

# IPA INTERNATIONAL YOUTH EXCHANGE PROGRAM

## APPLICATION FORM – YOUTH APPLICANT

1 – INFORMATION ABOUT YOUTH			
1	From Section/Country		
2	Family Name	3	First Name
4	Male <input type="checkbox"/> Female <input type="checkbox"/>	5	Date of Birth
6	Full Address _____ _____ _____		
7	Tel: (Home)	(E-Mail)	
8	Mother's Name:	Father's Name:	
9	IPA Membership No.		
10	Copy of IPA membership card both sides: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, state reason _____		
11	Our family size is: Father	_____	Mother _____
		Brother(s) _____	Sister(s) _____
12	My Language is:		
13	Other Languages: French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		
14	Photo of Applicant Attached <input type="checkbox"/>	15	Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>
16	Hobbies:		
17	Other information about the applicant (in English)		
18	Signature of IPA membership cardholder	19	Date:
2 – REQUIREMENTS OF YOUTH			
1	To Visit (Country):		
2	Duration of Visit: 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/>		
3	Period during which visit is required (indicate month):		
4	If possible, I would like to stay in: Large City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Countryside <input type="checkbox"/>		
5	If possible: A family with animals <input type="checkbox"/> A family without animals <input type="checkbox"/>		
6	Do you have any Special Medical Conditions?		
7	Other information about the request or the applicant (English)		
FOR OFFICIAL USE			
<b>MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:</b>			
1. IPA International Youth Exchange Co-Ordinator, Mr Zdenko Prizmič, Mlinarska pot 5, SI-8000 Novo Mesto, Slovenia. Fax: ++386 7 33 80 076 E-Mail: youthexchange@mail.ipa-iac.org			
2. The requested National Section, Secretary General (where appropriate).			
I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistance.			
Signed _____		Position _____	
Section _____		Dated _____	