

QUEST GUARDIANS GUARDIANSHIP APPLICATION FORM

Please use **BLOCK CAPITALS** and return the completed form to Quest Guardians together with:

- a copy of the student's current passport;
- a recent photograph of the student;
- a current medical/vaccination certificate for the student;

STUDENT DETAILS

Family Name:		First Name(s):	
Name generally used/preferred:		Date of Birth:	
Gender:	BOY/GIRL	Religion (optional):	
Address (including postcode):		Home Telephone:	
Mobile Number:		Email:	
Special Interests:		Preferences for host family:	

PARENTS' DETAILS

	Parent One	Parent Two
Relationship to child e.g. mother		
Title:		
Full Name:		
Occupation:		
Mobile:		
Email:		
English Spoken	YES/NO	YES/NO

SCHOOL SELECTION

UK School Name and Address:		Start Date:	
Boarding House Name (if known)		Year Group:	
Pre-School Course:	(if applicable)		

MEDICAL DETAILS AND DIETARY REQUIREMENTS

Please provide us with details of any special dietary requirements and/or medical needs of your child. Quest guardians requires this information so that we can ensure your child is placed in a suitable Host Family and the student's dietary and/or medical needs (if any) are met. All information will be treated as confidential and held securely by Quest and only shared with those on a "need to know" basis, such as the Host Family and relevant staff at the school in which the student attends (see Quest's *Privacy Notice* and *Data Protection Policy* on Quest's website for further information).

Does the student have any special dietary requirements? YES/NO
If yes, please give details

Has the student had any serious allergies? YES/NO
If yes, please give details

Has the student even been hospitalised or had any serious illness? YES/NO
If yes, please give details

Is the student on any current medication? YES/NO
If yes, please give details

ADDITIONAL INFORMATION

Have you been introduced to Quest by an educational agent?	YES/NO
If yes, Agent's Name	
Representative/Contact Name	

DECLARATIONS

By signing this Application Form:

- I/We request the above-named student be registered with Quest.
- I/We understand that completion of this Application Form and payment of the registration fee does not constitute an offer of guardianship services by Quest. I / We understand that on receipt of this form, Quest will consider my/our application and any offer will be subject to Quest's terms and conditions for the provision of guardianship services, which will bind me/us in the event (and from the moment) that I/we accept the offer.
- I / We understand that Quest may obtain, process and hold personal data about me / us (which may include financial information provided by me /us) for the purposes of administering the application process and may obtain, process and hold personal data about the student which may include special category personal data such as their medical details for the purposes of administering the application process and ensuring Quest meets its obligations to the student.

<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child e.g. mother)</p> <p>..... (address)</p>	<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child e.g. mother)</p> <p>..... (address)</p>
---	---

All those with parental responsibility for the student must sign this form.