





I <u>PE</u>	RSONAL DETAILS
Family name:	First name:
Address:	
E-mail:	
Nationality:	Date of birth:
Highest level of education:	Current job:
Gender:	
Passport number:	Valid until:
II	YOUR FAMILY
Your father:	
Family name:	First name:
Address:	
E-mail:	Phone:
Date of birth:	Profession:
Your mother:	
Family name:	First name:
Address (if different from father's):	
E-mail:	Phone:
Date of birth:	Profession:
Your siblings:	
Do you have siblings? yes no	
I have (number) sisters aged:	I have (number) brothers aged:
III <u>EMERGENC</u>	Y CONTACT (if not your parents)
Family name:	First name:
Address:	
E-mail:	
Relationship to yourself:	

Please send the filled in Application Form either per Email to auszeit@studynelson.com or per fax to +64 3 545 9227 or per post to Study Nelson Ltd, PO Box 1282, Nelson 7040, New Zealand



IV <u>YOUR HEALTH</u>	
Do you have special dietary needs such as vegetarian, vegan or other? ☐ yes ☐ no	
If yes, please specify:	
Do you have any health problems or illnesses? 🔲 yes 🔲 no	
If yes, please provide details:	
Do you suffer from allergies? ☐ yes ☐ no	
If yes, please list:	
Do you take any medication regularly? 🔲 yes 🔲 no	
If yes, please provide details:	
◆ Do you smoke? yes no	
V YOUR ABILITIES AND INTERESTS	
TOOK ADIENTES AND INTERESTS	
• Your ability to speak English is:	
• Do you speak any other languages? yes no	
If yes, please list and state how good your knowledge is: (1=mother tongue, 2=fluent, 3=good, 4=basic knowledge, 5=	=beginr
Do you hold a valid driver's license? ☐ yes ☐ no	
For how long have you been driving?	
Are you able to drive an automatic car a manual car?	
Would you drive the family car? Uyes no	
What are your hobbies and interests? Please list:	
Do you play a musical instrument? 🗌 yes 🔲 no 🛮 If yes, please specify:	
Do you do sports regularly? 🔲 yes 🔲 no	
If yes, what kind of sport?:	
• Are you religious? yes no	
If yes, is it important for you to keep up religious customs in New Zealand? Please specify:	
Do you mind if your family is religious?	
 ◆ Have you been abroad by yourself already for a longer period? ☐ yes ☐ no 	
If yes, please specify when, where and when:	



VI YOUR CHILDCARE EXPERIENCE

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	ate your abilities in the following areas (1 being very good and 5 being poor):
_	
_	
_	
Ironing:	
Garaening:	
Please write dow	n wishes and expectations or special requirements you have regarding your host fam
	VIII OUESTIONS A DOUT VOURSELS
	VIII QUESTIONS ABOUT YOURSELF
How would you d	VIII QUESTIONS ABOUT YOURSELF describe yourself (character, strengths, weaknesses, likes, dislikes etc.)?
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