

Application Form – Short-term Programs

– Please type or write neatly in black print –

Host Country

Program No.

Start of program (day/month/year)

Duration of program (in weeks)

Applicant

Family name

First name/s

Date of birth day month year

City + Country of birth

Nationality

Street address

Postcode / City

Country / State

Home phone

Mobile phone

E-mail address

Sex (M/F) Weight Height



Please attach a recent, smiling photo here and enclose 2 more

Family Data

Father (legal guardian Yes No)

Family name

First name/s

Date of birth day month year

Nationality

Street address

Postcode / City

Home phone

Home fax

Business phone

Business fax

Mobile phone

E-mail address

Occupation

Mother (legal guardian Yes No)

Family name

First name/s

Date of birth day month year

Nationality

Street address

Postcode / City

Home phone

Home fax

Business phone

Business fax

Mobile phone

E-mail address

Occupation

Brothers / Sisters

First name/s	Age	Sex (M/F)	Living at home?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I live with: Father Mother Stepfather Stepmother Grandfather Grandmother Other (please explain)

Personal Data

How would you describe yourself?

- outgoing quiet
 talkative timid
 independent sociable
 sporty polite

Are you vegetarian?

- Yes No

If yes, please explain

Do you have any pets? Yes No

Do you like pets? Yes No

Can you adjust to a home with indoor pets? Yes No

Can you adjust to a home with outdoor pets? Yes No

Do you smoke? Yes No

(Please note, if you indicate "No", you will be expected not to smoke while in the program)

I agree not to smoke while in the program Yes No

Do you usually help with household chores? Yes No

Do your parents require you to be at home at a specific time in the evening? Yes No

If yes, what time weekdays?

What time weekends?

List any hobbies, sports or other activities you participate in. Also, state any musical instruments you play or (artistic) interests you pursue. Indicate frequency and skill.

	regularly	sometimes	seldom	excellent	good	average
	<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"/>	<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"/>

Indicate languages you speak and/or have studied and explain your proficiency.

Language

Years studied

		excellent	good	average	fair	poor
English		<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"/>

Health

Do you suffer from any allergies, illness or disability? Yes No

Do you need or take any medication on a regular basis? Yes No

Are you receiving any medical treatment at present? Yes No

Do you have any physical restrictions? Yes No

Do you have any special dietary requirements? Yes No

If you have answered "yes" to any of these questions, please give details:

Emergency Contact

Person to contact in case of emergency (if we cannot reach your natural parents or guardians)

Family name	<input type="text"/>	Country	<input type="text"/>
First name/s	<input type="text"/>	Home telephone	<input type="text"/>
Street address	<input type="text"/>	Business phone	<input type="text"/>
Postcode / City	<input type="text"/>	E-mail address	<input type="text"/>
Relationship:	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="text"/>		

Letter to your Host Family

Your host family is interested in knowing about you. Please write them a brief letter in English describing yourself and your interest in participating in a cross-cultural program.

It will be helpful if you write about your relationship with family members and friends, your study and personal habits, your ability to handle difficult situations, your home and educational life and your future plans.

Dear host family:

A series of horizontal lines for writing the letter.

Airport

From which major airport in Germany would you like to start your flight?

How did you learn about the program?

Student Guidelines and Conduct Agreement

- **Always be polite** to your host family and to people you meet. You are an ambassador from your country, and the impression you leave will depend on your attitude.
- **Attend all classes** and activities scheduled. Your attendance is important and mandatory. Only if you are ill or have special permission from your host parents or teacher should you be out of class.
- **Tidy up after yourself** while in your host family's home. Keep your room neat and make your own bed. Always offer to help with household chores. This is an every day part of host family life. It is important for you to be part of the family and not always a guest.
- **Ask host parents' permission** before inviting friends home or to a meal, also before using the telephone or computer. Be sure to pay for your phone calls and internet charges immediately.
- **Always offer to pay** your own way when out to dinner or at a movie or outing. Your host family may not want you to pay, but be sure to offer every time.
- **Inform your host family** where you are going, whom you are going with and when you will return. This is done out of courtesy and respect to your host parents and their responsibility for you. Always be sure to be very accurate with this information. If you think you will be late, call and let your host parents know.
- **Participate** in all aspects of family life. Your host family wants to learn from you as much as you want to learn from them.
- **Remember**, while staying in your host country you are always under the jurisdiction of its national, state and local laws. It is imperative that you obey all laws. You will not be allowed to operate an automobile or motorcycle while participating in the program. Smoking as well as drinking alcoholic beverages are not allowed. The use of drugs for non-medical reasons is strictly forbidden. Involvement with illegal drugs during the program is grounds for immediate dismissal from the program.

Agreed,

Date Signature of applicant

Declaration of the Student

It is my own decision to participate in the program, and I confirm that all statements correspond to the truth and have been made conscientiously.

Date Signature of applicant

Declaration of the Parents or Legal Guardians

The participation of our son / daughter in the ICX program is with our approval.

We agree to authorize ICX, its partner organization and / or the host family to act for us in an emergency, accident or illness during the period of time our son / daughter is involved in the ICX program.

Date Signature of parents or legal guardians

Comments (for ICX use only)
