# C:\Users\Antonio\Downloads\Logo IPA 2 Interc Juv.png IPA INTERNATIONAL YOUTH HOLIDAY PROGRAMME

 **APPLICATION FORM – YOUTH APPLICANT**

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| --- |
| **1 – INFORMATION ABOUT YOUTH** |
| 1 | From Section/Country |
| 2 | Family Name | 3 | First Name |
| 4 | Male Female  | 5 | Date of Birth |
| 6 | Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Tel: (Home) (E-Mail) |
| 8 | Mother’s Name: Father’s Name: |
| 9 | IPA Membership No.  |
| 10 | Copy of IPA membership card both sides: Yes No If No, state reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11 | Our family size is: Father Mother Brother(s) Sister(s) . |
| 12 | My Language is: |
| 13 | Other Languages: French English German Spanish Other  |
| 14 | Photo of Applicant Attached  | 15 | Smoker Non-Smoker  |
| 16 | Hobbies: |
| 17 | Other information about the applicant (in English) |
| 18 | Signature of IPA membership cardholder | 19 | Date: |
|  | **2 – REQUIREMENTS OF YOUTH** |
| 1 | To Visit (Country): |
| 2 | Duration of Visit: 1 Week 2 Weeks 3 Weeks 4 Weeks  |
| 3 | Period during which visit is required (indicate month): |
| 4 | If possible, I would like to stay in: Large City Town Village Countryside  |
| 5 | If possible: A family with animals A family without animals  |
| 6 | Do you have any Special Medical Conditions? |
| 7 | Other information about the request or the applicant (English) |
| **FOR OFFICIAL USE** |
| **MEMBER’S IPA SECTION TO SEND COMPLETED FORM TO:**1. International Youth Holiday Programme Co-Ordinator, Antonio Alvarado Soléintercambiosjuveniles@ipaespana.org 2. The requested National Section, Secretary General (where appropriate).I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistanceSigned Position Secretario General IPA EspañaSection ESPAÑOLA Dated  |

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 **APPLICATION FORM – HOST FAMILY**

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| **3 – HOSTING FAMILY INFORMATION** |
| 1 | From Section/Country |
| 2 | Family Name First Name |
| 3 | Age | 4 | Age of Children (if applicable) |
| 5 | Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Tel: (Home) (Work) (E-mail) |
| 7 | Our Language Is |
| 8 | Other Language Spoken: French English German Spanish Other  |
| 9 | Our Home is Located In: Large City Town Village In the countryside  |
| 10 | We Live In a: Flat/Apartment House  |
| 11 | We Have: Animals No Animals Type of Animal(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12 | Photo of Hosting Family Attached  |
| 13 | Other Information About Hosting Family (in English) |
| 14 | Smokers Non-Smokers  |
| 15 | Signature of IPA Membership Card Holder  | 16 | Date |
| **4 – REQUIREMENTS** |
| 1 | Desire to Host a Young Person From: (Country) |
| 2 | Boy Girl  | 3 | Age |
| 4 | Most Suitable Time for Hosting: (Month) |
| 5 | Other Information About the Request (in English) |
| **FOR OFFICIAL USE** |
| **MEMBER’S IPA SECTION TO SEND COMPLETED FORM TO:**1. International Youth Holiday Programme Co-Ordinator, Antonio Alvarado Soléintercambiosjuveniles@ipaespana.org 2. The requested National Section, Secretary General (where appropriate).I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistanceSigned Position Secretario General IPA EspañaSection ESPAÑOLA Dated  |

## INTERNATIONAL POLICE ASSOCIATION

### YOUTH HOLIDAY PROGRAMMEQUESTIONNAIRE

In order to evaluate the merits of this project, IPA members who have hosted and/or the family member taking part in the youth exchange program, are requested to complete this questionnaire.

#### PART A: FOR PARTICIPANT

NAME OF IPA MEMBER: ……………………………………………..………………….…………….

NAME OF YOUTH: ……………………………………………………..……………………….

ADDRESS: ……………………………………………………………………………..

 …………………………………………………………………………….

WHERE WERE YOU HOSTED: ………………………………………………………… (SECTION)

DATE OF HOSTING: ………………………….……….

NAME OF HOST FAMILY: ……………………………………………………………………….………

 EXCELLENT GOOD FAIR

HOW WAS YOUR EXPERIENCE OF

THE EXCHANGE PROGRAM

KNOWLEDGE OF LANGUAGE GAINED

HOW DO YOU ASSESS THE

CULTURAL EXPERIENCE

WHAT IS YOUR OPINION OF YOUR HOSTING

DO YOU HAVE ANY IDEAS AS TO HOW THE PROGRAM CAN BE IMPROVED?

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**PLEASE SEND COMPLETED FORM TO –**

2. The Secretary General of your National Section.

## INTERNATIONAL POLICE ASSOCIATION

### YOUTH HOLIDAY PROGRAMME QUESTIONNAIRE

In order to evaluate the merits of this project, IPA members who have hosted and/or the family member taking part in the youth exchange program, are requested to complete this questionnaire.

#### PART B – FOR HOST FAMILY

NAME OF IPA MEMBER: …………………………………………..…….………………………………….

ADDRESS: ……………………………………………………………..…………………………….…………

 …………………………………………………………COUNTRY .……………………………

NAME OF YOUTH HOSTED: …………………………………………………….……………..…………….

COUNTRY: …………………………………………………….

DATE OF HOSTING: …………………………………………

 EXCELLENT GOOD FAIR

HOW WAS YOUR EXPERIENCE OF

THE EXCHANGE PROGRAM

DID YOU HAVE ANY PROBLEMS: YES NO

IF YES, PLEASE GIVE DETAILS: …………………………………………………………………………..

……..…………………………………………………………………………………………..………………….

ARE YOU WILLING TO HOST AGAIN: YES NO

IF YES, WHEN ……………………………………….AND FOR WHAT PERIOD

…………….………………. WEEK(S) ………………….……………. MONTH(S)

**PLEASE SEND COMPLETED FORM TO –**

2. The Secretary General of your National Section.