



## Verbindlicher Anmeldebogen

Experiment e.V.  
**Bundesgeschäftsstelle**  
 Glückstraße 1  
 53115 Bonn

**Bitte in Englisch ausfüllen und per Post an Experiment e.V. schicken.**

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**PERSONAL DETAILS** (as in your Passport/Identification)

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 Street Address Postcode City

\_\_\_\_\_  
 Landline Number Mobile Number

\_\_\_\_\_  
 Email Address Skype ID Gender  Female  Male

\_\_\_\_\_  
 Place of Birth Date of Birth Nationality

\_\_\_\_\_  
 Current Occupation: e.g. Student (School/University)/Alternative Service/Vocational Training/Employee

\_\_\_\_\_  
 Passport No. Date of Expiry

*Please note: The program starts on a Thursday.*

Planned starting date: Latest possible starting date:

How long will you stay in Australia?

\_\_\_\_\_  
 For how long have you studied the language of the host country?

How would you judge your knowledge of the language of the host country?

1  2  3  4  5  6 (1 = very good - 6 = very bad)

\_\_\_\_\_  
 Knowledge of other languages?

\_\_\_\_\_  
 Have you participated in an exchange programme or volunteer programme before? If yes, where?



### Dietary Needs & Other:

Do you smoke?  Yes  No  
 If yes, would you refrain from smoking in the family or project?  Yes  No

Do you eat meat?  Yes  No

Do you eat fish or seafood?  Yes  No

Please provide your shoe size: \_\_\_\_\_

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### Skills & Qualifications:

Do you have a full driver's license?  Yes  No

Can you ride / drive a motorbike?  Yes  No

Can you drive a tractor?  Yes  No

Can you drive a truck?  Yes  No

Can you ride a horse?  Yes  No

If yes, how well? Beginner: Intermediate: Advanced:

Do you have any mechanical skills?  Yes  No

Can you weld?  Yes  No

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## DECLARATION

I have read, understood and approved the nature of work in rural and outback Australia. I understand what it is likely to be required of me when working in rural Australia. I understand that my English must be good enough for safety and if it is not unpaid alternatives will be offered to me to learn more. I will arrange to arrive on a Thursday morning in Brisbane and will bring a credit card with me for incidental expenses while travelling and touring. I understand that I have to be eligible for a Working Holiday Visa and will be responsible for applying and providing necessary documents such as a valid passport in due time.

Ich habe das Programm und die Reise- und Geschäftsbedingungen gelesen, verstanden und erkläre mich mit beiden einverstanden. <http://www.experiment-ev.de/agb>.

Mir ist bewusst, dass die Anmeldung verbindlich ist und, dass ab dem Zeitpunkt der Eingangsbestätigung durch Experiment e.V bei einem Rücktritt Stornogebühren anfallen.

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Bei Minderjährigen:

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Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_



## EMERGENCY CONTACT

Please name a family member or close friend who we can contact in case of an emergency.

Last Name		First Name	
Street Address		Postcode	City
Landline Number		Mobile Number	
Email Address		Relationship	

How did you find out about this programme and Experiment e.V.?



## Medical Form

Als Teilnehmende werden Freiwillige für einen längeren Zeitraum in einer fremden Familie wohnen und ggf. in einem sozialen oder ökologischen Projekt arbeiten. 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 and Place of Birth (dd/mm/yyyy)

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?

Yes  No

**If yes**, please describe:

Do you have a disability/special need?

Yes  No

**If yes**, please describe:



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"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma     |

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



## Checkliste

Bitte fügen Sie der Anmeldung folgende Unterlagen bei (bitte verzichten Sie auf Bewerbungsmappen und Klarsichthüllen)

- Tabellarischer Lebenslauf auf Englisch
- Einen Motivationsbrief auf Englisch, in dem Sie Ihre Beweggründe für die Teilnahme am Programm sowie Ihre Zukunftspläne schildern
- Ein aktuelles einfaches polizeiliches Führungszeugnis im Original (ohne Übersetzung, nicht älter als drei Monate zum Zeitpunkt der Bewerbung)
- Medical Form
- Zwei Passfotos (müssen nicht biometrisch sein)
- Referenzen, die Ihr soziales Engagement, Teamfähigkeit, Offenheit oder besondere Kenntnisse belegen (aus Jobs, Praktika, ehrenamtlichem Engagement etc.) bzw. relevante Arbeitserfahrung bestätigen – eine Kopie des Originals sowie eine formlose Übersetzung ins Englische

Eine Rücksendung der Unterlagen bei Stornierung oder Absage ist grundsätzlich nicht möglich.