

# BECOME A HOST FAMILY FOR CARDIFF CITY FC

# **APPLICATION FORM**

## **APPLICATION FORM - POTENTIAL HOST FAMILY**

Please complete the form below in capital letters

How many of your family are living at your home?  Please indicate adults and children, stating their names, sex and age  NAME  AGE  GENDER  *Family Members over the age of 18 should fill in the self-declaration form & have a valid DBS  Do you have any pets? No Yes (please state)  PLAYER PREFERNCE AND NUTRITION  What age group would be your preference to host? Scholar Trialist No Preference How many players would you be willing to host (Max 3)?  What kind of food do you cook?  Could you cater for: Vegetarian Vegan Special Diets (Halal, Gluten Intolerance ect)  TRAVEL  Please provide details of access to and from the academy. Include details of how close is the nearest	Primary Carer Address  Postcode Email Telephone Number Mobile Number  FAMILY MEMBERS  How many of your family are living at your home?  Please indicate adults and children, stating their names, sex and age  NAME AGE GENDER  *Family Members over the age of 18 should fill in the self-declaration form & have a valid DBS  Do you have any pets? No Yes (please state)  PLAYER PREFERNCE AND NUTRITION  What age group would be your preference to host? Scholar Trialist No Preference How many players would you be willing to host [Max 3]?  What kind of food do you cook?  Could you cater for: Vegetarian Vegan Special Diets [Halal , Gluten Intolerance ect]  TRAVEL  Please provide details of access to and from the academy. Include details of how close is the nearest				
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#### **HOUSEHOLD & FACILITIES**

How many rooms do you have	available?	Single	Double	Twin (2 beds per room)
How many bathrooms are in t	ne household? [			
Would the player have access to their own bathroom?			Yes	No
Do you have smoke-free household?			Yes	No
Does the household have adec	juate parking? [			
Time Period Available:	Full Season (Ju	uly - May)	Short	Periods Other
Facilities available to player:	TV	Internet	Other	
Weekly Laundry (Compulsory)				
Please provide any additional in	nformation that	you feel that wou	uld be beneficia	l for us to know

### **SAFER RECRUITMENT AND REFERENCES**

Relationship

Do you have a valid DBS che	eck?	Yes	No			
Do all people who reside at t	the property have a	a valid DBS chec	ck?	Yes	No	
If you are successful in bec out a new DBS check for al	oming a Host Fam Il people age 18 aı	nily for Cardiff C nd over who res	ity Footb side in the	oall Club, we v e residence.	vill need to carr	'n
All people who reside at this	residence aged 1	8 and over must	t complet	te the self-dec	laration form	
REFERENCES						
Please provide details of two a person in a position of trus						iyer or
	RI	FEREE 1				
Name						
Address						
Contact						
Number						
Email						
Company						
Name						
Job Title						
Relationship						
	Bi					
Nama	KI	FEREE 2				
Name Address						
Address						
Contact						
Number						
Email						
Company						
Name Job Title						

#### **HEALTH AND SAFETY SELF- ASSESSMENT**

As part of this agreement you are agreeing to the Club Health and Safety Manager (or equivalent) carrying out an inspection prior to any hosting commencing.

Please tick to confirm if you have any of the below provisions in place (Please provide evidence). If you don't, please clearly state in the box below, the Club may be able to support in arranging for works to be carried

out. Is there a Fixed wire testing of the property? No Is there PAT testing? Is there a gas safety certificate? No Is there a carbon monoxide detector? Is there fire detection and an emergency escape plan? Yes If players are located in a loft, does it comply with building regulations? Yes No **DECLARATION** I as the main host family main carer confirm that all information within this application is true and accurate to the best of my knowledge. Name Signature Date