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# Erasmus+ Youth Exchange Program

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Submit completed application to:

ye.handicamp@gmail.com

Contact persons:

Pavel Drlik  
Barbora Sladkova  
Marketa Chmelickova  
Nadiya Malovichko

## General Information and Instructions

Read all directions on each page carefully **before** completing the application.

### Components of Your Application

- General Information: Pages 2 - 3 containing your Personal Information and Acceptance of the Rules and Conditions;
- Supplementary Information: Medical Attachment if applicable;
- Copy of your passport or birth certificate.

### Completing your Application

Your application *must* be legible. Typed or computer-generated applications are **strongly encouraged**.

Answer all questions completely and as asked (*do not* write “same,” “see above,” or “see page \_\_\_”). Enter the information into the space provided unless directed otherwise. To avoid any chance of misinterpretation take care with your grammar and spelling.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**. On pages that have a box in the upper right-hand corner marked “Applicant Name”, enter the preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

### Printing Your Application and Signing the Forms

Submit complete set of this application. (You may also wish to make an additional set for your own records.)

1. Complete the application form but do not sign it.
2. Print four sets of the completed application (if using a typewriter or completing by hand, make three good-quality photocopies of the original).
3. Add your signature and those of your parents/legal guardians to all copies.

The photo of yourself on Page 2 may be digitally inserted or attached as a file.

### Questions?

If you have any questions about completing this application, check with contact person of the host organization. Once you've completed your application, submit it to the host organization.

### Data Protection

Your information will be shared with the host organization Stredisko volneho casu, Ivancice. It will only be used for the purpose of participating in Erasmus+ activity Handicamp and not sold to or shared with other third parties, unless required by law to be released.



# Erasmus+

## Erasmus+ Youth Exchange Program Personal Information

### Smile!

Attach or insert a recent, good-quality color photo of yourself (head and shoulders).

Passport Size

*Before you begin your application, please read all instructions on the prior pages.*

### 1. Applicant Information

Full Legal Name as on passport or birth certificate ( <i>use capital letters for your FAMILY name; e.g., SMITH John David</i> )			Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ( <i>e.g., 23/April/2008</i> )	Citizen of ( <i>Country</i> )		Place of Birth ( <i>City, State/Province, Country</i> )		
Home Address – Street	Town/City	State/Province	Postal Code	Country	
Postal Address ( <i>if different</i> ) - Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		

### 2. Parent/Legal Guardian Information (*Preferred but not essential if applicant is over 18 years of age*)

Full Name of Father/Legal Guardian					
Address – Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		
Occupation	Business Phone Number		Fax Phone Number		
Full Name of Mother/Legal Guardian					
Address – Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		
Occupation	Business Phone Number		Fax Phone Number		
Parent/legal guardian to contact first in the event of an emergency ( <i>specify "Father", "Mother", etc.</i> ):					
<input type="checkbox"/> Check here if your parents are divorced or separated. <i>If applicant is under 18 authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.</i>					

<b>Applicant's Name</b>	
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### 3. Personal Background

Dietary Restrictions	<i>(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic, muslim, etc...)</i>
Do you smoke Tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
<i>Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or host country.</i>	

### 4. Languages

Your Native Language		Proficiency in Non-Native Language(s) <i>(indicate Poor, Fair, Good, or Fluent)</i>		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing

### 5. Health Declaration

Do you have any mental health/medical/dental conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been treated for mental health/medical conditions in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taken any prescribed medications in the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any special health requirements (disabilities, allergies etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain briefly in the space below providing.		
If you have answered 'YES' to any of the above please explain fully in the Medical Attachment file providing as much information as possible.		

## Short-Term Exchange Program

# Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at your expense.

### Rules and Conditions of Exchange

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If legal representative of host organization offers you an alcoholic drink, it is permissible to accept it under their supervision in the home.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability/ dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, with coverage from the time of your departure from your home country until your return.
- 7) You must purchase return travel ticket before departure from the home country.
- 8) You must attend all orientations and trainings offered by the sending and host organization.
- 9) You must have sufficient financial support to assure your well-being during your exchange. Your host organization may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 10) You must follow the travel rules of your host organization. Travel is permitted with host organization.
- 11) You must return home directly by a route mutually agreeable to your host organization and, if under 18, your parents or legal guardians.
- 12) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 13) You should communicate with your host organization, if applicable, prior to leaving your home country.
- 14) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host organization.
- 15) Talk with your contact person from host organization or other trusted adult if you encounter any form of abuse or harassment.

### Recommendations for a Successful Exchange

- 1) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- 2) Become an integral part of the group of participants, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 3) Make an effort to learn the basics of the language of the host country.
- 4) Attend Erasmu+-sponsored events and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
- 5) Avoid serious romantic activity. Abstain from sexual activity.
- 6) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
- 7) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

Applicant's Name

**PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY**

I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a Erasmus+ Youth Exchange program participant:

- In the event of accident or sickness, I authorize any organizing member of Erasmus+ activity Handicamp to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
- I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation.

I agree to hold harmless Stredisko volneho casu Ivancice, any organizing member of Erasmus+ activity Handicamp for any intervention in an emergency situation regardless of final outcome. I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

**PARENTAL PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY (not applicable if Applicant is over 18)**

We, the parents/legal guardians of the applicant who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is participating as a Erasmus+ Youth Exchange participant:

- In the event of accident or sickness, we authorize any organizing member of Erasmus+ activity Handicamp to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- In the case of elective surgery, we request that we be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Stredisko volneho casu Ivancice, any organizing member of Erasmus+ activity Handicamp for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

**APPLICANT'S DECLARATION**

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees to defend, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the host organization Stredisko volneho casu, Ivancice, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Erasmus+ Youth Exchange program, including travel to and from the host country.

As the undersigned applicant I declare that:

- I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- I have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.
- I further state that all the detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

**DECLARATION BY PARENTS/LEGAL GUARDIANS (not applicable if Applicant is over 18)**

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, WE, his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host organization Stredisko volneho casu, Ivancice,, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned parents or legal guardians of the applicant:

- We have read and understood the Program Rules and Conditions of Exchange and agree to abide by them.
- We agree that the Applicant may travel to the country of host organization.

Signed (Applicant)	Signed (Father/Guardian)	Signed (Mother/Guardian)
Date (e.g., 01/Jan/2006)		

**Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN**

Name		Relationship			
Home Address – Street		Town/City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number		Mobile Phone Number	