



# 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: \_\_\_\_\_

[Type here]

### 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 that while we will do our best to honor special requests, we cannot guarantee that you will not be placed with another student from the same school or group, a student attending at another school or a student of the same nationality.***

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

Do you smoke? No  Yes  If yes, how much? \_\_\_\_\_

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: \_\_\_\_\_

[Type here]

**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 and Sales, UBC English Language Institute, 2121 West Mall, Vancouver, BC, V6T 1Z4.