

IPA INTERNATIONAL YOUTH EXCHANGE PROGRAM

APPLICATION FORM – PART A

1 – INFORMATION ABOUT YOUTH			
1	From Section/Country		
2	Family Name	3	First Name
4	Male <input type="checkbox"/> Female <input type="checkbox"/>	5	Date of Birth
6	Full Address _____ _____		
7	Tel: (Home)	(E-Mail)	
8	Mother's Name:	Father's Name:	
9	IPA Membership No.		
10	Copy of IPA membership card both sides: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, state reason _____		
11	Our family size is: Father		Mother
12	My Language is:		
13	Other Languages: French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		
14	Photo of Applicant Attached <input type="checkbox"/>	15	Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>
16	Hobbies:		
17	Other information about the applicant (in English)		
18	Signature of IPA membership cardholder		19 Date:
2 – REQUIREMENTS OF YOUTH			
1	To Visit (Country):		
2	Duration of Visit: 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/>		
3	Period during which visit is required (indicate month):		
4	If possible, I would like to stay in: Large City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Countryside <input type="checkbox"/>		
5	If possible: A family with animals <input type="checkbox"/> A family without animals <input type="checkbox"/>		
6	Do you have any Special Medical Conditions?		
7	Other information about the request or the applicant (English)		
FOR OFFICIAL USE			
MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:			
1. IPA 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 the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistance.			
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 A: FOR PARTICIPANT

NAME OF IPA MEMBER:

NAME OF YOUTH:

ADDRESS:

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WHERE WERE YOU HOSTED: (SECTION)

DATE OF HOSTING:

NAME OF HOST FAMILY:

	EXCELLENT	GOOD	FAIR
HOW WAS YOUR EXPERIENCE OF THE EXCHANGE PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF LANGUAGE GAINED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOW DO YOU ASSESS THE CULTURAL EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHAT IS YOUR OPINION OF YOUR HOSTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU HAVE ANY IDEAS AS TO HOW THE PROGRAM CAN BE IMPROVED?

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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