



VERBINDLICHER ANMELDEBOGEN

Please complete this application in English. Attach the following documents: **Medical Form** (signed by your doctor), **“Dear Family letter”**, **2 references**, **1 passport-size picture** and a **Collage** (3 DIN A4 pages containing ca. 9 photos showing you in your everyday routine, housework, family, hobbies and child care related situations).

1. PERSONAL DETAILS (as in your Passport/Identification)

Last Name		First Name	
<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Gender	Place of Birth	Date of Birth	
Nationality	Passport No.	Expiry Date	

2. CONTACT DETAILS

Street Address	Postcode	City
Landline Number	Mobile Number	
Email Address	Skype ID	

3. FAMILY

First and Last Name (Father)	Profession	Date of Birth
First and Last Name (Mother)	Profession	Date of Birth
	<input type="checkbox"/> Female	<input type="checkbox"/> Male
First and Last Name (Sibling)	Gender	Date of Birth
	<input type="checkbox"/> Female	<input type="checkbox"/> Male
First and Last Name (Sibling)	Gender	Date of Birth
	<input type="checkbox"/> Female	<input type="checkbox"/> Male
First and Last Name (Sibling)	Gender	Date of Birth

4. EMERGENCY CONTACTS

Please name two emergency contacts (family member or close friend).

4.1 First Emergency Contact

Last Name		First Name	
Street Address	Postcode	City	

Landline Number Mobile Number

Email Address Relationship

4.2 Second Emergency Contact

Last Name First Name

Street Address Postcode City

Landline Number Mobile Number

Email Address Relationship

5. START DATE

Preferred Start Date Latest Possible Start Date

6. EDUCATION ACHIEVED

High School Vocational Training College or University Degree

Name and Address of last School or Educational Institute

7. LANGUAGE SKILLS

Native Language

How good do you rate your knowledge of the following languages (1 excellent – 6 very poor)?

	1	2	3	4	5	6
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. EMPLOYMENT

Do you currently have a job? If yes, please describe what you do! Yes No



9. EXCHANGE EXPERIENCE

Have you ever taken part in an exchange program abroad? Yes No
(High School / Volunteering / Internship) If yes, what kind of program in which country and for how long?

10. EXPERIENCE & ABILITIES

10.1. Childcare Experience

Babysitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Internship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Kindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Coaching / Tutor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some

What age groups do you feel most confident looking after?

Infant – 2 years old 3 years – 7 years old 8 years – 13 years old

This is just an indication of your strengths, a family might have children of any of these ages!

Are you planning to gain further experience in childcare between your application and program departure? If yes, please describe: Yes No

10.2. Domestic Abilities

Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Ironing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Laundry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Vacuum Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Gardening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
<u>Cooking:</u>			
Light Meals - Salads, Soup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Snacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Meals from a recipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Meat/Chicken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Fish with vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Pasta Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some
Baking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some

11. FURTHER QUESTIONS

Are you vegetarian? Yes No
Are you vegan? Yes No

Do you have any special dietary requirements, intolerances or food allergies? Yes No
If yes, please describe:

Despite any possible restrictions or choice of diet of yours, are you willing to cook meat for the family?
 Yes No

If you have any dietary restrictions or choices are you willing to prepare your own food and in case you require special items such as lactose free products, more varied amount of certain items to complement your special diet, are you willing to buy those yourself?
 Yes No

Are you willing to live with a family that has dogs, cats or other animals? If no, please specify what restrictions you have and why:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you smoke? If yes, how many per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to refrain from smoking at all times in the house and in front of the children even when outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you play a musical instrument? If yes, please list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you play sports? If yes, please list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have a full driver's licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, are you in the process of obtaining one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, would you be willing to drive abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attended a first aid course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List any hobbies or special interests that you have:	

How did you find out about this program?		
<input type="checkbox"/> Internet	<input type="checkbox"/> Information session in your school	<input type="checkbox"/> Trade Fair
<input type="checkbox"/> Friend or relative recommendation	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Facebook
Other, please describe:		

12. PROGRAMS

Please choose a country, program length and course option!

AUSTRALIA

Program A

12 weeks in a Demi Pair family and 8 weeks General English (20 lessons per week)

Program B

12 weeks in a Demi Pair family and 10 weeks General English (20 lessons per week)

12 weeks in a Demi Pair family and 10 weeks General English & TOEFL (24 lessons per week)

Program C

12 weeks in a Demi Pair family and 12 weeks General English (20 lessons per week)

12 weeks in a Demi Pair family and 12 weeks General English & TOEFL (24 lessons per week)

12 weeks in a Demi Pair family and 12 weeks Cambridge Preparation course (30 lessons per week)

Do you wish to stay longer in the family after the language course? Yes No
If yes, an extension fee will apply (it includes insurance and follow up). How many weeks?
 4 weeks 6 weeks 8 weeks
 10 weeks 12 weeks

ECUADOR

Program A

4 weeks homestay + 8 weeks in a Demi Pair family with 80 hours of tuition

4 weeks homestay + 8 weeks in a Demi Pair family with 120 hours of tuition

Program B

4 weeks homestay + 12 weeks in a Demi Pair family with 80 hours of tuition

4 weeks homestay + 12 weeks in a Demi Pair family with 160 hours of tuition

Program C

4 weeks homestay + 16 weeks in a Demi Pair family with 80 hours of tuition

4 weeks homestay + 16 weeks in a Demi Pair family with 200 hours of tuition

Program D

4 weeks homestay + 20 weeks in a Demi Pair family with 80 hours of tuition

4 weeks homestay + 20 weeks in a Demi Pair family with 240 hours of tuition

GREAT BRITAIN

Program A

12 weeks in a Demi Pair family and 12 weeks General English course (15 hours per week)

Program B

16 weeks in a Demi Pair family and 16 weeks General English course (15 hours per week)

Program C

20 weeks in a Demi Pair family and 12 weeks General English course (15 hours per week)

Program D

20 weeks in a Demi Pair family and 20 weeks General English course (15 hours per week)

Program E

24 weeks in a Demi Pair family and 12 weeks General English course (15 hours per week)

Program F

24 weeks in a Demi Pair family and 24 weeks General English course (15 hours per week)

IRELAND

Program A (10 hours of tuition per week – not available in July and August in Dublin Center)

12 weeks in a Demi Pair family and 12 weeks General English course

16 weeks in a Demi Pair family and 16 weeks General English course

20 weeks in a Demi Pair family and 20 weeks General English course

24 weeks in a Demi Pair family and 24 weeks General English course

Program B (20 hours of tuition per week)

12 weeks in a Demi Pair family and 12 weeks General English course

16 weeks in a Demi Pair family and 16 weeks General English course

20 weeks in a Demi Pair family and 20 weeks General English course

24 weeks in a Demi Pair family and 24 weeks General English course

Do you wish to take the Cambridge Certificate Exam? Yes No

CANADA

Program A

12 or 16 weeks in a Demi Pair family and 8 weeks General English course

Program B

20 weeks in a Demi Pair family and 8 weeks General English course

Program C

24 weeks in a Demi Pair family and 8 weeks General English course

Program D

12 or 16 weeks in a Demi Pair family and 12 weeks General English course

Program E

20 weeks in a Demi Pair family and 12 weeks General English course

Program E Plus

20 weeks in a Demi Pair family and 20 weeks General English course

Program F

24 weeks in a Demi Pair family and 12 weeks General English course

I wish to do my English Course as a **TOEFL** preparation (extra cost) in case this course will happen during my stay: Yes No

NEW ZEALAND

Which city do you prefer?

Wellington Auckland (only General English Course available)

Program A (start in January or July)

13 weeks Demi Pair and 12 weeks IELTS or General English course

Program B (start in January, in exceptional cases in March)

13 weeks Demi Pair including 12 weeks of Cambridge Advanced course

Program C (start in January, July, end of August, October)

25 weeks Demi Pair including 12 weeks IELTS or General English Course

Program D (start in January, March, August)

25 weeks Demi Pair including 12 weeks of Cambridge course

Program E (start in January, March, July, August or October)

25 weeks Demi Pair including 12 weeks of General English Course + 12 weeks of IELTS course

Program F (start in January, March, July, August or October)

25 weeks Demi Pair including 12 weeks of General English Course + 12 weeks of Cambridge Advanced course

13. SIGNATURE / UNTERSCHRIFT

Acknowledgement that the enrolment is binding / Bestätigung der verbindlichen Anmeldung

- I have read, understood and approved of the general conditions and information given in the brochure and the website at the time of my enrolment. / Ich habe die Programmbeschreibung in der Broschüre sowie auf der Webseite gelesen und die Reise- und Geschäftsbedingungen gelesen, verstanden und erkläre mich mit beiden einverstanden. Terms and conditions can be found here: www.experiment-ev.de/agb / Die Allgemeinen Geschäftsbedingungen sind hier zu finden: www.experiment-ev.de/agb.
- I hereby acknowledge that this application is binding. No further contract is necessary or will be issued by Experiment e.V. A cancellation at any time will automatically implicate in cancellation fees to be charged according to the terms and conditions. / Mir ist bewusst, dass diese Anmeldung verbindlich ist und die Vertragsgrundlage zur Teilnahme darstellt. Es erfolgt keine weitere Vertragszusendung durch Experiment e.V. Bei einem Rücktritt fallen Stornokosten gemäß den AGB an.

Date / Datum

Signature Participant / Unterschrift Teilnehmer/in

Date / Datum

Signature of Parents (legal guardian) in case participant is not 18 yet / Unterschrift des/der Erziehungsberechtigten, falls Bewerber/in noch nicht 18 Jahre alt ist

EINVERSTÄNDNISERKLÄRUNG UND DATENSCHUTZRECHTLICHE HINWEISE

Zur Durchführung des Anmeldeverfahrens ist es erforderlich, bestimmte personenbezogene Informationen einzuholen. Dazu zählen auch Fragen in Bezug auf Deinen Gesundheitszustand. Diese Angaben dürfen nur auf freiwilliger Basis erhoben werden und können jederzeit widerrufen werden. Deine ausdrückliche Zustimmung und ggfls. die Deiner Eltern ist dazu erforderlich.

Die Beantwortung dieser Fragen ist erst einmal wichtig für unser Anmeldeverfahren. Bei einer Teilnahme am Programm sind diese Informationen von entscheidender Bedeutung, eine passende Gastfamilie zu finden und Dich im Gastland angemessen betreuen zu können. In seltenen Einzelfällen kann wegen gesundheitlicher Einschränkungen eine Teilnahme am Programm nicht möglich sein. Wenn Du hierzu Fragen hast, kannst Du Dich jederzeit gern telefonisch an uns wenden. Verantwortliche Stelle im Sinne des Bundesdatenschutzgesetzes für die Verarbeitung von Daten während des Bewerbungsverfahrens ist Experiment e.V.

Deine Daten werden von Experiment e.V. aus organisatorischen Gründen sowie aufgrund gesetzlicher Aufbewahrungsfristen bis längstens nach Ablauf des aktuellen Programmjahres aufbewahrt. Bei einer Teilnahme am Austauschprogramm verlängert sich dieser Zeitraum auf sechs Jahre. An unsere Partnerorganisationen im Gastland übermitteln wir ausschließlich Daten von Teilnehmenden.

Einwilligungserklärung des Teilnehmers/der Teilnehmerin in die Datenverarbeitung

Nachname	Vorname	PLZ	Ort
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Ich willige in die Erhebung und Verarbeitung meiner Angaben auf die Fragen zu meiner Gesundheit im Anmeldebogen und dem Medical Form (z. B. zu Allergien und Vorerkrankungen) sowie – soweit ich solche Angaben mache – zu meinen religiösen und politischen Überzeugungen zum Zweck der Durchführung des Bewerbungsverfahrens durch Experiment e.V. ein. Mir ist bekannt, dass die Abgabe der vorstehenden Einwilligungserklärung freiwillig ist und eine erteilte Einwilligung von mir jederzeit widerrufen werden kann. Ohne die Einwilligung ist eine Programmteilnahme allerdings in der Regel nicht möglich.

 Ort, Datum

Unterschrift der Teilnehmerin / des Teilnehmers

Einwilligung der Eltern bzw. des gesetzlichen Vertreters in die Datenverarbeitung

(NUR notwendig, falls der Teilnehmer/die Teilnehmerin bei der Anmeldung noch nicht 18 Jahre alt ist.)

Ich bin/wir sind mit der Anmeldung meines/unseres oben genannten Kindes für ein Demi-Pair Programm einverstanden. Ich willige/wir willigen in die Erhebung und Verarbeitung der Angaben im Anmeldebogen zur Gesundheit sowie - soweit solche Angaben gemacht wurden – zu religiösen und/oder politischen Überzeugungen zum Zweck der Durchführung des Bewerbungsverfahrens durch Experiment e.V. ein.

 Ort, Datum

Unterschrift der Eltern bzw. des gesetzlichen Vertreters



MEDICAL FORM

Als Teilnehmende werden Demi Pair für einen längeren Zeitraum in einer fremden Familie wohnen und diese tatkräftig bei der Kinderbetreuung und im Haushalt unterstützen. Deshalb ist es wichtig, dass wir über physische oder mentale gesundheitliche Probleme Bescheid wissen. Dies ist wichtig, um über die endgültige Teilnahme des Bewerbers/der Bewerberin zu entscheiden.

Bitte selbst oder von einem Arzt in Englisch ausfüllen und dann vom Arzt unterschreiben lassen.

 Last Name of Applicant

 First Name

Date of Birth

 Place of Birth

Do you have allergies?

 Yes

 No

If yes, list allergies and describe your symptoms and treatment:

Do you take regular medications or drugs?

 Yes

 No

If yes, list medications and conditions being treated:

Do you have any special dietary requirements?

 Yes

 No

If yes, what are they?

In the last 12 months, have you been hospitalised or received treatment for any medical condition?

If yes, please describe:
 Yes

 No

Have you ever needed treatment, counselling or hospitalisation for a psychological or psychiatric condition?

If yes, please describe:
 Yes

 No

Do you have a disability/special need?

If yes, please describe:
 Yes

 No

Are you presently recovering from an injury? Yes No
If yes, please describe:

Tick the appropriate box if you presently suffer from or have ever had:

- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Depression | <input type="checkbox"/> Burnout |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |

If you have ticked any of the above, please give details including dates as applicable:

Please indicate whether you have had any of the following vaccinations:

- | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> German measles | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Yellow fever | <input type="checkbox"/> Measles | | |

Please describe your overall health condition:

- | | | | | |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Please describe your strength and endurance:

- | | | | | |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Personal remarks of your doctor that might be important for your future stay abroad:

Personal Doctor Contact Information

Name: _____

Address: _____

Telephone: _____

Date, Signature and Stamp
of Doctor