



# FRANCO-IRISH EXCHANGE PROGRAMME 2012

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: \_\_\_\_\_ Mobile \_\_\_\_\_

Parent's E-mail (write clearly) \_\_\_\_\_

FATHER - First Name \_\_\_\_\_ Age -35  35/44  45/54  +54

Occupation: \_\_\_\_\_

Mobile : \_\_\_\_\_

MOTHER - First Name \_\_\_\_\_ Age -35  35/44  45/54  +54

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

Mobile : \_\_\_\_\_

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 2012 – 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. Please use the example below as a model.

<u><b>EXAMPLE</b></u>	<b>French Participant</b>	<b>Irish Participant</b>
Arrives in Ireland	_0_ _1_    _0_ _7_  DAY MONTH	Departs to France
Returns to France	_1_ _5_    _0_ _7_  DAY MONTH	Returns to Ireland
		_1_ _5_    _0_ _7_  DAY MONTH
		_2_ _9_    _0_ _7_  DAY MONTH

<u><b>OPTION N° 1</b></u>	<b>French Participant</b>	<b>Irish Participant</b>
Arrives in Ireland	_ _ _ _     _ _ _ _	Departs to France
Returns to France	_ _ _ _     _ _ _ _	Returns to Ireland
		_ _ _ _     _ _ _ _
<u><b>OPTION N° 2</b></u>	<b>French Participant</b>	<b>Irish Participant</b>
Arrives in Ireland	_ _ _ _     _ _ _ _	Departs to France
Returns to France	_ _ _ _     _ _ _ _	Returns to Ireland
		_ _ _ _     _ _ _ _
<u><b>OPTION N° 3</b></u>	<b>French Participant</b>	<b>Irish Participant</b>
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 2012.

**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 : \_\_\_\_\_