

AFS Kurzzeitprogramme

koordiniert durch AFS Interkulturelle Begegnungen e.V.

Candidate Application

Attach Photo Here

Name
(as in
Passport): _____

School: _____

Grade: _____

HIER NICHTS EINTRAGEN WIRD VOM BÜRO AUSGEFÜLLT
<u>Program Choice:</u>
First Choice: _____
Second Choice: _____
Third Choice: _____



Personal Information

Name: _____

_____	_____	_____	_____
First name (<i>Vorname</i>)	Middle name (<i>2. Vorname</i>)	Last name (<i>Nachname</i>)	Preferred name (<i>Rufname</i>)

Street/P.O.Box _____ Postal Code _____

City & State _____ Country _____

Telephone _____ Mobile Phone _____

Fax _____ Email address _____

Date of Birth _____

Place of Birth _____ State of Birth _____

Country of Birth _____ Country of Citizenship _____

Country of legal Residence _____ Passport Number _____

Passport Issue Date _____ Passport Expiration Date _____

Office of Passport Issue _____

Have you ever traveled to the United States on an F-1 or J-1 Visa? Yes No

If "Yes", please indicate which type of visa and name of the sponsoring institution:

Has anyone in you family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS? Yes No

Participated on an AFS program? Yes No

Any close friends or relatives living abroad? Yes No

Have you participated in any other exchange program, traveled abroad or lived in another country? Please provide details. _____

Would you like to be a host family? Yes No

Name:

INFORMATION ON ALL FAMILY MEMBERS WITH WHOM I LIVE
Informationen über alle Familienmitglieder, mit denen ich zusammenlebe

Bitte hier alle Familienmitglieder, mit denen du zusammen lebst, mit vollem Namen und ihrer Rolle in der Familie (Mutter, Vater, Tochter, Sohn, etc.) inklusive dir selbst (Tochter/Sohn) eintragen.

Title	First name	Middle name	Last name	Relationship	Date of Birth	Country of Birth

Family Data:

I live with:

- Mother and Father
 Mother and Partner
 Father and Partner
 Mother
 Father
 Other: _____

Please underline your legal guardian(s)!

Father / Stepfather / Guardian

<i>Legal name:</i>		First name	Last name	Business Phone	Mobile Phone
Date of Birth	Country of Birth	Occupation	Employer	Email	

Mother / Stepmother / Guardian

<i>Legal name:</i>		First name	Last name	Business Phone	Mobile Phone
Date of Birth	Country of Birth	Occupation	Employer	Email	

Name:

INFORMATION ON MY PARENT WITH WHOM I DO NOT LIVE
Informationen über meinen Elternteil, mit dem ich nicht zusammenlebe

<i>Legal name:</i>	First name	Last name	Business Phone	Mobile Phone
Date of Birth	Country of Birth	Occupation	Employer	Email

Emergency Contact / Notfallkontakt

First name	Last name	Street	Postal Code and City
Home phone	Mobile phone	Business phone	Email

1. Please identify for your host family your major interest and activities.

请详细用德文或英文为你的德国接待家庭介绍你的兴趣爱好和经常从事的活动。

2. Letter to Host Family.

给接待家庭的一封信

在此你可以给你未来的接待家庭写一封信来介绍你自己。就像你对你的接待家庭充满好奇一样，你的接待家庭也对你充满了好奇。你可以介绍你自己、你的家庭和周围的环境。以下几个问题可以作为一个简单的线索。你的介绍是给你的接待家庭留下的第一印象。

这封信需要用英文（德文当然更好）书写，大概两页长。此外请向未来的交换家庭表示感谢，他们即将为陌生的你提供一个临时的家！

1. 你的朋友或者家人眼中你是个什么样的人？
2. 你与父母和朋友的关系怎么样？你与周围同龄人有何区别？你在家扮演何种角色？你通常在什么情况下求助于你的父母？
3. 请描述你的兴趣爱好和经常从事的活动。
4. 请描述你在家庭之外（学校、社团、兴趣小组等等）的角色，在与他人的关系中你认为什么是比较重要的？
5. 你为什么申请这个短期的德国交流项目？你希望通过这个项目有何收获？
6. 在日常生活中哪些事情让你感到困难？
7. 请描述一个你在生活中遇到的挑战。不管你是否在此事件中取得了成功，重要的是，你是如何应对这个挑战的？
8. 你对未来有何计划（比如学业、职业或者兴趣）？

请将这封信写在另一张纸上，最好是电脑输入。

Name: _____

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities? Yes No

If yes, please explain: _____

Please check the appropriate boxes if you CANNOT live with:

Cats Indoors? Outdoors? | Dogs Indoors? Outdoors? | Other pets Indoors? Outdoors?

If you checked boxes for other pets, please explain: _____

If you have checked that you CANNOT live with a pet, please indicate why:

Allergy Fear Religion Other

Do you have dietary restrictions, including for medical, religious or self-imposed reasons? Yes No

If yes, please explain: _____

If you ARE vegetarian, are you willing to eat: Fish Poultry Dairy products

What is your religious affiliation, if any? (Optional) _____

How often do you participate in structured religious services? Weekly Monthly Occasionally Never

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith? Required Not necessary

Do you smoke cigarettes? Yes No

In some cultures it is more difficult to find placements for cigarette smokers. Given this, smokers should please choose one of the following:

I will smoke during my AFS exchange program. I will not smoke during my AFS exchange program

Native language: _____

Language proficiency (for languages other than your native language):

Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Language: _____	Years studied: _____	Speaking ability: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honoured. I further understand that I may not be eligible to participate in athletic teams related to my host school or community.

Candidate Signature _____

Date _____

Parent / Guardian Signature _____

Date _____

(Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in country of residence.)



Photo Page

Name:

To help you introduce yourself to a host family, assemble a small collection of photographs showing you, your family and friends. Be creative!

Place the photos, with a short phrase to describe the photo, on a single sheet of paper (either A4 or 8 ½ x 11 inch). Print your name and your country of origin on the Photo Page and on the back of each photo. If possible, make a color copy of this page, this will make it easier for AFS to send overseas and you can keep the original.

Parental Authorization Form

CANDIDATE NAME	HOME COUNTRY
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CONSENT

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application. I understand that my privacy is very important to AFS and that prior to participating in the inquiry application process in which any of my personal or sensitive information ("personal data") may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission. I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of the AFS program operations. By signing below, you explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS and its partner organization GOETHE-INSTITUT in promotional materials. By signing this Agreement, we grant to AFS and the GOETHE-INSTITUT the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and the GOETHE-INSTITUT to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

If you initial here, you confirm that you DO NOT give permission for AFS and the GOETHE-INSTITUT to use such letters, images and audio recordings of your child. In this case, your child may not be allowed to be part of AFS group photos, etc.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and the GOETHE-INSTITUT and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

CANDIDATE NAME	SIGNATURE
PARENT/GUARDIAN 1 NAME*	SIGNATURE
PARENT/GUARDIAN 2 NAME*	SIGNATURE
DATE	PLACE

* Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.



Candidate's Name Name des Schülers/der Schülerin:	
Country or U.S. Chapter: Germany	Candidate's age at start of program: Alter bei Beginn des AFS-Jahres:

1. Family Situation (Familiensituation)

In case student is not living with both natural parents, please indicate reasons and frequency of contact (Für den Fall, dass ein leiblicher Elternteil nicht im gemeinsamen Haushalt lebt, geben Sie bitte den Grund an und wie häufig Ihr Kind diesen Elternteil sieht):

Natural parents are divorced/separated since (month/year)

Die leiblichen Eltern sind geschieden/ leben getrennt seit _____ (Bitte Monat und Jahr angeben)

Frequency of contact (Kontakthäufigkeit)

No contact to natural parent who is not living with stu (kein Kontakt zu dem Elternteil, der nicht im Haushalt lebt)

Contact approximately _____ times a week/a month/a year

Kontakt circa _____ Mal in der Woche/im Monat/im Jahr (bitte Häufigkeit eintragen und Zeitdimension unterstreichen)

Natural father/mother deceased since (month/year)

Leiblicher Vater/leibliche Mutter verstorben seit _____ (Bitte Monat und Jahr angeben)

2. Family Activities (Familienaktivitäten - Bitte kreuzen Sie an, wie häufig Sie welche Aktivitäten miteinander unternehmen):

often = häufig/sometimes = manchmal/seldom = selten/never = niemals

Shared family activities (Gemeinsame Aktivitäten)	Frequency (Häufigkeit)	Shared family activities (Gemeinsame Aktivitäten)	Frequency (Häufigkeit)
Meals gemeinsame Mahlzeiten	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	Travelling Urlaub, Reisen	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Sports Sportaktivitäten	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	Meeting friends or family Freunde/Verwandte treffen	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Theater/concerts Theater/Konzertbesuche	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	Volunteer Activities Ehrenamtliche Tätigkeiten	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
TV Fernsehen	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	Music Musizieren, Musik hören	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Discussions Unterhaltungen/Diskussionen	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	Table Games Gesellschaftsspiele	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Sport events Sportveranstaltungen	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	others Sonstiges _____	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Outdoor activities Aktivitäten an der frischen Luft	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	others Sonstiges _____	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never
Church/Religion Kirche/Religion	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never	others Sonstiges _____	<input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> seldom <input type="checkbox"/> never

3. In case your family highly values one or more of the following orientations, please indicate. (Bitte geben Sie an, falls in Ihrer Familie auf eine oder mehrere der nachfolgenden Orientierungen besonderer Wert gelegt wird.)

- Education/Career (Bildung / Karriere) Environmental Awareness (Umweltbewußtsein) Religion (Religion)
- Family (Familienzusammenhalt) Politics (Politik)

4. Decision finding within the family (Welche Art der Entscheidungsfindung trifft in ihrer Familie am ehesten zu):

- decision-finding by family consensus (gemeinsame Entscheidungen)
- rules mostly set by parents (Festsetzung von Regeln meistens durch die Eltern)
- family discussion with last word by parents (Diskussion, aber die Eltern haben das letzte Wort)





Candidate's Name: _____

Country: Germany

5.1 Please indicate up to five adjectives which most accurately describe your child in terms of his personal development (Bitte geben Sie bis zu fünf Adjektive an, die Ihr Kind hinsichtlich seiner persönlichen Entwicklung am besten beschreiben):

ambitious (ehrgeizig) **tolerant** (tolerant) **humble** (bescheiden) **honest** (ehrlich) **musical person** (musikalisch)

critical (kritisch) **sensitive** (sensibel) **creative** (kreativ) **organized** (organisiert) **good listener** (guter Zuhörer)

flexible (flexibel) **careful (achtsam)** **likes to be in the center of attention** (genießt es, im Mittelpunkt zu stehen) **untidy** (unordentlich)

spontaneous (spontan) **calm** (ruhig) **studious** (fleißig) **shy** (schüchtern) **sporty** (sportlich) **well-balanced personality** (ausgeglichen)

outgoing (lebhaft) **explorative** (erforschend) **punctual** (pünktlich) **energetic** (energievoll)

risky (risikofreudig) **patient** (geduldig) **determined when pursuing a goal** (verfolgt seine Ziele hartnäckig)

5.2 Please indicate up to five adjectives which most accurately describe your child in terms of his relationships with others (Bitte geben Sie bis zu fünf Adjektive an, die Ihr Kind hinsichtlich seiner Beziehung mit anderen am besten beschreiben):

respectful (respektvoll) **friendly** (freundlich) **needs time to warm up** (braucht Zeit, um aufzutauen) **competitive** (wetteifernd)

sincere (aufrichtig) **decisive** (entschieden) **helpful** (hilfsbereit) **makes first step toward new people** (geht auf andere zu)

sociable (gesellig) **trusting** (vertrauensvoll) **leader-type** (Führungstyp) **concerned about other people** (macht sich um andere Gedanken)

easy going (ungezwungen) **polite** (höflich) **reserved** (zurückhaltend) **speaks his mind** (äußert seine Meinung freimütig)

takes over responsibility for others or for a group (übernimmt Verantwortung für andere oder für eine Gruppe)

5.3 Please indicate up to five adjectives which most accurately describe your child in conflict situations (Bitte geben Sie bis zu fünf Adjektive an, die das Verhalten Ihres Kindes in Konfliktsituationen beschreiben):

considerate (überlegt) **withdraws at first** (zieht sich zunächst zurück) **cooperative** (kooperativ) **explosive** (aufbrausend)

closed (verschlossen) **stubborn** (beharrend) **tries to reconcile conflicting ideas** (versucht, zu vermitteln) **courageous** (beherzt)

needs time to calm down (braucht Zeit, um sich zu beruhigen) **unhappy** (unglücklich) **passive** (passiv) **open to criticism** (offen für Kritik)

feels responsible for the people involved (fühlt sich für die beteiligten Personen verantwortlich)

needs time to think about it (braucht Zeit, um die Situation zu überdenken) **actively looks for solutions** (sucht nach konkreten Problemlösungen)

emotional (emotional) **willing to look for compromises** (ist bereit, nach Kompromissen zu suchen)

6. Disorders/Disabilities (Auffälligkeiten/Behinderungen)

In case of disorders or disabilities, please specify.

Bitte geben Sie an, ob Verhaltensauffälligkeiten oder Behinderungen vorliegen oder vorlagen und spezifizieren Sie diese (Art/Jahr).

- physical** (körperlich) _____
- emotional/behavioural** (emotionale oder Verhaltensauffälligkeiten) _____
- eating disorder** (Ess-Störungen) _____

7. Restrictions/Placement limitations (Einschränkungen bei der Platzierung - Bitte geben Sie nur Einschränkungen an, die aus wichtigen, d. h. z.B. medizinischen Gründen zwingend bei der Platzierung beachtet werden müssen!)

Name, Date and Signature of Legal guardians:
Name, Datum und Unterschrift des/der Erziehungsberechtigten: _____

This page is to be completed by the applicant's parents!

1. Describe each member in the family (including yourself) as to personality, interests, etc.
2. Describe a typical weekday and weekend in your family. Be sure to mention any common family activities and interests.
3. Describe what is important in your family. What are your family values?
4. What kind of chores do you expect family members to help with around the house?
5. What kinds of rules do you have in your household? (Such as curfews, limits on computer, TV, or telephone use, etc.)
6. Why is your family interested in hosting an AFS participant?
7. The AFS participant you host may come from a family and culture with different habits and expectations about meals. Are there meals the AFS participant would be expected to get for him/herself? If the participant will take a lunch to school, who will prepare the lunch? Do you eat meals together as a family? What responsibilities will the AFS participant and host siblings have in meal preparation and clean-up?

请将英文答案写在另外一张纸上，请用电脑输入。

此页翻译：

1. 请描述一下每一位家庭成员（也包括你自己）的性格特点以及兴趣等等。
2. 请描述一下您家中普通的一天的流程。请简单介绍您家里的活动和共同的兴趣。
3. 请您讲一下，您的家人认为重要的是什么？有哪些价值观？
4. 在家务方面，您的家人对孩子们有什么要求？
5. 在家中有哪些规定（比如上网和看电视，使用手机的时间限制等？）
6. 您和家人为什么想要接待一个交换生？
7. 外国的学生来自另一个文化，可能也有着不同的饮食习惯。如果有特殊的食材需要，是否要交换生自己购买？您的家人平常是否一起吃饭？您的孩子和交换生在做饭和刷碗时是否要承担家务？

1. Do you have preferences concerning the sex of the student? Girl Boy No preference

2. How do you live?
 Rural House Big
 Urban Apartment Small

3. In case both parents work: Who takes care of the exchange student? _____

4. Will the student have his own room? Yes No

5. Do you speak foreign languages in your family? Yes No
If yes, please specify: _____

6. What religious affiliation has your family? _____

7. Do you go to church? Regularly Sometimes Seldom

8. Would you host a student that follows a special diet (e.g. vegetarian)? Yes No

9. Do you have pets? Yes No
If yes, please specify: _____

10. Do you smoke inside the house? Yes No

11. Would you accept a student who smokes? Yes No

12. The student can take part in the following activities during his / her stay (sports, leisure, culture, making music...):

Wie haben Sie vom AFS-Austauschprogramm erfahren?

- Zeitung Schule Freunde / Verwandte / Bekannte AFS-Werbematerial (Broschüren, Flyer)
 Radio / TV Internet / AFS-Homepage Arbeitsplatz / Mitarbeiterzeitung AFS-Mitarbeiter
 Waren schon einmal Gastfamilie Familienmitglied war mit AFS im Ausland Sonstiges: _____



To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered with a detailed explanation included or attached in a separate report for "YES" responses to questions 3-9, 11-13. AFS reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent/guardian must also sign.

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home Country Birthdate

1 Height _____ Weight _____ B/P _____ Pulse _____ Respiration _____ Blood Type _____

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration? Yes No If yes, explain _____

3 CHECK YES OR NO. HAS THE CANDIDATE HAD THE DISEASES / CONDITIONS LISTED BELOW:

	YES	NO	IF KNOWN:		YES	NO
a) Measles	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	h) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
b) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	i) Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
c) Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	j) Headaches (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
d) Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	If yes, month/year: _____	k) Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
e) Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		l) Enuresis	<input type="checkbox"/>	<input type="checkbox"/>
f) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		m) Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		n) Parasites (internal)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give detailed information and dates (use extra pages if necessary): _____

4 ACNE Yes No If yes, identify area, severity, any medication taken, name, dosage & frequency: _____

5 ALLERGIES Yes No If yes, identify type, any medication taken, name dosage & frequency: _____

6 ASTHMA Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

7 DIABETES Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

8 SEIZURE DISORDER Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

9 HAS THE CANDIDATE EVER HAD ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils nose or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, ear/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain (use extra pages, if necessary) _____

10 HAS THE CANDIDATE BEEN HOSPITALIZED?

Yes No If yes, give dates, diagnosis and outcome for each incident. _____



3b Health Certificate

FOR OFFICE USE

AFS ID#

Candidate Name (First/Middle/Last)

Home Country

11 Is the candidate currently taking medication or injections (other than those mentioned previously)? Yes No
If yes, identify the medication, reason for usage, dosage and frequency: _____

12 Has the candidate EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? Yes No

13 Is there a history of, or present evidence of, an emotional, nervous or eating disorder? Yes No

If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

14 Are there any health limitations or restrictions on the candidate's activities and / or sports participation or any medical information which should be considered for a home/school placement? Yes No If yes, please describe: _____

15 Does the candidate wear glasses or contact lenses? Yes No

16 What was the date of the candidate's last dental check up? _____

Does the candidate wear dental braces? Yes No

If yes, will orthodontic care be needed while on the program? Yes No Frequency? _____

17 CANDIDATE HAS HAD THE FOLLOWING IMMUNIZATIONS, PLEASE SPECIFY EXACT DAY, MONTH AND YEAR:

	YES	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR
Measles	<input type="checkbox"/>	_____	_____	_____	_____	_____
Mumps	<input type="checkbox"/>	_____	_____	_____	_____	_____
Rubella	<input type="checkbox"/>	_____	_____	_____	_____	_____
Diphtheria	<input type="checkbox"/>	_____	_____	_____	_____	_____
Pertussis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tetanus	<input type="checkbox"/>	_____	_____	_____	_____	_____
Poliomyelitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
BCG	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hepatitis B	<input type="checkbox"/>	_____	_____	_____	_____	_____
Other	<input type="checkbox"/>	_____	_____	_____	_____	_____

TB Test Which type (circle one) Mantoux or Tine Date: _____ Result (+/-)

If positive, was chest x-ray done? Yes No Date _____ Result (+/-)

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on Form 3A and 3B, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Physician Name and Degree

Signature

Address

Date

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on Form 3A and 3B is correct and complete and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____



3C Additional Allergy Information

FOR OFFICE USE

AFS ID#

Name of Participant _____ Country: Germany

We understand that you are suffering from some allergies. With this questionnaire we invite you to provide more details about what exactly causes allergic reactions and how it affects you. Please be as specific as possible, for instance whether the allergies are caused by simply being in the same room with a cat or a dog or whether they only appear when you hold or touch a pet.

1) Please describe in detail the allergy (-ies) you have. Under which circumstances and how often do they occur? What are the symptoms? How does it affect your well-being?

2) Do you take medication? If so what kind and how often?

3) How do you cope with this allergy (-ies) in your daily life? What are the absolute needs that should be taken into consideration by your future host family?

Applicant's signature: _____ Date _____

Parents/ Legal Guardian's signature: _____



Sehr geehrter behandelnder Arzt,
um uns die medizinische Prüfung Ihres Patienten zu erleichtern, bitten wir Sie, detaillierte Angaben zu machen, wenn möglich auf Englisch. Sollten Sie mehr Platz benötigen, dann hängen Sie weitere Blätter bitte an. Herzlichen Dank für Ihre Mithilfe!

NAME OF PATIENT _____

1. Name and date of diagnosis (Diagnose, wann gestellt)

2. Symptoms (Krankheitssymptome)

3. Therapy: medication, treatments, psychotherapy, counseling etc.
(Therapiemaßnahmen: (Medikamente, Behandlungen, Psychotherapie, Beratungsgespräche etc.)

4. Duration of therapy, completed? (Therapiedauer, abgeschlossen?)

5. Outcome, prognosis, necessary check-ups (Therapieergebnis, Prognose, Kontrolluntersuchungen während des AFS-Jahres)

6.) Declaration of no objection (Unbedenklichkeitserklärung für das AFS-Austauschjahr)

Doctor's signature/stamp: _____ Date _____



School Recommendation

Applicant's name: _____

1. School Information

School Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name of Principal: _____

Tutor for exchange partner (first *and* last name): _____

Tutor's Email and phone number: _____

This school may be best described as the following (check all that apply): Public Private
 University preparatory Vocational Other (Please describe) _____

2. Student Status

Student's current year in school: _____

Rank in class or other grouping: _____ Current GPA / average grade: _____

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile 2nd quartile 3rd quartile Final quartile

By end of current school year student will have had ___ years of primary and ___ years of secondary schooling.

3. Explanation of Grading System

Outstanding = _____

Very good = _____

Good = _____

Average/fair = _____

Poor = _____

Failing = _____

4. Language Proficiency

Foreign Language: _____

Proficiency (*P= Poor, F= Fair, G= Good, E= Excellent*)

English

	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other language

	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Student Advancement/Attendance

Has the student missed or repeated a year or semester? Yes No

If yes, indicate which year/semester and give reason:

Is there a history of frequent absences of two or more a month? Yes No If yes, attach an explanation.



6. Family Background

Do you know the student's family personally? Yes No

If yes, please indicate if you consider this family fit to host a foreign exchange student: Yes No

Please specify how long you have known the family: ___ years

Please specify which family members you have met personally (i.e. mother/father/sibling): _____

Comments:

Teacher's Signature

Place

Date

Teacher's signature

Recognition of Admission

Our school endorses the student's wish to take part in the AFS short term student exchange program. The student's exchange partner is allowed to attend our school during his/her stay in China.

Place, date

School stamp

Principal's signature

Please write a “**letter of recommendation**” in English or German on the **official letter paper** of your school, including the following aspects:

- academic interests and performances
- motivation and participation in class
- social skills and traits, also in dealing with classmates

Please provide the letter with your name, your title, your signature and the school stamp.

Please send the completed and signed document (questionnaire and letter of recommendation) to:

Cyber Tower Building B 17/F,
2 Zhong Guan Cun South Ave.,
Haidian District, Beijing 100086
北京市海淀区中关村南大街2号数码大厦B座17层
邮编 100086
