



Intercambios Norte / Sur Solicitud de participación en el Programa de Intercambio con Latinoamérica de Abya Yala	Fotografía de pasaporte
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Sending Branch: IVS GB
POR FAVOR COMPLETA ESTA SOLICITUD CON MAYUSCULAS O UTILIZA UN ORDENADOR

Rama de envío	Prioridad	Código	País	Nombre del Proyecto y fechas
	1.			
	2.			
	3.			

1. Datos personales

Apellidos		Nombres		
Nacionalidad	Sexo	Fecha de nacimiento	Número de pasaporte	

2. Dirección

Domicilio actual	Teléfono	e-mail
Fechas en esta dirección: De: Hasta:		
Dirección permanente	Teléfono	e-mail

3. Notificar en caso de emergencia

Apellidos	Nombres		
Dirección	Teléfono	e-mail	

4. Idiomas

Lengua materna:	Marca por favor con una X tu nivel de conocimiento de otros idiomas		
Otros idiomas	Muy bien	Bien	Poco

5. ¿Tienes algún problema de salud importante?

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6. Estudios/Trabajo: Indica que tipo de estudios has hecho o estas haciendo o cual es tu trabajo

7. Da detalles de tu trabajo voluntario en SCI: año, país y tipo de trabajo

8. Da detalles de tus experiencias en trabajo voluntario/comunitario en otras organizaciones: año, país y tipo de trabajo

9. Especifica tus motivaciones para participar en el programa de Abya Yala en Latinoamérica:

SCI espera que participes en todo el programa, incluyendo su preparación y evaluación. También debes escribir un informe sobre tu experiencia en dicho programa

Confirmo que he leído y comprendido las condiciones para participar en este programa y que mis declaraciones son correctas y verdaderas.

I agree to take out full private and medical insurance cover as a condition of participation in the exchange programme.

Nombre:

Firma:

Fecha:

A) If the address on the other side is a temporary one, please write down your permanent address. If necessary, put dates.

B) Name, address, and telephone number of contact person in an emergency.

C) Any additional information on special requirements you may have concerning a disability. Please enclose an additional sheet with further details if necessary.

D) Do you check your emails regularly?
YES / NO

E) May we pass your contact details to other outgoing GB volunteers without checking with you first? **YES / NO**

F) We sometimes need experienced British volunteers to co-ordinate projects in Britain. They can have the registration fee waived, and may receive help with travel costs. Would you like to be a project co-ordinator? **YES / NO**

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.

N.B. 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 WAGED / STUDENT / UNWAGED (please circle/provide proof of status)

I enclose a cheque/PO 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 **YES / NO**

I have read, and accept, the conditions for application and participation in an IVS/SCI project. I promise to arrange full, comprehensive travel insurance before going abroad to a project, along with a valid EHIC, if entitled to it. The information I have supplied on this form is full and accurate.

Your Signature:

.....
 (Your application can not be processed without your signature here).

FEEES

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)

	Waged	Unwaged/Low waged/Student*
Projects Abroad (including Eire)	£195	£150
Projects in Britain	£105	£55

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, unemployed 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.

PLEASE POST THIS FORM WITH PAYMENT OF THE APPROPRIATE FEE TO: PLACEMENTS, IVS GB, Thorn House, 5 Rose Street, Edinburgh EH2 2PR T: 0131 243 2745

SORRY, BUT WE CAN NOT ACCEPT APPLICATION FORMS BY FAX OR EMAIL.

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								