



# Comenius Projekt "Individuelle Schülermobilität"

## Anleitung für die Schülerbewerbung (Anhang 1)

Bitte erstelle ZWEI Exemplare Deiner Bewerbung: ein Exemplar für die koordinierende AFS-/YFU-Organisation und ein Exemplar für die Gastschule. Fülle Deine Bewerbung in englischer Sprache aus.

### DECKBLATT

Trage bitte Deinen vollen Namen inklusive sämtlicher zweiter Vornamen in die erste Zeile ein.

Die zweite Zeile unterhalb des Fotos fragt nach Deiner jetzigen Schule. Bitte trage hier den vollen Namen der Schule, die Stadt, in der die Schule liegt, und Deine jetzige Jahrgangsstufe ein.

Trage Dein Herkunftsland in die vierte Zeile ein.

Kreuze die zutreffende Programmdauer (3 oder 6 Monate) in der letzten Zeile an.

### 1. PERSÖNLICHE DATEN

#### 1 - NAME UND ADRESSE

Bitte trage sämtliche Vornamen in das Feld "FIRST NAME" ein. Schreibe den Nachnamen in das Feld "LAST NAME". Bitte denke daran, dass die hier angegebenen Namen genau mit den Angaben in Deinem Reisepass oder Personalausweis übereinstimmen müssen. Gib Dein Geburtsdatum bitte im Format Tag/Monat/Jahr an. Ein Beispiel: 08/09/90.

#### 2 - ZU REISE- UND AUFENTHALTS-/VISUMSZWECKEN

Angaben zum Geburtsort und -land als auch das Geburtsdatum müssen unbedingt mit den Angaben in Deinem Reisepass bzw. Personalausweis übereinstimmen.

Bitte nenne Deine Staatsangehörigkeit in der zweiten Zeile dieses Abschnitts.

Reisepass/Personalausweis: Bitte übertrage hier die folgenden Angaben aus Deinem Pass oder Personalausweis: Nummer, Ausstellungsdatum, Ausstellungsort, Ablaufdatum.

#### 3 - INFORMATIONEN ZUR FAMILIE

„I live with“: kreise bitte ein, wer erziehungsberechtigt ist. Falls Deine Eltern geschieden sind und Du beispielsweise bei Deiner Mutter lebst, aber beide Elternteile Sorgerecht für Dich haben, so kreuze bitte das Kästchen „Mutter“ an und umkreise die Kästchen „Mutter“ und „Vater“, um beide als sorgeberechtigte Elternteile kenntlich zu machen. Die unteren Zeilen dieses Abschnitts fragen nach weiteren Informationen zu den Elternteilen, bei denen Du lebst.



#### 4 - NOTFALLKONTAKT

Bitte trage sämtliche Informationen zu einer Person ein, die im Notfall kontaktiert werden sollte. Es sollte nach Möglichkeit jemand aus Deiner Umgebung sein. Du kannst natürlich auch einen Verwandten nennen, der nicht in Deiner Heimatstadt lebt.

#### 5 - GESCHWISTER

Bitte trage sämtliche Geschwister mit ihren Geburtsdaten im Format Tag/Monat/Jahr ein. Ein Beispiel: Daniel, 25/12/1987.

## 2. INFORMATIONEN ZUR PLATZIERUNG

### 1 - MEDIZINISCHE FRAGEN UND GESUNDHEITLICHE EINSCHRÄNKUNGEN

Falls Du körperliche bzw. gesundheitliche Einschränkungen oder Allergien hast, die Deine Platzierung oder Deine Teilnahme an alltäglichen Familien- und/oder Schulsituationen einschränken, so nutze bitte die zwei Zeilen in diesem Abschnitt, um diese Einschränkungen mitsamt ihren Auswirkungen anzugeben.

Ein Beispiel: „I have severe allergies to cats and to nuts. I will have to live with a family that has no cats indoors or outdoors and is willing to help me avoid nuts in all food.“ („Ich habe starke Allergien gegen Katzen und Nüsse. Ich muss daher in einer Familie leben, die keine Katzen hat und mir hilft, Nüsse im Essen zu vermeiden.“)

### 2 - ERNÄHRUNGSBEDÜRFNISSE

Falls Du besondere Ernährungsbedürfnisse hast, so beschreibe sie hier bitte ausführlich und gib Gründe an. Ein Beispiel: „For religious reasons, I don't eat pork.“ („Aus religiösen Gründen esse ich kein Schweinefleisch“). Falls Du Vegetarier bist, so kreuze bitte entsprechend an, ob du bereit wärst, die genannten Lebensmittel dennoch zu essen: Fisch, Geflügel oder Milchprodukte.

### 3 - RAUCHEN

Bitte teile uns mit, ob Du rauchst, indem Du „Ja“ oder „Nein“ ankreuzt. Der zweite Teil fragt danach, ob Du in einer Raucher- oder Nichtraucherfamilie platziert werden kannst.

### 4 - RELIGION

Wenn Du Deine Religionszugehörigkeit angeben möchtest, so trage diese bitte hier ein. Falls Deine Religionszugehörigkeit nicht aufgeführt ist, so kreuze bitte „Sonstige“ an und nenne sie.

Bitte beantworte die letzte Frage in diesem Abschnitt, indem Du ankreuzt, ob Du Zugang zu Gottesdiensten Deiner eigenen Glaubensrichtung benötigst. Denke bitte daran, dass Deine Gastfamilie möglicherweise eine andere Religionszugehörigkeit hat.



### **3. FORMULARE ZUR GESUNDHEIT**

Bitte lasse die Formulare 3A UND 3B von Deinem Hausarzt ausfüllen und unterschreiben.

### **4. SELBSTBESCHREIBUNG**

#### **1 - HOBBIES UND FREIZEITAKTIVITÄTEN**

Je mehr Du über Dich selbst erzählst, desto einfacher kann eine Gastfamilie Deine Interessen einschätzen.

#### **2 - WIE VERBRINGST DU DEINE FREIZEIT UND DEINE WOCHENENDEN?**

Beschreibe bitte kurz, wie Du Deine Freizeit bzw. Wochenenden verbringst.

#### **4 - BRIEF ÜBER DICH SELBST UND DEINE MOTIVATION**

Bitte schreibe einen Brief über die in dem Bewerbungsformular angegebenen Inhalte. Bitte verwende möglichst die englische Sprache. Falls Du die Sprache deines Gastlandes oder eine dritte weit verbreitete Sprache benutzt, so füge bitte unbedingt eine Zusammenfassung in englischer Sprache bei.

#### **5. FORMULAR ELTERLICHE ZUSTIMMUNG**

Bitte dieses Formular sorgfältig lesen. Falls Einwände gegen die Verwendung von Text-/Bildmaterial des Bewerbers durch AFS/YFU bestehen, bitte das Kästchen ankreuzen. Die sorgeberechtigten Elternteile müssen dieses Formular unterschreiben.

### **6. FOTOSEITE**

Bitte klebe Deine Fotos, mit einer Kurzbeschreibung versehen, auf eine DIN A4 Seite. Schreibe Deinen Namen und Dein Herkunftsland auf die Fotoseite und jede Fotorückseite. Falls möglich, erstelle bitte eine Farbkopie dieser Fotoseite. Wenn Du möchtest, kannst Du natürlich weitere Seiten hinzufügen. Bitte schreibe auch in diesem Fall Deinen Namen und Herkunftsland auf sämtliche Fotorückseiten und Fotoseiten.



ANNEX 1

# Pupil Form

Attach Photo Here

Name: \_\_\_\_\_

School: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Programme Length applied for :  3 months  6 months



# 1. Personal Information

## 1. Name and Address

First Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Postal Code and City: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

## 2. For Visa and Travel Purposes

City of Birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Passport / ID:  
 Number: \_\_\_\_\_  
 Place of Issue: \_\_\_\_\_

Issue Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

## 3. Family Data

I live with:

- Mother and Father                       Mother and Partner                       Father and Partner  
 Mother                                       Father     Other: \_\_\_\_\_

Please circle your legal guardian(s)!

Father/Stepfather/Guardian

First Name: \_\_\_\_\_  
 Year of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_

Mother/Stepmother/Guardian

First Name: \_\_\_\_\_  
 Year of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_

## 4. Emergency Contact

First Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Postal Code and City: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_  
 Relationship with this person: \_\_\_\_\_

## 5. Brothers and Sisters

		Yes	No
Name: _____	Date of birth: _____	Living at home? <input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Date of birth: _____	Living at home? <input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Date of birth: _____	Living at home? <input type="checkbox"/>	<input type="checkbox"/>



## 2. Placement Information



### 1. Medical Requirements and Health Restrictions

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

Yes  No If yes, please explain:

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I CANNOT live with:

Cats  Dogs Other pets: \_\_\_\_\_

### 2. Dietary Requirements

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

Yes  No If yes, please explain:

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If you are a vegetarian, are you willing to eat:

Fish  Poultry  Dairy products

### 3. Smoking

Do you smoke?

Yes  No

Must you be hosted in a non-smoking home?

Yes  No

### 4. Religion

What is your religious affiliation?

Catholic  Protestant  Jewish  
 Muslim  None  Other: \_\_\_\_\_

How often do you attend services?

Regularly  Occasionally  Never

Do you need access to structured religious services of your faith?

Required  Not necessary

### 5. Languages

Native Language: \_\_\_\_\_

Studied Languages:

Language: \_\_\_\_\_ Years studied: \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language: \_\_\_\_\_ Years studied: \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language: \_\_\_\_\_ Years studied: \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent



### 3A Health Form

To be completed and signed by the pupil's doctor. The doctor should not be related to the pupil. Each question must be answered with a detailed explanation included or attached in a separate report for "YES" responses to questions 3-9, 11-13. AFS/YFU reserves the right to ask for further information and determine if the pupil meets the programme medical qualifications. The pupil and parent/guardian must also sign.

\_\_\_\_\_  
Pupil Name Home Country Date of birth

1 Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?  Yes  No If yes, explain:

3 Tick yes or no. Has the pupil had the diseases/conditions listed below:

	YES	NO		YES	NO
a) Measles	<input type="checkbox"/>	<input type="checkbox"/>	h) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
b) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	i) Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
c) Rubella	<input type="checkbox"/>	<input type="checkbox"/>	j) Headaches (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
d) Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	k) Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
e) Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	l) Enuresis	<input type="checkbox"/>	<input type="checkbox"/>
f) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	m) Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	n) Parasites (internal)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give detailed information and dates (use extra pages if necessary):

4 ACNE  Yes  No If yes, identify area, severity, any medication taken, name, dosage & frequency:

5 ALLERGIES  Yes  No If yes, identify type, any medication taken, name dosage & frequency:

6 ASTHMA  Yes  No If yes, identify type, severity, any medication taken, name, dosage & frequency:

7 DIABETES  Yes  No If yes, identify type, severity, any medication taken, name, dosage & frequency:

8 SEIZURE DISORDER  Yes  No If yes, identify type, severity, any medication taken, name, dosage & frequency:

9 Has the pupil ever had any disease, impairment or abnormality of:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils nose or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, ear/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain (use extra pages, if necessary):

10 Has the pupil been hospitalized?  Yes  No  
If yes, give dates, diagnosis and outcome for each incident.

11 Is the pupil currently taking medication or injections (other than those mentioned previously)?  Yes  No  
If yes, identify the medication, reason for usage, dosage and frequency:

12 Has the pupil EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder?  Yes  No



### 3B Health Form

13 Is there a history of, or present evidence of, an emotional, nervous or eating disorder? Yes No

If yes to either (12 or 13), a FULL report by the specialist and a statement by the pupil about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the pupil is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the programme. Therefore, you are requested to evaluate carefully the pupil's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

14 Are there any health limitations or restrictions on the pupil's activities and / or sports participation or any medical information which should be considered for a home/school placement? Yes No If yes, please describe:

\_\_\_\_\_

15 Does the pupil wear glasses or contact lenses? Yes No

16 What was the date of the pupil's last dental check up? \_\_\_\_\_

Does the pupil wear dental braces? Yes No

If yes, will orthodontic care be needed while on the programme? Yes No Frequency?

17 Pupil has had the following immunizations, please specify day, month and year:

	YES	DAY/MO/YR		YES	DAY/MO/YR
Measles	<input type="checkbox"/>		Tetanus	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	
BCG	<input type="checkbox"/>		Rubella	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>		Diphtheria	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>		Other	<input type="checkbox"/>	

TB Test? Which type? Mantoux or Tine (circle one). Date: Result (+/-):

If positive, was chest x-ray done? Yes No Date: Result (+/-)

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all important recent medical information has been included on Form 3A and 3B, that nothing relevant has been omitted, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination from the AFS/YFU programme.

\_\_\_\_\_  
Doctor's Name and Degree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Your signature below attests that the information on the health form is correct and complete and that inaccurate or incomplete information could be harmful to the pupil's health care and could result in early termination from the programme.

\_\_\_\_\_  
Pupil Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## 4. Self Description

### 1. Hobbies and Leisure Activities

Sports practised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leisure Activities practised (Music, Art etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. How do you like to spend your free afternoons and weekends?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferably (in order of preference 1-5)

- \_\_\_\_ At home with your family
- \_\_\_\_ At home with friends
- \_\_\_\_ On excursions with your family
- \_\_\_\_ On excursions with friends
- \_\_\_\_ Other: \_\_\_\_\_

### 3. I am best described as:

- Calm/Reserved
- Energetic/Outgoing
- Socially Active
- Others: \_\_\_\_\_
- Academic
- Athletic
- Shy

### 4. Letter of Motivation and Self Characterization

Please write in English or another widely used language (in this case, please also provide a summary in English)

On a separate piece of paper, please write a letter on what you expect to contribute to your host family and to the country you will be visiting. Similarly, write what you expect to gain from participating in this programme. Please describe yourself, your character strengths and weaknesses and your daily life.

You may also include the following questions:

- What motivates you to participate in this programme?
- How would you describe your relationship with your family and friends, e.g. how much time do you spend with your brothers/sisters and/or friends, what is your role in the family, in what situations do you seek advice from your parents?
- What are your different roles in your community, e.g.: school, sports, and community activities? What is important to you?
- What parts of your daily life do you like and what parts do you find frustrating or difficult?



## 5. Parental Authorization

### 1. Permission to use photographs and video footage

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS/YFU in promotional materials. By signing this Agreement, we grant to AFS/YFU the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS/YFU and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS/YFU to use such letters, images and audio recordings of your child.

### 2. Authorization for emergency medical treatment

Should any medical emergency arise, if time permits, AFS/YFU or its partner organisation will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS/YFU or its partner organisation, time and circumstances do not permit communication with us, we authorize AFS/YFU or its partner organisation to consent to medical treatment, the administration of x-ray examination, anaesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

### 3. Authorization for release of medical information

We hereby authorize AFS/YFU or its partner organisation, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the programme and any other information concerning such examinations or treatments.

### 4. Permission for school sponsored activities

We authorize the host parents for my son/daughter during his/her participation in the exchange programme to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programmes.

### 5. School Commitment

The pupil fully understands that this exchange programme is school-based and family-oriented. The pupil intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the pupil should neglect the above, the school has the right to deny his/her participation in classes and s/he may be sent home.

We, the undersigned, certify that all information given in the application is complete and accurate.

Agreed and Accepted by

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(Signatures of Natural Parents/Legal Guardians)

(Date)

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(Signature of Candidate)

(Date)



## 6. Candidate Photo Page

Please attach some photos of you, your friends and family. You may add more pages if you like.