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CANDIDATE'S APPLICATION FORM

		fully before answering. Use		
	Space to b	e filled out only by the Sendi	ng Committee	
COUNTRIES	From	То		
PERIOD	From	To		
Last Name				MaleFemale
First Name				_
Personal Addres	S			
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Felephone	(+)	<u>-</u>	E-mail	
Date of Birth (D/N	I /Y)		Place of Birth	
Nationality :			Passport Number	:
Date of issue :			Expiry date:	
Please give deta	ils of your academic b	ackground and any prev	ious or current wo	ork experience.
What is your m	other tongue?		Do you speak ar	ny foreign languages?
Langua	ge Years studie	d Fluent C	Good Fair	r Basic
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Please describe yourself, including your strengths and weaknesses. Have you had any international experiences (for example: camps and conferences in other countries, contact with people of other cultures, etc.)? If so, please give details. Have you been involved in any organisations, movements, service programmes and other projects? If so, please give details. What are your main reasons for going abroad?	What are your hobbies?
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$Please\ indicate\ at\ least\ two\ choices\ of\ Voluntary\ Work\ Placement, in\ which\ you\ would\ you\ like\ to\ in\ the\ host\ country,\ and\ why?$

1: Why:
2:
Why:
What skills do you have?
Working with children/youth Working with disabled Working with elderly people Computers Others, please specify Manual skills (please specify) Teaching Sports Music
Do you have a driver's licence/permit? If so, would you be willing to drive in a foreign country?
☐ Yes ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ No
What do you hope to gain from and achieve during the exchange programme?
What challenges do you think you will encounter during your experience?
Do you have any objections to sharing a room?
Do you smoke?
□ No □ Vegetarian □ Other



Do you have any allergies? Yes No If your answer is yes, please indicate what kind.				
Do you have any medical/health issues that may affect your participation in the programme? Please include all details of any existing medical condition, of any medication you are currently taking and of any hospital treatment received in the past year.				
HEALTH SIGNED DECLARATION / WAIVER Although ICYE will provide me with a Travel Insurance coverage, it is my responsibility to check that I have all the necessary vaccinations required. ICYE cannot be held responsible if I do not get the appropriate vaccinations or if I do not mention any pre-existing medical conditions that affect the placement in anyway.				
Date Signature of Candidate				
Please feel free to complement this form providing additional information on a separate sheet of paper.				
DATA PRIVACY DISCLAIMER I agree that ICYE may collect, use and share my personal data as well as the data provided for third				
parties mentioned in this form (your emergency contact), with the following programme stakeholders: hosting organisation, host family, host placement, insurance company and the ICYE International				
Office. In accordance with our data protection policy [available at http://www.icye.org/data-privacy/], your personal data will be securely stored and be kept indefinitely for statistical, bookkeeping and transparency reasons, but by no means for commercial or promotional purposes . If you do not want your data to be stored, please contact your sending organization. If you would like your data to be deleted at the end of your contract/volunteering period, or at a later date, please inform/contact your sending organisation.				
Please tick one of the following boxes: I consent I do not consent				
Date Signature of Candidate				
If selected to participate in the ICYE volunteering programme, I also agree that ICYE may collect and use my photos and articles on the website, on social media, in newsletters, etc. for promotional purposes.				
Please tick one of the following boxes: I consent I do not consent				
Date Signature of Candidate				