

IPA INTERNATIONAL YOUTH EXCHANGE PROGRAM

APPLICATION FORM – PART B

3 – HOSTING FAMILY INFORMATION			
1	From Section/Country		
2	Family Name	First Name	
3	Age	4	Age of Children (if applicable)
5	Full Address _____ _____		
6	Tel: (Home)	(Work)	(E-mail)
7	Our Language Is		
8	Other Language Spoken: French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		
9	Our Home is Located In: Large City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> In the countryside <input type="checkbox"/>		
10	We Live In a: Flat/Apartment <input type="checkbox"/> House <input type="checkbox"/>		
11	We Have: Animals <input type="checkbox"/> No Animals <input type="checkbox"/> Type of Animal(s) _____		
12	Photo of Hosting Family Attached <input type="checkbox"/>		
13	Other Information About Hosting Family (in English)		
14	Smokers <input type="checkbox"/> Non-Smokers <input type="checkbox"/>		
15	Signature of IPA Membership Card Holder	16	Date
4 – REQUIREMENTS			
1	Desire to Host a Young Person From: (Country)		
2	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	3	Age
4	Most Suitable Time for Hosting: (Month)		
5	Other Information About the Request (in English)		
FOR OFFICIAL USE			
MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:			
1. International Youth Exchange Co-Ordinator, Mr Zdenko Prizmič, Mlinarska pot 5, SI-8000 Novo Mesto, Slovenia.			
Fax: ++386 7 33 80 076 E-Mail: zdenko.prizmic@siol.net			
I certify that this IPA family can host a child of an IPA member.			
Signed _____ Position _____			
Section _____ Dated _____			

IPA INTERNATIONAL YOUTH EXCHANGE PROGRAM
INTERNATIONAL POLICE ASSOCIATION
YOUTH EXCHANGE QUESTIONNAIRE

In order to evaluate the merits of this project, IPA members who have hosted and/or the family member taking part in the youth exchange program, are requested to complete this questionnaire.

PART B – FOR HOST FAMILY

NAME OF IPA MEMBER:

ADDRESS:

.....COUNTRY

NAME OF YOUTH HOSTED:

COUNTRY:

DATE OF HOSTING:

	EXCELLENT	GOOD	FAIR
HOW WAS YOUR EXPERIENCE OF THE EXCHANGE PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DID YOU HAVE ANY PROBLEMS:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES, PLEASE GIVE DETAILS:

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ARE YOU WILLING TO HOST AGAIN:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES, WHENAND FOR WHAT PERIOD

..... WEEK(S) MONTH(S)

PLEASE SEND COMPLETED FORM TO –

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Fax: ++386 7 33 80 076 E-Mail: zdenko.prizmic@siol.net
2. British Section Administrative Centre, 1 Fox Road, West Bridgford, Nottingham, NG2 6AJ