

# HOME TEACHER

## **Application Form**

Starting date

Last name :						
First name :						
Postal adress :					Pla	ase attach one
Postal/Zip Code :		Town:			smi	iling passport
Country :					Size	e picture here
Phone n° (+ area code) :						
Mobile phone n° (+area c	ode) :					
Fax n° (+ area code) :						
E-mail adress :						
Passport n°:						
Country of issue :						
Expiry date :						
Sex: ○ M ○ F		Date of	birth :			
Nationality :		Native I	anguage :			
NEXT OF KIN (Emergend						
Relationship with volunte Name :	er (e.g. lather, sister	·):				
Postal Adress :						
	Ta			0		
Post/Zip Code :	Town :			Country :		
Phone n° (+area code) :		E-	mail address :			
SKILLS in the language of	your host country					
	O Pre-intermediate	O Intermediate	O Upper-interm	ediate O	Advanced	○ Fluent/Native
Spoken : O Beginner	O Pre-intermediate	O Intermediate	O Upper-interm	ediate O	Advanced	O Fluent/Native
How many years have you s						



EDUCATION							
Have you graduated from High	School?	Yes O	No				
Do you plan to go to university	or college ?	O Yes	○ No				
What will you study ?							
Are you currently in university	or college ?	O Yes	○ No	If yes, in whi	ch year ?		
Higher Educational Institutions	attended						
Name of Institution :							
Dates attended :							
Degree name :							
Year conferred :							
Specialization :							
WORK EXPERIENCE (Please g	jive details o	f two past en	iployers)				
Employer's name :							
Employer's phone number :							
Dates worked :							
Job title & description of duties	s:						
	I			<u> </u>			
LIVING WITH A HOST FAMIL Can you imagine living in a fan							
With children ? • Yes	○ No						
Without children ? O Yes	○ No						
With smokers ? • Yes	○ No						
In a small town ? • Yes	○ No						
In a city ? • Yes	○ No						
Where you share a bedroom ?	○ Yes	○ No					
Without Internet access ?	○ Yes	○ No					
With pets ?	O Yes	○ No					
With a single parent ?	○ Yes	○ No					
Have you ever stayed with ano	ther family f	or more than	a couple of da	ays before ?	○ Yes	○ No	
If so, what did you like ?							
What didn't you like ?							



INTERNATIONAL E			d
give details :	vious international / intercultural	experiences (not including family holi	days or packaged tours) please
City / Country :			
Dates :			
Purpose of visit :			
INTERESTS / HOB	BIES		
Hobbies & main into	erests :		
1)	2)	3)	4)
MEDICAL INFORM	ATION		
Do you smoke?	Yes O No		
Are you a vegeteria	1? O Yes O No		
		es O No If yes, please specify :	
Are you allergic to a		yes, please specify :	
rick tile appropriate	circle if you are presently suffe	ring from or have aver hau :	
	○ Anemia ○ Eye problem		O Bulimia
_	<ul><li>Ulcers</li><li>Anorexia</li><li>Depression</li><li>Dizziness /</li></ul>	O Hepatitis A B C  fainting O Kidney disease	<ul><li>○ Alcohol / drug problems</li><li>○ Migraine / headaches</li></ul>
O Heart disease	-	-	g
If you ticked any of	the above, please give details an	d dates :	
Have you suffered fo	om eating disorder (anorexia/bu	limia) ? ○ Yes ○ No If yes, please	specify :
_	om a nervous breakdown, depre	ession or mental disorders ?	
O Yes O No	If yes, please specify : e surgery or been hospitalized ?	○ Yes ○ No	
	specify (+dates) :	○ 165 ○ NO	
Do you have any phy	ysical disabilities ? O Yes O	No If yes, please specify:	

○ No If yes, please specify :

Do you carry an infectious disease such as Hepatitis B or HIV ? O Yes O No If yes, please specify :

Are you currently taking any medication ?  $\circ$  Yes

Your lettor is the most important part of the application. Here you have the opportunity to reveal your true personality. Your host family will want to know why you want to come to their country, what you want to enjoy doing with them, and what you are like with your family and filends in your country. Include information about your revounter pastiness, sports, cit. What do you think you can contribute to your host family and host community? Make your letter as friendly and personal as possible.	Letter to your host family
	personality. Your host family will want to know why you want to come to their country, what you want to enjoy doing with them, and what you are like with your family and friends in your country. Include information about your favourite pastimes, sports, etc. What do you think you can contribute to your host family and host community?



### **WEP Home Teacher Program Agreement**

#### **Acceptance into Program**

WEP & his partner reserve the right to refuse any applicant who does not meet the program eligibility requirements.

#### **Accuracy of Information**

The applicant agrees that all the information provided in the application is true to the best of their knowledge and acknowledges that any false or misleading information may lead to immediate dismissal from the Program.

#### **Placement Offers**

The applicant must be prepared to accept the placement offered by WEP & his partner. While every effort will be made to fulfil placement requests, WEP & his partner cannot guarantee that requests will be met.

#### **Dismissal from the Program**

Certain circumstances could lead to your host family asking you to leave the home. If you lose your family due to unacceptable behaviour on your part, WEP & his partner will not find you a new host family. The following behaviour is not acceptable and will automatically lead to termination of the Program:

- · Drunkenness or use of drugs.
- · Any criminal offence.
- · Working without a work permit.
- · Use of Internet or telephone without permission.
- · Excessive use of Internet or a mobile phone.
- · Refusal to help with chores (no more or less than other family members).

WEP & his partner reserve the right to dismiss from the Program any applicant who is deemed to be a danger to themselves or others, or whose conduct is deemed to be detrimental to the program or their host family. In the event of such dismissal, WEP & his partner shall not be held responsible for any airfare charges or any other expenses incurred by the applicant, and shall not be required to return any fees paid by the applicant.

#### **Personal Health**

The applicant is responsible for considering his or her personal health and safety needs when applying for or accepting a place on the Program. If the applicant suffers from any health or other condition that would create a risk for them while abroad, he or she should not apply.

#### **Applicant Responsibility**

The applicant is responsible for reading and carefully considering all materials made available that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the host country. Each applicant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of foreknowledge.

#### Travel

All travel before, during and after the Program is at the applicant's own risk. Any applicant who chooses to operate motorized vehicles is responsible for obtaining the necessary license, permission and insurance and does so at his or her own risk.

#### **Declaration**

I confirm that the statements contained in this application form are accurate to the best of my knowledge, and I have read, understood and accept the Terms and Conditions of WEP & his partner. I agree to abide by the rules of the Program.

Signature of Participant :	Date :
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