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COUNCIL OF INTERNATIONAL FELLOWSHIP (C.I.F.)



APPLICATION FORM FOR A CIF PROGRAM

IN _____
(Indicate Country of choice)

Please print or type

FAMILY NAME: _____ MALE FEMALE
(as stated on the official identification)

FIRST NAME: _____ MIDDLE NAME: _____

BIRTH DATE: YEAR _____ MONTH _____ DAY _____

PLACE OF BIRTH: _____ COUNTRY _____

POSTAL ADDRESS (as used in your country): _____

E-MAIL ADDRESS: _____

PHONE: HOME _____ OFFICE _____

FAX: _____

PROFESSION: _____

PRESENT CITIZENSHIP: _____ FORMER CITIZENSHIP (if applicable): _____

PASSPORT NUMBER: _____

IDENTITY CARD NUMBER: _____

FAMILY SITUATION: _____

RELIGION (optional): _____

INFORMATION ABOUT A CONTACT PERSON IN CASE OF EMERGENCY:

FIRST AND FAMILY NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE PHONE: _____

E-MAIL: _____ RELATIONSHIP TO APPLICANT: _____

HEALTH CONDITIONS:

Give description and details of any particular problem such as disability, treatment, allergy, phobia, etc.:

Do you have dietary restrictions YES NO

If yes, what: _____

Give details about your health insurance during the program: _____

Do you have food preferences (for example vegetarian food, etc.) YES NO

If yes, what: _____

Do you smoke? YES NO

EDUCATION: Start with the highest degree received, indicating study dates (from-to)

Title	School/Institution	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL TRAINING:

Give any detail about the kind of training, the date, and the place:

PREVIOUS JOBS:

Date	Job title	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL SITUATION:

Position and title of your present job: _____

When were you appointed? _____

Name and address of your agency: _____

Purpose and function of your agency: _____

What professional methods does it use? _____

Give details about your work on a separate sheet, if necessary, according to the following points:

1. Who are your clients? _____

2. How are they referred? _____

3. How old are they? _____

4. How do you work with them? _____

5. Description of your main responsibilities? _____

WORK/FINANCIAL INFORMATION:

Will you get leave of absence to attend this CIF program? YES NO
Will you go back to your present position after the program? YES NO
Will you get the total amount or part of your salary during the program? YES NO
Who will pay your travel expenses? _____
Do you live in a country with currency restrictions? YES NO
If yes, what is the maximum amount of foreign currency that you can bring with you? _____
Do you have any relatives or friends in the country of the program? YES NO
If yes, where? _____

KNOWLEDGE OF THE LANGUAGE OF THE PROGRAM:

Language: _____

	FAIR	GOOD	EXCELLENT
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you speak any other language? _____
If yes, give details: _____

PREVIOUS MAIN VISITS ABROAD:

Country	Year	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your hobbies or leisure time interests?

Have you applied to any other CIF-program this year? YES NO
If yes, which? _____

STATEMENT BY THE APPLICANT TO READ CAREFULLY BEFORE SIGNING BELOW:

I certify that the information given in this application is complete and accurate and that I have not participated in a CIF/CIPUSA Program within the last three years.
I certify that I subscribed to a health/accident insurance policy covering all expenses, which may occur during the program, and hereby relieve CIF/CIPUSA of all liability for such.
I understand that this information will be shared with CIF International (National Branches and Contact Persons)
I commit myself to fully participate in the program, and I understand that with regard to the issuance of the visa I will depend on the conditions of the country I will be travelling to.

DATE SIGNATURE

RETURN COMPLETED FORM TO YOUR OWN NATIONAL CIF BRANCH, WHERE ONE EXISTS, OTHERWISE TO THE CIF BRANCH IN THE COUNTRY OF THE PROGRAM.

Addresses of CIF National Branches can be found on: www.cifinternational.com