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COUNCIL OF INTERNATIONAL FELLOWSHIP (C.I.F.)



APPLICATION FORM FOR A CIF PROGRAM

IN

(Indicate Country of choice)

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

FAMILY NAME: MALE FEMALE
(as stated on the official identification)

FIRST NAME: MIDDLE NAME:

BIRTH DATE: YEAR MONTH DAY

PLACE OF BIRTH: COUNTRY

POSTAL ADDRESS (as used in your country):

E-MAIL ADDRESS:

PHONE: HOME OFFICE FAX:

PROFESSION:

PRESENT CITIZENSHIP: FORMER CITIZENSHIP (if applicable):

PASSPORT NUMBER:

IDENTITY CARD NUMBER:

FAMILY SITUATION:

RELIGION (optional):

INFORMATION ABOUT A CONTACT PERSON IN CASE OF EMERGENCY:

FIRST AND FAMILY NAME:

ADDRESS:

PHONE: MOBILE PHONE:

E-MAIL: RELATIONSHIP TO APPLICANT:

HEALTH CONDITIONS:

Give description and details of any particular problem such as disability, treatment, allergy, phobia, etc.:

Do you have dietary restrictions YES NO

If yes, what:

Give details about your health insurance during the program:

Do you have food preferences (for example vegetarian food, etc.) YES NO

If yes, what:

Do you smoke? YES NO

EDUCATION: Start with the highest degree received, indicating study dates (from–to)
Title School/Institution

Years

PROFESSIONAL TRAINING:

Give any detail about the kind of training, the date, and the place:

PREVIOUS JOBS:

Date

Job title

Agency

PROFESSIONAL SITUATION:

Position and title of your present job:

When were you appointed?

Name and address of your agency:

Purpose and function of your agency:

What professional methods does it use?

Give details about your work on a separate sheet, if necessary, according to the following points:

1. Who are your clients?
2. How are they referred?
3. How old are they?
4. How do you work with them?
5. Description of your main responsibilities?

DESCRIPTION OF OTHER RESPONSIBILITIES RELATED OR NOT RELATED TO YOUR WORK
(such as teaching, volunteer work, etc):

Have you already been a participant of, or accepted to, another CIF/CIPUSA exchange program?

YES NO

If yes: Year: Country Did you participate? YES NO

If you participated, give details about the kind of placement:

Explain how you were informed about the CIF programs:

GIVE DETAILS ABOUT YOUR MOTIVATIONS FOR APPLYING TO THIS CIF PROGRAM.

30 lines can be used below. Use a separate sheet, if necessary

FIELD PLACEMENT REQUEST:

Give details about the kind of agency, population, methods and professional position you would like to observe:

1. Choice:

2. Choice:

3. Choice:

If your choice is different from your work, explain why:

If CIF cannot organise a program of your first choice, do you prefer to postpone your participation to another year?

YES NO

Besides your main field placement, is there any other specific field you would like to know about?

WORK/FINANCIAL INFORMATION:

Will you get leave of absence to attend this CIF program? YES NO

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

Will you get the total amount or part of your salary during the program? YES NO

Who will pay your travel expenses?

Do you live in a country with currency restrictions? YES NO

If yes, what is the maximum amount of foreign currency that you can bring with you?

Do you have any relatives or friends in the country of the program? YES NO

If yes, where?

KNOWLEDGE OF THE LANGUAGE OF THE PROGRAM:

Language:

	FAIR	GOOD	EXCELLENT
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you speak any other language?

If yes, give details:

PREVIOUS MAIN VISITS ABROAD:

Country	Year	Purpose
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What are your hobbies or leisure time interests?

Have you applied to any other CIF-program this year?

YES

NO

If yes, which?

STATEMENT BY THE APPLICANT TO READ CAREFULLY BEFORE SIGNING BELOW:

I certify that the information given in this application is complete and accurate and that I have not participated in a CIF/CIPUSA Program within the last three years.

I certify that I subscribed to a health/accident insurance policy covering all expenses, which may occur during the program, and hereby relieve CIF/CIPUSA of all liability for such.

I understand that this information will be shared with CIF International (National Branches and Contact Persons)

I commit myself to fully participate in the program, and I understand that with regard to the issuance of the visa I will depend on the conditions of the country I will be travelling to.

I agree that as a participant the following information will be placed on the Participants Directory which is for internal use only:

Name, Male/Female, Country, Postal Address, E-mail Address, Phone Home & Office, Fax

DATE

SIGNATURE

RETURN COMPLETED FORM TO YOUR OWN NATIONAL CIF BRANCH, WHERE ONE EXISTS, OTHERWISE TO THE CIF BRANCH IN THE COUNTRY OF THE PROGRAM.

Addresses of CIF National Branches can be found on: www.cifinternational.com