



BECOME A HOST FAMILY FOR CARDIFF CITY FC

APPLICATION FORM

Cardiff City Football Club

Matthew Griffiths,
Cardiff City Stadium, Leckwith Road, Cardiff, CF11 8AZ
Matt.Griffiths@cardiffcityfc.co.uk

APPLICATION FORM - POTENTIAL HOST FAMILY

Please complete the form below in capital letters

Name of 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 PREFERENCE 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 train/bus station; How long does it take to travel to the academy and how long does it take in a car.

HOUSEHOLD & FACILITIES

How many rooms do you have available? Single Double Twin (2 beds per room)

How many bathrooms are in the household?

Would the player have access to their own bathroom? Yes No

Do you have smoke-free household? Yes No

Does the household have adequate parking?

Time Period Available: Full Season (July - May) Short Periods Other

Facilities available to player: TV Internet Other

Weekly Laundry (Compulsory)

Please provide any additional information that you feel that would be beneficial for us to know

SAFER RECRUITMENT AND REFERENCES

Do you have a valid DBS check? Yes No

Do all people who reside at the property have a valid DBS check? Yes No

If you are successful in becoming a Host Family for Cardiff City Football Club, we will need to carry out a new DBS check for all people age 18 and over who reside in the residence.

All people who reside at this residence aged 18 and over must complete the self-declaration form

REFERENCES

Please provide details of two referees for references, one must be details of your most recent employer or a person in a position of trust and the other can be a previous student who has stayed with you.

REFEREE 1	
Name	
Address	
Contact Number	
Email	
Company Name	
Job Title	
Relationship	

REFEREE 2	
Name	
Address	
Contact Number	
Email	
Company Name	
Job Title	
Relationship	

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? Yes No
- Is there PAT testing? Yes No
- Is there a gas safety certificate? Yes No
- Is there a carbon monoxide detector? Yes No
- Is there fire detection and an emergency escape plan? Yes No
- 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	