home with children under 8 years old? Yes ☐ No ☐

What level of education have you completed? _____

What is your major area of study? _____

Do you have any allergies or other health concerns which would affect your placement? _____

Any medical or diet requirements (due to allergies, religion, etc.)? _____

What are your career and personal goals? Please write 10-20 words. _____

Describe your personality and home life. Please write 15-25 words. _____

If necessary, we will place you with another student from your group. If so, do you have a preference of who you stay with? (This will not guarantee that you will be placed with your classmate, but we will do our best to accommodate)

Name of classmate: _____

Privacy Notification

Personal information provided on this registration form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used for the purposes of: admission; registration; academic progress; notification of future courses; and operating other UBC-related programs. UBC collects, uses, retains and discloses information in accordance with FIPPA. UBC may share and disclose personal information within the University to carry out its mandate and operations. Your contact information will not be released to others outside of UBC, except as authorized under the FIPPA. Should you have any questions about the collection of information, please contact the Manager, Marketing Services, UBC Continuing Studies, 410-5950 University Boulevard, Vancouver, BC, V6T 1Z3.