



FRANCO-IRISH EXCHANGE PROGRAMME 2010

This APPLICATION FORM should be completed by a parent and posted to our address in France:
Les Echanges Franco-Irlandais, [Franco-Irish Exchange Programme], BP 40295, 75228 Paris Cedex 05, France

STUDENT - SURNAME: _____

First name: _____

HEALTH: Any problems? Yes No If Yes give details by letter. State all allergies

Date of birth : [][] [][] [][] Sex [M/ F] [] Height m.cm [][] [][] [][]

Personality: _____

Sports: _____

Hobbies: _____

Will you accept an exchange with someone of the opposite sex? Yes No

PLEASE COMPLETE DATES SECTION OVERLEAF.

ADDRESS: _____

Town/City: _____ Co.: _____

Home Tel: () _____

Parent's E-mail (write clearly) _____

FATHER - First Name _____ Age -35 35/44 45/54 +54

Occupation: _____

Office Tel: () _____

MOTHER - First Name _____ Age -35 35/44 45/54 +54

Full/Part time/Self/employment outside the home? Yes No If Yes, give details : _____

Which parent will be free to look after the French student ? _____

Sisters/Brothers [first names]	Sex	Age	Health problems (1)
_____	[] []	[] []	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	[] []	[] []	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	[] []	[] []	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	[] []	[] []	Yes <input type="checkbox"/> No <input type="checkbox"/>

(1) If any YES, give details by separate letter

SCHOOL _____

ADDRESS _____

FRENCH TEACHER'S NAME _____

REFERENCE: A TYPED REFERENCE MUST BE SUPPLIED WITH THIS APPLICATION FILE. YOU MAY OBTAIN A REFERENCE FROM A SCHOOL, LOCAL GOVERNMENT ELECTED OFFICIAL, SOLICITOR, DOCTOR, POLICE OFFICER, PRIEST /CLERGYMAN ETC.

IMPORTANT: PLEASE COMPLETE THIS SECTION. I LEARNED OF THE FRANCO-IRISH EXCHANGE PROGRAMME THROUGH:

PARENTAL CONSENT I, parent or legal guardian of the above named applicant agree to his/her participation in the **Franco-Irish Exchange Programme**. I accept financial responsibility for our French guest during his/her stay in Ireland. He/she will be treated as a member of our family. I have read the brochure and accept the conditions as explained therein. I do hereby appoint the **Franco-Irish Exchange Programme** or the French host family to act on my behalf in authorising **emergency** medical, dental or surgical care or hospitalisation for the above named applicant during the period of his/her stay in France

Signed: Date:

DATES 2010 – Individual Exchanges

Please specify the dates on which you would prefer the exchange to take place. You may indicate up to 3 options. Please read the brochure carefully before completing this section. The duration of the exchange should be approximately 2/3 weeks for each participant

<u>OPTION N° 1</u>	French Participant	Irish Participant	
Arrives in Ireland	__ __ __ __	Departs to France	__ __ __ __
Returns to France	__ __ __ __	Returns to Ireland	__ __ __ __
<u>OPTION N° 2</u>	French Participant	Irish Participant	
Arrives in Ireland	__ __ __ __	Departs to France	__ __ __ __
Returns to France	__ __ __ __	Returns to Ireland	__ __ __ __
<u>OPTION N° 3</u>	French Participant	Irish Participant	
Arrives in Ireland	__ __ __ __	Departs to France	__ __ __ __
Returns to France	__ __ __ __	Returns to Ireland	__ __ __ __

N.B. – Read the brochure carefully. If you are unclear about any detail or condition, do get in touch with us for advise. Please note that the fact that you are accepted as a CANDIDATE for this exchange programme does not guarantee that we will find an exchange partner for you. Normally we would expect all files to be completed (i.e. that we will have found, or not found, an exchange partner for you) before the 25 May 2010.

NOTES on Dates:

Family Album

Please set out on this page a few photos of you and your family. You may place them as you like, the lay-out is optional. You are not limited to 4 photos. You may create your own album but do keep to an A4 format. This album will be sent to the French family and it is an important part of your exchange file..

STUDENT - Surname/First Name _____

We suggest a full length photo of the candidate.

Describe the photo above _____

We suggest a family group photo.

Describe the photo above _____

Family Album

We suggest a photo of your home.

Describe the photo above _____

We suggest a photo/drawing/postcard showing the area where you live or any other photo/document that you think suitable for the French family .

Describe the photo above _____

Letter for French family from the parents of the applicant. Please use this form to explain to the French family why your family [the candidate, parents, brothers and sisters] wish to participate in this exchange programme. French families appreciate full family participation in the preparation of exchange files. IF POSSIBLE TYPE YOUR LETTER AND PASTE IT IN BELOW OR USE THIS FORM AS A MODEL FOR A COMPUTER PRINTED LETTER.

STUDENT - Surname/First Name _____

Date _____

Parent's signature : _____

Letter for French family from the applicant. Please use this form to explain to the French family and to your future French exchange partner why you wish to participate in this exchange programme. You may write in French if you wish. IF POSSIBLE TYPE YOUR LETTER AND PASTE IT IN BELOW OR USE THIS FORM AS A MODEL FOR A COMPUTER PRINTED LETTER.

STUDENT - Surname/First Name _____

Date _____

Applicant's signature : _____