

Acknowledgement, declaration and agreement to be an EQI homestay provider

The following COVID-19 amendments have been updated to accommodate your acknowledgement, declaration and agreement before a student can be placed in your home. The department seeks to inform you of the risks and requirements of homestay during the COVID-19 pandemic.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I understand that if I am unwell (or if anyone in my household is confirmed with COVID-19) prior to the students arriving, the placement may need to be suspended and the student placed with an emergency host to avoid putting the student at risk of contracting the virus. (Mandatory requirements while QHealth directives apply) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I consent to the QHealth steps for managing a positive COVID-19 case and understand that the student and all households members are required to follow QHealth directives. (Mandatory requirements while QHealth directives apply) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I acknowledge that the student if positive, will require isolation as per QHealth guidelines and assistance in reporting to QHealth and the school (1800 QSTUDY - afterhours). (Mandatory requirements while QHealth directives apply) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree to meet the student at the airport on the day of their arrival and transport them to my residence in my personal vehicle. (Optional) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I would like to be an emergency homestay provider (short-term) and can accommodate a student who is COVID-19 positive and requires isolation. (Optional) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I would like to be an emergency homestay provider (short-term) but <u>cannot</u> accommodate a student who is COVID-19 positive and requires isolation. (Optional) | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Homestay Provider Applicant 1

Name of Homestay Provider Applicant 2

Signature Applicant 1

Signature Applicant 2

✕

Date

✕

Date

