



# Y' s MEN INTERNATIONAL

## SHORT TERM EXCHANGE PROGRAMME



### APPLICATION FORM

#### STEP FORM 1

*Please print or type all information*

		Int. Reg. No. (Leave Brank)								
		Photo  (three colour photos should be included)								
1. Family Name: Given Name:										
2. Date of birth  Day                  Month                  Year	3. Female <input type="checkbox"/> Male <input type="checkbox"/>									
4. Full Address										
5. Country	6. Primary Language Other Language									
7. Telephone Fax E-mail	8. Current grade or class level									
9. When do you wish to be placed ? From                          to Day month year                  Day month year	10. For how many weeks ? (Minimum 3 weeks and a maximum of 11 weeks)									
11. Country of choice 1.    2.    3.  Would you consider placement in any country other than the three you have listed ? If so please add them here :										
12. Any special health problem or dietary requirement (e.g. allergies)										
13. Do you smoke ?                  Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Do you drink alcohol ?                  Yes <input type="checkbox"/> No <input type="checkbox"/>									
15 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Father</td> <td style="width: 50%; text-align: center; border: none;">Mother</td> </tr> <tr> <td style="border: none;">Family Name</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Given Name</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;"></td> </tr> </table>			Father	Mother	Family Name		Given Name		Signature	
Father	Mother									
Family Name										
Given Name										
Signature										
16. Member of _____ Y' s Men' s Club since _____										
17. Name, complete address and signature of the club president :										
18. Your own signature		Date Day month year								
Approved by RSD Name Date Day month year	Approved by ASD Name Date Day month year	Approved by ISD Name Date Day month year								



# Y' s MEN INTERNATIONAL SHORT TERM EXCHANGE PROGRAMME



## CONFIRMATION OF PLACEMENT

### STEP FORM 1

*Please print or type all information*

#### **STEP PARTICIPANT**

Name : \_\_\_\_\_

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

Country: \_\_\_\_\_

#### **HOST FAMILY**

Name of the parents : \_\_\_\_\_

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

Country : \_\_\_\_\_

Telephone : \_\_\_\_\_

The Host Family agree to host this STEP participant

From \_\_\_\_\_ to \_\_\_\_\_

#### **BACK UP HOST FAMILY**

Name of the parents : \_\_\_\_\_

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

Country : \_\_\_\_\_

Telephone : \_\_\_\_\_

This form must be sent immediately by RSD of the Host Region to the RSD of the Sponsoring Region with copies to the ASDs in question and to the ISD

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of RSD (Host Region)



# Y' s MEN INTERNATIONAL SHORT TERM EXCHANGE PROGRAMME



## HOST APPLICATION FORM

### STEP FORM 3

*Please print or type all information*

*Send three copies and three colour photos of your family to your RSD*

Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Primary Language \_\_\_\_\_ Other Language Spoken \_\_\_\_\_

Host Father' s Name \_\_\_\_\_ Occupation \_\_\_\_\_

Host Mother' s Name \_\_\_\_\_ Occupation \_\_\_\_\_

Other family member (include those not living in your home and other relative living in your home)

Pets

Family Religion \_\_\_\_\_ Church Attendance : Regular  Occasional  Rare

Have you previously hosted an exchange student ? No  Yes

Please give name \_\_\_\_\_ and programme : STEP  YEPP  Other

Indicate date and describe the experience

Hobbies and interests of family

Comment about health of family members

Describe your daily family routine for a week

Detail of place of residence (population, transportation system, other cities close by, etc)

What expectations do you have of the student ? (e.g. house rules)

Would you accept a students who smokes ?      Yes       No

Would you accept a students who drinks alcoholic beverages ?      Yes       No

Which do you prefer :      Male       Female       No preference

What length of time do you prefer to host a student ? (choose between s and 11 weeks) \_\_\_\_\_

Would another family in your Club serve as a back-up to the student if need ?      Yes       No

If yes, bive

Name

Full Address

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please include with application a family photo (in colour )of back-up family.

Use other paper if more space required to answer the questions in detail.



# Y' s MEN INTERNATIONAL SHORT TERM EXCHANGE PROGRAMME



## CONFIRMATION OF TRAVEL

### STEP FORM 4

*Please print or type all information*

If the participant in the SHOT TERM EXCHANGE PROGRAMME want to undertake long distance travel either within or outside the Host Country without his/her Host Family, the parents must confirm their agreement and accept responsibility for such travel.

This confirmation must be sent back to the Host Family.

Name of the STEP student : \_\_\_\_\_

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

Destination or travel route : \_\_\_\_\_

Date of travel : from \_\_\_\_\_ to \_\_\_\_\_

Means of travel : Plane  train  bus  car  other(specify) \_\_\_\_\_

alone  in group

Detail

We here by give our consent for our son/daughter to participate in the travel mentioned above.

\_\_\_\_\_ Date

\_\_\_\_\_ Father' s signature

\_\_\_\_\_ Mother' s signature