Council of International Fellowship

APPLICATION FORM FOR A CIF INTERNATIONAL PROFESSIONAL EXCHANGE PROGRAM (IPEP)

IN
(Indicate Country of choice)

Fill in the grey fields – more than one line can be used for every question!

1. PERSONAL DETAILS

Family name Gender Male ☐ Female ☐ Other ☐
(as stated on relevant official identification)

First name Middle name:

Birth date Year Month Day

Place of birth Country

Home Address (as used in international communications)

E-Mail Address

Skype Address

Phone Number

Profession

Present Citizenship Former Citizenship (if applicable)

Passport Number

Identity Card Number

Family Situation (optional - marital status, children and their ages):

INFORMATION ABOUT A CONTACT PERSON IN CASE OF EMERGENCY:

First and Family Name:

Their relationship to you

Address

Phone Number Mobile Phone Number

E-Mail address:

YOUR HEALTH CONDITIONS and RELEVANT SENSITIVITIES:

Do you smoke? YES ☐ NO ☐

Do you have food preferences (for example vegetarian or halal food etc.)? YES ☐ NO ☐
If yes, what?

Do you have dietary restrictions? YES ☐ NO ☐
If yes, what?

Give descriptions and details of any particular potential limitation such as mobility, allergy, disability, health condition, sensitivity to smoking and pets etc.:

Please describe

Will your health insurance cover your travel abroad? YES ☐ NO ☐

2. **YOUR EDUCATION**

(Start with the **highest degree** received, indicating study dates (from – to))

Title Education institution/School From- to

ADDITIONAL PROFESSIONAL TRAINING RECEIVED

Give details about the kind of training, the date, and the place:

3. YOUR PROFESSIONAL DETAILS

Position and title of your present job:

When were you appointed to this?

Name and address of your organisation:

Purpose and function of your organisation:

What professional methods does it use?

Description of your main responsibilities:

PREVIOUS JOBS (the last five years):

Date	Job title	Agency

DESCRIPTION OF OTHER RESPONSIBILITIES related or not related to your work (such as teaching, volunteer work, etc):

4. MOTIVATION, FIELDS OF INTEREST, HOBBIES

Please give details about your motives in applying to this cif program**.**
Up to 30 lines can be used below

Fields of interest (relevant for agency visits)

Give details of the kinds of agency, populations, methods and professional positions you would like to observe. Please suggest at least three fields of interest.

1.

2.

3.

The national branch you are applying to may also request additional information, like a resumé/CV.

Hobbies and Leisure Interests

What are your hobbies or leisure time interests? What else would you like to share about yourself in order to help find you a well-suited host family?

5. KNOWLEDGE OF THE LANGUAGE OF THE CIF PROGRAM

Language:		FAIR	GOOD	EXCELLENT
	Reading	☐	☐	☐
	Writing	☐	☐	☐
	Speaking	☐	☐	☐
	Understanding	☐	☐	☐

Do you speak any other language? YES ☐ NO ☐

If yes, give details:

6. **ADDITIONAL INFORMATION**

Do you need a visa to attend this CIF program? YES ☐ NO ☐

Will you go back to your present position after the program? YES ☐ NO ☐

Will you get leave of absence from work to attend this program? YES ☐ NO ☐

Have you previously been accepted for any other CIF/CIPUSA exchange program?

YES ☐ NO ☐

If yes: Year: Country

Did you participate? YES ☐ NO ☐

If no, please state the reason:

Have you applied to any other CIF/CIPUSA program this year? YES ☐ NO ☐

If yes, which?

How did you learn about the CIF programs?

STATEMENTS BY THE APPLICANT TO BE READ AND AGREED BEFORE BEING SIGNED

I certify that the information given in this application is complete and accurate. YES ☐ NO ☐

I certify that I will subscribe to a health/accident insurance policy covering all related expenses that may occur during the program as soon as I am accepted by the program, and thereby relieve CIF/CIPUSA of liability for such expenses. YES ☐ NO ☐

I agree that all information in this application form may be shared with the sending CIF national branch or contact person in order to evaluate my application. YES ☐ NO ☐

If the applicant answers No to any of the above, a sending branch cannot support the application, and therefore it will be refused.

I agree that all information in this application form may be shared with any prospective host national branch in order to evaluate my application and to organise the program according to my needs. YES ☐ NO ☐

If the applicant does not agree with the above, a host branch cannot support the application and therefore it will be rejected.

I agree that the following information in this application form may be shared with a host family so as to organise a stay according to my needs: name, e-mail address, phone number, information about a contact person in case of emergency, hobbies, leisure interests, languages, health conditions and relevant sensitivities .
YES ☐ NO ☐

I agree that the following information in this application form may be shared with agencies being visited during the program in order to organise the visits: name, e-mail address, mobile phone number, professional situation, fields of interest, languages, health conditions and relevant sensitivities. YES ☐ NO ☐

I commit myself to fully participating in the program, and I understand that following the issuing of a visa I will comply with the conditions of the country I will be travelling to. YES ☐ NO ☐

I agree that as a participant the following information may be placed on the CIF/CIPUSA International Participants database which is for internal use only (by CIF national branches, contact persons, CIPUSA):

Name, country, address, phone number, e-mail address, field of work, country and year of the program.

I agree I may be contacted in order to help develop the organisation and programs. So as to help establish a new branch in my country, I agree the above details may be forwarded to the relevant CIF contact person in order to evaluate and develop the programs, and I may be contacted. YES ☐ NO ☐

Name:

_____ _____

SIGNATURE PLACE AND DATE

PLEASE RETURN THIS COMPLETED FORM TO YOUR OWN NATIONAL CIF BRANCH OR CONTACT PERSON. Addresses of CIF National Branches can be found at: www.cifinternational.com