

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

Host Family Name: _____

Date: _____

Address: _____

Auditor: _____

Counselling with student	Problems	Yes	No	
Student's Accommodation	<input type="checkbox"/> Same as Before	Shared Room Only		Single Room
		Yes	No	Yes No
Surroundings:	<input type="checkbox"/> Satisfactory	Yes	No	
Child Protection:				
Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please detail the concerns) _____				
Action taken: _____				
Problems or concerns about the accommodation, personal safety or social well-being: (Describe in detail)				

Action Taken: _____				
Auditor's comments:				
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				
Other comments if any:		Date: ____ / ____ / ____		