

Continuous Monitoring Audit Report of Guardian/Host Family regarding Personal Safety and Social Well-being
(in case a student is living with a parent or a relative)

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: ____ / ____ / ____	