



# ICY E-STePs

Photo here

## CANDIDATE'S APPLICATION

Revised November 2008

Read carefully before answering. Use print letters.

Last Name \_\_\_\_\_   Female  
 First Name \_\_\_\_\_  
 Personal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone (+ ) - \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth (D/M/Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Date of issue : \_\_\_\_\_ Date of expire: \_\_\_\_\_

Marital Status \_\_\_\_\_ Religion \_\_\_\_\_

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

\_\_\_\_\_

Please give details of 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?

\_\_\_\_\_

**What are your future plans?**

**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 type of voluntary work would you like do and why?**

**1st Project Placement priority**

**Why:**

**Date: from ..... until .....**

**2nd Project Placement Priority**

**Why:**

**Date: from ..... until .....**

**What skills do you have ?**

- |   |   |
|---|---|
| <input type="checkbox"/> Working with children/youth  | <input type="checkbox"/> Manual skills (please specify) _____ |
| <input type="checkbox"/> Working with disabled        | <input type="checkbox"/> Teaching                             |
| <input type="checkbox"/> Working with elderly people  | <input type="checkbox"/> Sports                               |
| <input type="checkbox"/> Computers                    | <input type="checkbox"/> Music                                |
| <input type="checkbox"/> Others, please specify _____ |   |

**Do you have a driver's licence/permit? If so, would you be willing to drive in a foreign country?**

Yes  No

Yes  No

**What do you hope to gain from and achieve during the exchange programme ?**

**What challenges and difficulties do you think you will encounter during a year, living in another culture with a different set of values ?**

**Please indicate from the following types of living situations in which you would prefer to be placed. Please note that in some countries only one of the following options may be available.**

Host family

Living in a residential social work project

**Please give reasons for your choice.**

**Do you have any objections to sharing a room ?**  Yes  No

**If your answer is yes, please explain why.**

**Do you smoke ?**  Yes  No

**Do you have special dietary requirements ? Please indicate.**

No

Vegetarian

Other

\_\_\_\_\_

\_\_\_\_\_

**Do you have any allergies?**  Yes  No

**If your answer is yes, please indicate what kind.**

**HEALTH WAIVER**

**I declare to have undergone medical check-ups, taken all necessary health precautions, be in good health and able to participate in the ICYE-STePs exchange. I therefore waive any responsibility from ICYE should health problems of any nature occur.**

Date \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

*Please feel free to complement this form providing additional information on a separate sheet of paper.*