

ACCOMMODATION ASSISTANCE

Please print clearly and fill in ALL sections.

DART 1: STUDENT INFOR	MATION						
PART 1: STUDENT INFORMATION ast name (Legal) First Name (Legal) Mic		Middle	liddle Name (Legal)				
Previous Last Names	GenderM	Пе	Birth Date	Year	Month	Day	
		ш,					
Telephone Number	Alternate Telephone applicable)	Number (if	Email				
Mailing Address in Home (Country						
Number Street PO Box						Box	
City Province/	Stato	Country			Postal Co	ndo.	
City Province/ State Country			Postal Code				
Current Address (if different from Permanent mailing address)							
PART 2: DISCLOSURES							
Please select which program you are applying for:							
The "MTI Welcome To Canada" Training Program- 2 Week Course (requires valid work permit)							
The "MTI Canadian Experience" Training Program - 6 Week Course (requires valid study permit) The "MTI Way International" Training Program - 10 Week Course (requires valid study permit)							
Please select which type of accommodation you would prefer: Homestay - Including meals							
Homestay - Not including meals							
Hotel / Motel - Not including meals							
Accommodation Assistance	e Fee Information	on and Paym	ent Op	tions			
Accommodation Assistance Fee:							
A non-refundable \$100 application fee is required to be paid to MTI before your application will be processed. By Phone: Call MTI by phone to process Credit Card Payment - 1-800-965-3748							
By Mail: Attach a bank draft or money Castlegar, British Columbia, Canada,	order and mail to Mou			I - 2181A 6	th Avenue,		
Rent Payments:							
Rent payments are to be made directlensure that you have sufficient Canad				y or hotel/n	notel). Pleas	se	
Students must give written notice to be notice is not given, you will be charged			TI at least	1 month be	efore leavino	g. If	
In the event of a health or safety issue, student will be moved to another accommodation without delay. In the event that students want to move for their own personal reasons, they are responsible for finding their own alternate accommodation.						vent	

Homestay Preferences

info@drivemti.com www.drivemti.com



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Please place a check mark in the boxes beside the statements that apply to you (required only for those wanting a homestay placement):						
☐ I would prefer a homestay without you	ng children					
☐ I would prefer being the only student in	n the homestay					
☐ I would prefer a homestay without pets	5					
☐ I would prefer a homestay who will accept a smoker, who smokes outside						
Are there any food restrictions or religious requirements that your homestay family should be aware of?						
If yes, please explain						
Please list/explain any other preferences y	ou may have					
**please note that we will endeavor to place students in the most suitable accommodation we have available. MTI cannot guarantee that all student preferences will be met.						
Medical Information						
Please select all that apply:						
Allergic to Animals? If yes, which animals						
Allergic to Medications? If yes, which medications						
Allergic to Foods? If yes, which foods						
Other Allergies? (Please list)						
Are there any other dietary/physical or other needs that we should be aware of? (Please explain fully what these needs might be)						
Student Name (Printed)	Student Signature	Date				