



Please attach  
two recent  
passport  
photos

## Enrolment Form

Please fill out the form below and we will contact you as soon as possible for a personal consultation. Send the form either by email, fax or post to Exchange Down Under.

**Program Entered** — *Studies, Internship or Combination of Studies and Internship*



**Studies**



**Internship**



**Studies  
& Internship**

For how long do you want to do the program selected? (*Minimum 3 month stay*) \_\_\_\_\_

Date you will be ready to go to Sydney: \_\_\_\_\_

(*Calculate at least 3 months for visa lodgement, booking flights and having your personal program made by Exchange Down Under*)

## Contact Details

First Name and Surname: \_\_\_\_\_

Gender: F  M  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address, Postcode, City, Country: \_\_\_\_\_

Home number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone and email: \_\_\_\_\_

## Medical Conditions

Do you have any medical conditions or disabilities that may affect your stay in Australia? \* Yes  No

Note that you are required to obtain a medical certificate from a GP stating that you are okay to travel before you can take part in any Exchange Down Under program.

Please tick any of the following conditions which apply to you:

<input type="checkbox"/> Cancer <input type="checkbox"/> Allergies Please list any allergies below: _____ _____ _____	<input type="checkbox"/> Bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes type I <input type="checkbox"/> Diabetes type II <input type="checkbox"/> Epilepsy <input type="checkbox"/> Anorexia <input type="checkbox"/> Obesity	<input type="checkbox"/> Bulimia <input type="checkbox"/> High blood pressure <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Heart attack / failure <input type="checkbox"/> Heart disease <input type="checkbox"/> Phlebitis <input type="checkbox"/> Deep vein thrombosis	<input type="checkbox"/> Stroke <input type="checkbox"/> Pacemaker <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV / AIDS <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Arthritis <input type="checkbox"/> Haemophilia
Do you have any mental health issues ( <i>eg. anxiety, phobias</i> )? If so, please list below: _____ _____			
Please list <b>any</b> other conditions here: _____ _____			

\*We do not take responsibility for any health conditions that have been omitted from this form that may affect your stay in Australia. While we will do our best to ensure your stay is safe and pleasant, you are ultimately responsible for your health, including the supply of medication and any special needs.

## Educational Background

School	Years	Name of Qualification Obtained
<i>Eg. Lycée Beaumont</i>	<i>1999-2003</i>	<i>School leaving certificate</i>

## Work Experience

Name of organisation	Years	Job description
<i>Eg. Bakery 'Au bon pain'</i>	<i>2002-2003</i>	<i>Waitress and kitchen hand</i>

## English Language Knowledge

Native language: \_\_\_\_\_

### Level of English

**Written:** Beginner  Intermediate  Conversational (eg. Cambridge First Certificate)  Fluent

**Spoken:** Beginner  Intermediate  Conversational (eg. Cambridge First Certificate)  Fluent

Years studying English: \_\_\_\_\_ years

Do you have any recognised English language certification? Yes  No

If so, name of qualification: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

If you have chosen the program *Studies* or the combination program *Studies and Internship*, let us know which internationally recognised English certificate you are interested in obtaining:

\_\_\_\_\_

## Lifestyle and Accommodation in Australia

Type of accommodation requested:

Homestay  Bed & breakfast  Residence  Lodge  University campus

As availability of accommodation is subject to change at short notice, Exchange Down Under cannot guarantee that the requested accommodation will be provided. We will, however, do our best to meet your request.

Do you smoke? Yes  No

Are you following any particular diet (*kosher, vegetarian, vegan, etc*)? Yes  No

If yes, please describe your diet: \_\_\_\_\_

\_\_\_\_\_

Do you have any problems in regards to living with pets or animals (eg. *cats, dogs*)? Yes  No

If yes, which animals do you not want to live with? \_\_\_\_\_

Do you have any religious needs to satisfy while overseas (eg. staying with a Muslim family, going to church)? Yes  No

If yes, please indicate your religion and requirements: \_\_\_\_\_

Anything else we should be aware of? (Please attach additional sheets of paper if more space is needed)

If you have chosen the program *Internship*, please complete the following to help us find you a suitable internship.

List the fields you are interested in working for (eg. environment, social work, government) and any career objectives that you have. While Exchange Down Under can not guarantee we will find an internship in the field you choose, we will do our best to find a suitable organisation. (Please attach additional sheets of paper if more space is needed)

Please, attach a resume (CV) in English to your information sheet. It will be sent to the human resources department of the organisation you will be working for.

Exchange Down Under can translate your résumé (from French to English only) for an additional fee of \$18.50 per page. This fee will be added to the overall cost of your program.

Would you like an accurate English Translation of your resume made by Exchange Down Under? Yes  No

To be eligible to work in a company or charity based in Sydney, you will need to have a good level of English. If you don't have an English language diploma that shows us your English level is good enough to be suitable for an internship, Exchange Down Under will hold a short phone interview with you to check your English level.

## Additional Services

Would you like additional services from Exchange Down Under?

- Booking flights Yes  No
- Cancellation insurance Yes  No
- Airport pick-up Yes  No
- Health insurance Yes  No
- Others (precise) \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Please send the enrolment form to:

**Exchange Down Under**

PO Box 246 CH-2022 Bevaix Switzerland

For telephone enquiries +41 32 846 11 75 • f +41 32 842 24 34  
e euroteam@exchangedownunder.com • www.exchangedownunder.com

