



Y'S MEN INTERNATIONAL

SHORT TERM EXCHANGE PROGRAMME



STEP Form 1

Please print or type all information

<p>1. Family Name:</p> <p>Given Names:</p> <p>2. Date of birth: 3. Sex: Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p style="padding-left: 100px;"><i>dd/mm/yyyy</i></p> <p>4. Address:</p> <p style="padding-left: 40px;">.....</p> <p style="padding-left: 40px;">.....</p> <p>Country:</p> <p>Telephone:</p> <p>Fax:</p> <p>Email:</p> <p>5. Primary language:</p> <p>Other languages:</p> <p>6. Current grade or class level:</p> <p>7. When do you wish to be placed? From To</p> <p style="padding-left: 100px;"><i>dd/mm/yyyy</i> <i>dd/mm/yyyy</i></p> <p>For how many weeks?</p> <p>8. Country of choice: (1) (2) (3)</p> <p>Would you consider placement in any country other than the three you have listed?</p> <p>If so please add them</p> <p>9. Any special health problems or dietary requirements (e.g. allergies)?</p> <p>.....</p> <p>.....</p> <p>10. Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Do you take alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Int. Reg. No:</p> <hr/> <p style="text-align: center; font-weight: bold;">PHOTO</p> <p style="text-align: center;"><i>(Three colour photographs to be included)</i></p>
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	<i>Family Name</i>	<i>Given Name</i>	<i>Signature</i>
12. Name of Father:			
Name of Mother:			
13. Y's Men membership information:			
Name of Y's Men's Club:			
Member since:			
14. Name of Club President:			
Address:			
.....			
.....			
Signature:			
15. Signature of applicant:			
Date:			

Approved by RSD

Comments:

.....

.....

Name:

Signature:

Date:

dd/mm/yyyy

Approved by ASD

Comments:

.....

.....

Name:

Signature:

Date:

dd/mm/yyyy

Approved by ISD

Name:

Signature:

Date: