

CHECKLISTE

Schüleraustausch Baden-Württemberg

Folgende Unterlagen gehören zu deiner Bewerbung und müssen bis zu dem in der Ausschreibung angegebenen Bewerbungsschluss im AFS Regionalbüro Süd in Stuttgart eingegangen sein. Spätere Bewerbungen können leider nicht berücksichtigt werden.

- Deckblatt mit aufgeklebtem Portraitfoto (Seite 1).**
- Personal Information (Seite 2).** Sollte noch kein Reisepass vorliegen, müssen die Angaben bis spätestens vier Wochen vor der Abreise nachgereicht werden.
- Placement Information (Seite 3).**
- Self Description (Seite 4).**
- Letter of Motivation and Self Characterization (bitte ein extra Blatt verwenden).**
- Host Family Application (Seite 5).**
- Host Family Placement Information (Seite 6).**
- Photo Page (Seite 7).** Bitte DIN A4-Format.
- Parental Authorization (Seite 8).** Unterschriften nicht vergessen, da es sonst zu unnötigen Verzögerungen kommen kann!
- School Recommendation (*kann nachgereicht werden*).** Schulstempel und Unterschrift nicht vergessen. Da es sich um ein vertrauliches Schulgutachten handelt, muss der Lehrer das Formular und die Einschätzung entweder direkt an das AFS Regionalbüro Süd oder es dem Bewerber in einem verschlossenen Umschlag zurückgeben.
- Health Information (*kann nachgereicht werden*).** Die Formblätter „Health Information“ müssen von einem Arzt ausgefüllt und unterschrieben werden, der nicht mit dem Teilnehmer verwandt ist.
- Kopie deines letzten aktuellen Zeugnisses.**
- Einzahlungsbeleg Bewerbungsgebühr.** Kontonummer siehe bei: „Hinweise zum Ausfüllen der Bewerbungsunterlagen“.

Bitte alles in einer gelochten Klarsichthülle schicken, keine Bewerbungsmappe verwenden.

Bitte kontrolliere, ob du auf jedem Blatt deinen Namen (links oben) eingetragen hast.

Schüleraustausch Baden-Württemberg

koordiniert durch AFS Interkulturelle Begegnungen e.V.

Candidate Application

Attach Photo Here

Name: _____

School: _____

Grade: _____

Program Choice:

First Choice: _____

Second Choice
(Optional): _____

Third Choice
(Optional): _____

**Please fill in a valid e-mail address for “official” communication
with you and your family; therefore, it should be checked regularly:**



Personal Information

FOR OFFICE USE

AFS ID#

Candidate's Name Program:

1. Name and Address

First Name: Last Name: Street: Postal Code and City: Telephone: Mobile Phone: Fax: Mobile Phone Parents: Email Address: Birthday(day/month/year):

2. For Visa and Travel Purposes

City of Birth: Country of Birth: Citizenship: Passport number:

3. Family Data

I live with: [] Mother and Father [] Mother and Partner [] Father and Partner [] Mother [] Father [] Other: Please circle your legal guardian(s)!

Father/Stepfather/Guardian

First Name: Last Name: Year of Birth: Country of Birth: Occupation: Business phone:

Mother/Stepmother/Guardian

First Name: Last Name: Year of Birth: Country of Birth: Occupation: Business phone:

4. Emergency Contact

First Name: Last Name: Street: Postal Code and City: Home phone: Mobile phone:

5. Brothers and Sisters

Name: Birthday: Living at home? Yes No

6. How did you hear about AFS?

[] School [] Parents [] Friends [] Internet [] I already participated in another AFS program

Candidate's Name	Program:
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1. Medical Requirements and Health Restrictions

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

Yes No If yes, please explain:

I cannot live with:

Cats Dogs Other pets: _____

2. Dietary Requirements

Do you have dietary (eating) restrictions, including for medical, religious or self-imposed reasons?

Yes No If yes, please explain:

If you are a vegetarian, are you willing to eat:

Fish Poultry Dairy products

3. Smoking

Do you smoke?

Yes No

Do others in your family smoke?

Yes No inside the house

Must you be hosted in a non-smoking home?

Yes No

4. Religion

What is your religious affiliation?

Catholic Protestant Jewish
 Muslim None Other: _____

How often do you attend services?

Regularly Occasionally Never

5. Languages

Native Language: _____

Studied Languages:

Language: _____ Years studied: _____ Speaking ability: Poor Fair Good Excellent

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Candidate's Name

Program:

1. Hobbies and Leisure Activities

Sports practised:

Leisure Activities practised (Music, Art etc.):

Other Interests:

2. How do you like to spend your free afternoons and weekends?

Preferably (in order of preference 1-5, 1= best)

- _____ At home with your family
- _____ At home with friends
- _____ On excursions with your family
- _____ On excursions with friends
- _____ Other: _____

3. I am best described as:

- Calm/Reserved Energetic/Outgoing Socially Active
- Academic Athletic Shy

4. Letter of Motivation and Self Characterization

On a separate piece of paper, please write a letter (computer, type size 12) explaining your motivation why you would like to participate in a student exchange and how you imagine to contribute to your host country and your host family. Similarly, write what you hope to gain from the experience. Please describe yourself, your character strengths and weaknesses or what really matters to you (hobbies, favourite subject, personal idol e.g.).

The questions below may be used as a guideline:

- Have you already gained any experience in a foreign country (class trip, vacation, e.g.) or with people from a foreign culture?
- What did you especially like and how did you manage problems that may have occurred (language problems, misunderstandings due to the culture e.g.)?
- How would you describe your relationship with your family and friends, what is your role in the family.
- What would you consider to be the most important experience you've made in life so far?
- What you don't like or what really angers you.

AFS ID#

Candidate's Name	Program:
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This page is to be completed by the applicant's parents!

1. Description of each member of the family:

2. Description of family life:

3. Description of the neighbourhood (home, residence, nearest city, means of transport...):

Candidate's Name	Program:
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Please attach some nice photos of yourself, your family and your home. You may add more pages if you like.

Candidate's Name	Program:
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1. Permission to use photographs and video footage

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS to use such letters, images and audio recordings of your child.

2. Authorization for emergency medical treatment

Should any medical emergency arise, if time permits, AFS or its partner organization will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS or its partner organization, time and circumstances do not permit communication with us, we authorize AFS or its partner organization to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

3. Authorization for release of medical information

We hereby authorize AFS or its partner organization, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

4. Permission for school sponsored activities

We authorize the host parents for my son/daughter during his/her participation in the exchange program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

5. School Commitment

The student fully understands that this exchange program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, the school has the right to deny his/her participation in classes and s/he may be sent home.

We, the undersigned, certify, that all information given in the application is complete and accurate.

Agreed and Accepted by

(Signatures of Natural Parents/Legal Guardians) (Date)

(Signature of Candidate) (Date)