



North / South Exchanges
Volunteer Application Form

Please
Attach
Passport
Photo
Here

Return to: IVS GB Thorn House, 5 Rose Street. Edinburgh. EH2 2PR
Tel: 0044 (131) 243 2745 www.ivsgb.org

Sending Branch: IVS GB				
PLEASE USE CAPITAL LETTERS OR TYPE WHEN FILLING IN THIS APPLICATION FORM!				
Sending Branch	Priority	Code	Country	Project name and Date
	1.			
	2.			
	3.			

<i>Personal Data</i>			
First Name		Surname:	
Sex:		Nationality:	
Present Address:		Home Address: (if different)	
	Country:		Country:
	Telephone:		Telephone:
Date of Birth:		Passport Number:	
Email:			Issued by:
			Expiry date:

<i>Emergency Contact</i>			
First Name		Surname:	
Address:		Telephone:	
		Mobile:	
		Email:	
Country:			
Postcode:			

<i>Languages</i>									
	Speak			Write			Read		
	good	fair	slight	good	fair	slight	good	fair	slight
1.									
2.									
3.									
4.									
5.									

Any serious accidents, illnesses, handicaps, allergies, mental problems or depressions?	
Present occupation/studies/training scheme etc. following or just completed:	

Experience with SCI: (workcamps, branch/partner activities, working groups, dates)	
Give details of your other voluntary / community work experience: year, country, type of work and organisation	
Outline your motivation to apply for this programme:	
<p><i>SCI expects the volunteer to participate in the whole program, orientation and evaluation included.</i></p> <p><i>We expect you to write an extended evaluation of your experience with the exchange program.</i></p>	

FEES

You must be a member of IVS for the current year at the time you apply for a Project. The membership year runs for 12 months from the date of joining.

Project Registration Fee (including membership)

Costs for Long-Term projects over 3 months

Projects in the UK	Membership and Registration Fees
Employed	£105
Student/unwaged	£50

International Projects	Membership and Registration Fees
Employed	£195
Student/unwaged	£150

If you have paid your IVS membership fee within the last 12 months, then please deduct the membership fee from the above amounts (£35 waged, £15 unwaged/low waged/student).

*Please provide proof of your situation e.g. photocopy of student card, unemployment or similar

The information provided on this form will be held on an IVS database and shared within IVS for purposes of the organisation only.

Please Note:

Additional participation fees: Most of the projects ask you to pay an additional participation fee on arrival in order for the project to take place at all. These are indicated in the project descriptions.

Motivation Letters: If you are asked to send a motivation letter with your application form, please do so. It doesn't have to be an essay, just a reasonable length paragraph explaining clearly why you are applying for that particular project.

Eligibility: Please make sure that you meet the criteria when applying for projects which come under our North South Program. If you're not sure, do contact the office first.

Conditions of Participation / Insurance
You must take out proper private insurance cover before going abroad. This is a condition of participation in the Project. This cover should include full accident and medical insurance for all eventualities. If possible, it should also cover travel costs, just in case your project is cancelled at short notice.
If you are travelling in Europe, make sure you have a valid European Health Insurance Card with you (available from the Post Office or EHIC website – it provides reciprocal health care in EEA countries and Switzerland).

I am: (please tick and provide proof of status)	<input type="checkbox"/> Waged	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
I enclose a Cheque/Postal Order made payable to "IVS" for:	£		
(For Taxpayers) Part of the payment will be eligible for Gift Aid. I would like IVS to reclaim the tax on the eligible part of this payment and any donations or membership subscriptions that I make. I have paid an amount of UK income tax or capital gains tax equal to any tax claimed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<p>With my signature I confirm that: I have read and understood the conditions for participation in this program. The information that I have given in this form is true and correct. I agree to take out full private and medical insurance cover as a condition of participation in the exchange program.</p>
<p>Your Signature:</p> <p>(Your application can not be processed without your signature here).</p>

PLEASE POST/EMAIL THIS FORM WITH PAYMENT OF THE APPROPRIATE FEE TO:

PLACEMENTS

IVS GB

Thorn House

5 Rose Street

Edinburgh

EH2 2PR

T; 0131 243 2745

Email: outgoing@ivsgb.org

EQUAL OPPORTUNITIES MONITORING FORM

As part of our commitment to ensuring Equality of Opportunity in all areas of our work, please would you help us by completing this monitoring form. It will help us see how close we go to achieving our aim of including all members of the community in volunteering opportunities available through IVS. The information you provide here will be treated anonymously and confidentially. Many thanks

Please Tick

1.	Male	Female	Date of Birth
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2.	Age	Under 16	16-17	18-19	20-21	22-25
		26-35	36-45	46-59	60-64	Over 65

3.	Nationality
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4. How would you describe your ETHNIC HERITAGE? (see below ~ please tick)						
Asian or Asian-British						
Indian	Pakistani	Bangladeshi				
Other (please specify)						
Black or Black-British						
Caribbean	African	Other (please specify)				
Chinese or other ethnic group						
Chinese	Other (please specify)					
North African						
Arab	Other (please specify)					
White	British	Scottish	English	Irish	Welsh	Other

5. DISABILITY: Would you describe yourself as being affected by any of the following (please tick)			
Hearing impaired		Speech impediment	
Mobility impairment		Learning Disability	
Mental illness		Other (please specify)	
Visual Impairment (not corrected by spectacle or contact lenses)			
Physical disability (please specify)			
Are you registered disabled?		Yes	No

6. Would you describe yourself in any of the following categories (please tick as many as you want):							
Disadvantage living in rural area	Disadvantage living in urban areas	Employed	Young Person				
People living in inner cities	Unemployed	On low income	Physical Illness	Victim of Crime			
Affected by AIDS/HIV	Substance user		Young offender	Refugee	Offender		
Ex Offender	Victims of Abuse	Asylum Seeker	Homeless	Traveller	In debt		
Minority ethnic community	Gay men/ Lesbian woman		Lone Parent	Families	Carer		
Living in Care	Student	Further Education	Full Time Education	Privileged			
Social exclusion	Women & Girls	Disadvantaged young people		Disaffected young people			
Other Groups (please tell us)							

7. RELIGION/FAITH	Do you practice any faith? Yes	No	
	If yes, how would you describe your faith?		

8. How did you learn about IVS?			
Friend/Relative	Word of Mouth	Previous participant	
Internet	Search Engine	Website Advertisement	
Library/Careers Centre	Where		
Printed publicity	Book	Leaflet	Advert
Volunteer Development Project	Educational establishment		