



**Echanges Nord / Sud**

**Fiche d'inscription au  
Programme d'échanges**

Collez une  
photo de  
passeport ici  
s.v.p.

**SENDING BRANCH : IVS GB  
PRIERE D'UTILISER MAJUSCULES OU ORDINATEUR EN REMPLISSANT CE  
FORMULAIRE!**

<i>Branche qui envoie</i>	<i>Priorité</i>	<i>Code</i>	<i>Pays</i>	<i>Nom du projet et dates</i>
	1.			
	2.			
	3.			

**1. Données personnelles**

<i>Nom</i>		<i>Prénom</i>		
<i>Nationalité</i>	<i>Sexe</i>	<i>Date de naissance</i>	<i>Numéro de passeport</i>	

**2. Adresse**

<i>Adresse actuelle</i>	<i>Téléphone</i>	<i>e-mail</i>
<i>Vous êtes à cette adresse: De:</i>	<i>à:</i>	
<i>Adresse permanente</i>	<i>Téléphone</i>	<i>e-mail</i>

**3. Prévenir en cas d'urgence**

<i>Nom</i>	<i>Prénom</i>	
<i>Adresse</i>	<i>Téléphone</i>	<i>e-mail</i>

**4. Langues**

<i>Langue maternelle:</i>	<i>Ci-dessous: s.v.p. marquez avec un X le niveau de connaissance</i>		
<i>Autres langues</i>	<i>Très bien</i>	<i>Bien</i>	<i>Un peu</i>

**5. Avez-vous des problèmes de santé importants?**

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**6. Etudes/Travail. Indiquez quel genre d'études vous avez suivi ou vous êtes en train de suivre ou quel est votre travail**

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**7. Indiquez vos expériences de travail volontaire au sein du SCI : année, pays, type de travail.**

**8. Indiquez vos autres expériences de travail volontaire / communautaire : année, pays, type de travail.**

**9. Spécifiez votre motivation pour participer au programme d'échanges avec l'Afrique:**

***Le SCI compte sur la participation des volontaires dans l'intégralité du programme, orientation et évaluation incluses et aussi une évaluation écrite prolongée de vos expériences.***

Je soussigné, \_\_\_\_\_ certifie que j'ai lu et j'adhère aux conditions de participation du programme et que les informations ci-dessus sont exactes.

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

**Date et signature :**

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)**

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

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.

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

<b>5. DISABILITY: Would you describe yourself as being affected by any of the following (please tick)</b>											
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)											
<b>Are you registered disabled?</b>						<b>Yes</b>			<b>No</b>		

<b>6. Would you describe yourself in any of the following categories (please tick as many as you want):</b>												
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?								

<b>8. How did you learn about IVS?</b>											
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							