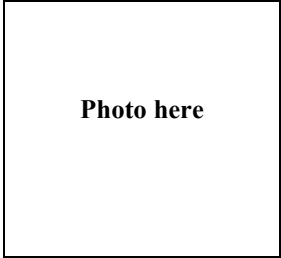




ICY E-STePs



CANDIDATE'S APPLICATION FORM

Read carefully before answering. Use print letters.

Space to be filled out **only** by the Sending Committee

COUNTRIES	From	_____	To	_____
PERIOD	From	_____	To	_____

Last Name _____ Male Female

First Name _____

Personal Address _____

Telephone (+) - _____ E-mail _____

Date of Birth (D/M/Y) _____ Place of Birth _____

Nationality : _____ Passport Number : _____

Date of issue : _____ Expiry date: _____

Marital Status _____

Person to contact in case of emergency (name, address, telephone, e-mail).

Please give details of your academic background and any previous or current work experience.

What is your mother tongue? _____

Do you speak any foreign languages?

Language	Years studied	Fluent	Good	Fair	Basic
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your hobbies?

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?

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 _____