



## 2014 Application Form

### Instructions:

- You can submit the [application form](#) electronically.
- Please use **capital letters** when completing the paper copy.

### With the application:

- Completed **application form** with **1 colour passport photograph** (electronic submissions: photo in JPEG-format). Do not glue or staple it to the form.
- **Copy** of your **ID** or **passport** or **birth certificate**.
- **Deposit** of R 800.00 or proof of deposit (banking details on next page).
- Your application has to be complete within **2 weeks**. Failure to do so will be regarded as cancellation from your side.

**Closing date:** December 2014 – January 2015: 27 June 2014

Do you prefer your correspondence in English or Afrikaans? .....

Male / Female: .....

First name (as you are called by your parents): .....

Surname: .....

Full names: .....

Postal address: .....

..... Postal code: .....

Tel. (h): ..... / .....

Cell number applicant: ..... Cell number parent: .....

Email address applicant: .....

Email address parent: .....

**(All our communication will be by email!)**

Tel. (w): ..... / .....

Date of birth (yyyy/mm/dd): ...../...../.....

Your age while in Germany: .....

Passport or ID number: .....

Nationality of passport with which you will be travelling: .....

Occupation father\*: ..... Occupation mother\*: .....

\*Occupations: Be descriptive. Not salesman, but for example car salesman.

Brothers: .....

Sisters: ..... (Indicate the number)

In which grade are you? ..... Do you have German as subject? ..... If YES, since when?

20.....

Do you smoke? (Yes, No, Occasionally) .....

Do you have any prevailing medical condition / depression, which could cause problems during your stay in Germany? (If yes, give more information. All information will be treated confidentially)

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Did you receive any psychological counselling during the previous two years? (If yes, give more information. All information will be treated confidentially)

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Give at least **four** interests or hobbies that you presently have:

1. .... 2. ....

3. .... 4. ....

Name and postal address of your school: (If you are unsure about the address give the name of the school and in which city / town it is)

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.....

In which province is your school? .....

Give us the name of a contact teacher at your school: .....

**I declare that I do have the FSA brochure, have read it and do understand the conditions for participation in the FSA exchange program and that I will comply with it. I declare that the personal information given is correct.**

.....  
**(Signature applicant)**

.....  
**(Signature parent / guardian)**

.....  
**(Date)**

.....  
**(Identity no of parent / guardian. Which parent?)**

We'll confirm each complete application by email.

Please contact us if you have not heard from us within 2 weeks after applying for the program.

**Send your application to:**

**FSA Youth Exchange**

Fax: 086 551 4374

Email: admin@fsa-youthexchange.co.za

P.O. Box 511

Naboomspruit

0560

Enquiries: 014 / 743 1081

**Electronic payment:** (Fax the deposit slip to 086 551 4374)

Bank:

First National Bank

Name:

FSA Youth Exchange

Account:

Acc. 54 60 11 63 38 7 (Cheque account)

Branch:

26 03 48 (Naboomspruit)