

~ Feed Southern Africa APPLICATION FORM ~

INTERNS MUST NOT USE THIS FORM, PLEASE CONTACT US FOR THE INTERN APPLICATION FORM

PERSONAL DETAILS:

First Name		Surname/Family Name			
Date of Birth		Age		Male/Female	
Home Address					
Postal Address (if different)					
Home Phone		Mobile Phone			
Country Dialing Code		E-Mail address			
Country where living		Occupation			

PASSPORT DETAILS: (NB: please attach a copy)

Passport Number		Country	
Place and Date of Issue		Expiry Date	

WHEN WOULD YOU LIKE TO BE WITH US?

Date of Arrival		Date of Departure	
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OTHER:

How did you hear about us/find us? (please be as specific as possible, thank you!)

What are your hobbies and interests?

Do you have any special talents that you are prepared to let us make use of whilst you are here? (eg artist, sign-writer, building, carpentry etc)?

Any previous experience with children? (Please give detailed information)

Anything else you feel you would like comment on or enquire about?

DIET:

Do you have any specific dietary requirements or allergies? (Please note that a daily surcharge may apply for special diets)

EMERGENCY CONTACT INFORMATION:

Emergency Contact's Name		Emergency contact's relation to you	
Emergency contact's physical address			
Emergency contacts phone including country code: (e.g. 0049 1234 0123456)			

MEDICAL INSURANCE

INFORMATION:(NB:please attach a copy)

Medical insurance company name		Medical insurance policy/membership number	
24 hour emergency telephone number, including country code (e.g. 0049 1234 0123456)			
Known medical conditions INCLUDING any known allergies			
Current Medication			

Please note that you need to provide us with proof of your medical insurance cover. Without the correct cover, you will not be allowed to take part in our program.

Please also note that your personal information is kept confidentially by us. Your medical information is required by us in the unlikely event that you are unable to speak for yourself and need emergency treatment.