

## Continuous Monitoring Audit Report of Guardian/Host Family regarding Personal Safety and Social Well-being

Host Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Auditor: \_\_\_\_\_

\_\_\_\_\_

<b>Counselling with student</b>	Problems	Yes	No	
<b>Student's Accommodation</b>	<input type="checkbox"/> Same as Before	Shared Room Only	Single Room	
		Yes      No	Yes      No	
<b>Surroundings:</b>	<input type="checkbox"/> Satisfactory	Yes	No	
<b>Child Protection:</b>				
Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If no please detail the concerns) _____			
Action taken:	_____			
<b>Problems or concerns about the accommodation, personal safety or social well-being: (Describe in detail)</b>				
_____				
<b>Action Taken:</b> _____				
<b>Auditor's comments:</b>				
Suitability: <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved by: _____		
If answer is 'No', can the problems be rectified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accommodation/Guardian Officer		
If answer is 'Yes', what measure has been taken?				
Has the problems been rectified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ____ / ____ / ____		
Other comments if any: _____				