

DIE BEWERBUNGSUNTERLAGEN GIBT ES AUCH IM INTERNET:

WWW.EXPERIMENT-EV.DE

BITTE AUSFÜLLEN UND PER POST AN:

Experiment e.V.
Gluckstraße 1
53115 Bonn

VERBINDLICHE ANMELDUNG

Demi Pair Programm

SEITE 1 VON 2

Name: _____ Sex: Male Female
(Surname) (First Name) Date of Birth: / /19

Address: _____

Phone: _____ Mobile: _____

E-Mail: _____ Fax: _____

Passport Number: _____ Expiry date: / /20 Nationality: _____

Contact Person in case of emergency: _____

Phone Number: _____ Fax Number: _____

Address: _____ E-Mail: _____

Do you have older/younger sisters or brothers? If so, how many, and how old are they? _____

Education: _____

Present Employment / Occupation: _____

When can you start? _____ (enter your preferred month and year)

What experience do you have in domestic work? _____

What experience you have in cooking? _____

What experience do you have in dealing with children? _____

What age group do you handle best? _____ Do you have a Drivers Licence? Yes No If yes, since when? _____ Would you feel confident in driving in your country of choice? Yes No Do you have special food requirements? Yes No _____Do you have any health problems? Yes No _____Do you smoke cigarettes? Yes No How many per day? _____

Demi Pair Programm

If yes would you refrain from smoking in the family/with the kids? Yes No

Do you play sports? Yes No Which sports? _____

Do you play a musical instrument? Yes No Which instrument? _____

Do you have any other interests or hobbies? Please list: _____

What is your preference for a Host Family? _____

Do you like house pets? _____

Please choose a Program - check in the brochure for the different programs:

AUSTRALIA

In Australia I would like to book program A B C D

Do you wish a 12 week extension in a second Demi Pair Family? Yes No

Are you interested in Cambridge Exam? Yes No or a TOEFL Course Yes No

CANADA

In Canada I would like to book program A B C D E F

Are you interested in a TOEFL Course? Yes No or IELTS Course Yes No

CHINA

ECUADOR

In Ecuador I would like to book program A B C D

IRELAND

In CORK I would like to book program A B C D

In CORK would you prefer a 12 week or a 24 week programm?

In DUBLIN I would like to book program A B C D

NEW ZEALAND

In New Zealand I would like to book program A B C D

Are you interested in Cambridge Exam? Yes No

Are you interested in a TOEFL Course? Yes No

Where did you hear about this program? _____

Wäre Ihre Familie eventuell bereit, einen Austauschschüler aufzunehmen? Yes No

(Die Beantwortung dieser Frage hat auf Ihre Bewerbung keinerlei Einfluss)

Please send your **references, dear family letter, medical form, photo album, police clearance check and passport size pictures** together with this enrolment form to Experiment e.V.

Signature: _____ Date: _____

Mit Ihrer Unterschrift bestätigen Sie die verbindliche Anmeldung. Bitte beachten Sie unsere allgemeinen Reise- und Geschäftsbedingungen