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The Campbell Institute

**The Campbell Institute
NZ High School Cultural Exchange Programme**

Application Form for

Name: _____





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DOCUMENT SUBMISSION CHECK LIST

Have you included the following?

1. An Original TCI Application Registration form filled out in English
2. A self introduction letter to your host family in NZ typed or written in English.
3. A photo collage of you with your family or friends for your host family on A4 size paper.
4. A reference and subject transcript from your current school. (Please use attached form).
5. Academic record/grades for the past 2 years issued by your school in your home country.
6. A Statement of Health form signed by your doctor.
7. Signed Release Form (medical, outdoor activities and liability)
8. Programme rules and agreement signed by you and your parent(s).
9. Appointed caregiver agreement signed by the student's parents

TCI advises all applicants to keep a complete duplicate of the application documents for their records.

Thank you for preparing the above and we look forward to welcoming you to New Zealand soon.

Angela Williams
The Programme Coordinator

Our contact details:

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APPLICATION REGISTRATION FORM NZ HIGH SCHOOL CULTURAL EXCHANGE PROGRAMME

Application submission date: _____

**Please type or print using
black pen**

Please attach 4 Passport-sized photographs less than 2 months old.

PERSONAL DETAILS

First name: _____ Surname: _____

I like to be called: _____ Gender: Male Female

Date of Birth:(d,m,y) _____ Age upon arrival: _____

Nationality: _____ Country of Residency: _____

Native language: _____ 2nd language spoken: _____

Passport No. _____ Expiry date: _____

HOME ADDRESS & CONTACT DETAILS

Street name & number: _____

City: _____ Country: _____ Postal Code: _____

Phone No: _____ Fax No: _____ Mobile Phone No: _____

Family Email Address: _____

YOUR FAMILY DETAILS: (Please include boarders, extended family etc. living in your home at present)

Relationship to you	Name and age	Occupation	Contact Ph, Fax	Lives with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If you do not live with both your parents, please enter the contact details for the parent you do not live with:

Name: _____ Phone No.(hm): _____(wk) _____ (cell) _____

Full address: _____

EMERGENCY CONTACT PERSON OTHER THAN YOUR PARENTS:

Name: _____ Relationship to you: _____

Phone No: (home) _____ (work) _____ (cell) _____

Address: _____

MEDICAL INFORMATION

Are you currently under a doctor's care? No / Yes: For what condition? _____

Do you take any prescription medication? No / Yes: Please list? _____

Would you require continuous medical attention during the NZ programme? No / Yes: Please give details:

Do you require specialist dental care while in NZ? No / Yes: please explain and attach a report from your dentist. _____

ABOUT YOUR FAMILY & HOME

What does your family enjoy doing together? _____

What are some of the rules in your family? _____

What are your responsibilities at home? _____

Do your parents or sisters/brothers speak any foreign language(s)? _____

Where is your home? Middle of a City Suburb of a City Town Rural area

Is your home: an apartment? house? farm house? Other _____

YOUR INTERESTS AND HOBBIES

What are your hobbies? _____

What are your interests? _____

What after school activities do you currently take or wish to try in NZ i.e. sports, music lessons etc:

Activity	Currently take?	Wish to take in NZ?	No. of hours per week

What are your future ambitions? _____

What qualities do you value most in yourself? _____

What qualities do you value most in others? _____

Have you ever lived away from your family? No. Yes, how long and where? _____

Do you have a steady boy/girlfriend? No. Yes, for how long? _____

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YOUR RELIGION:

What type of religion? _____ How often do you attend services? _____ per month/year

Are you willing to live with a family with another religion? Do not mind Prefer not.

During the programme in NZ, which religious services would you like to attend?

My own My host family's (even if different) I do not wish to attend.

YOUR CURRENT SCHOOL IN YOUR OWN COUNTRY:

Name of present high school: _____

Year: _____ Form teacher's name: _____

How long do you want to study at your host school in NZ? **1 Term** **2 Terms** **3 Terms** **4 Terms**

When do you want to start this programme? Term date: (month) _____ (year) _____

WHAT SCHOOL SUBJECTS DO YOU WISH TO TAKE AT A NZ HIGH SCHOOL?

Which of the following Years (Form) do you wish to attend? You must consider your age and subjects you are planning to study on your return to your own country.

Year 11 (14-15 y/o) Year 12 (15-16 y/o) Year 13 (16-17 y/o) Year 14 (17-18 y/o)

(Please circle subjects you wish to take)

Maths, English, Science, Biology, Physics, Chemistry, History, Geography, French, Japanese, Maori, Art, Drama, Music, Photography, Computer Studies, Graphics, Woodwork, Metalwork, Food technology (cooking), Physical Education (PE), Social Studies, Accounting.

What subject other than stated above you would like to study in NZ? _____

Your English level (Please circle): Lower Intermediate, Intermediate, Upper Intermediate, Advanced

ACCOMMODATION IN NZ: (This information will help us selecting your host family)

FOOD:

Do you have any special dietary requirements? No / Yes. If yes, please explain:

- Food Allergies _____
- Vegetarian: No / Yes (please circle food you do **NOT** eat) red meat, chicken, fish, eggs, dairy
If you are a vegetarian, are you prepared to live with a meat-eating family? No / Yes
- Other reasons: (please state what foods you can not eat) _____

PET ANIMALS:

Do you have allergies to animals? No / Yes: Which ones? _____

Are you afraid of any animals? No / Yes: Which ones? _____

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OTHER INFORMATION:

Do you smoke? No / Yes: How many cigarettes per day do you smoke? _____
Are you willing to stop? No / Yes
Can you live with smokers? No / Yes / Preferably not
Do you drink alcoholic drinks? No / Yes: What do you drink and how much?

Are you taking or have ever taken any kind of illegal drugs? No / Yes: What and when?

TYPE OF NZ FAMILY: (Preference can not be guaranteed)

Family with children under 10 years old:	Prefer,	Do not mind,	Prefer not.
Family with children over 11 years old:	Prefer,	Do not mind,	Prefer not.
Family with pets:	Prefer,	Do not mind,	Prefer not.

YOU AND NEW ZEALAND:

Please list below your main reasons for selecting NZ for your cultural Exchange experience:

What do you expect from your host family?

What do you expect from your host school?

What do you expect from your host schoolmates?

What do you wish to achieve during this programme?

Please explain what you would like to contribute to your host family, school, school friends and the local community during your stay in New Zealand:

FORM TEACHERS' REFERENCE AND GRADE TRANSCRIPT

Student's name: _____ Form: _____
 Teacher's name: _____ School Name: _____
 School Address _____
 Phone no.: _____ Fax no.: _____

Where possible please answer to the following questions in English:

- How long have you known the student? _____
- Please mark the appropriate box with; **E** (Excellent), **G** (Good), **F** (Fair) or **P** (Poor).

Maturity:		Personal motivation:		Openness:	
Creativity:		Academic motivation:		Overall character:	
Responsibility to self:		Honesty:		Sense of humour:	
Responsibility to others:		Ability to adapt to new experiences:		Ability to interact with others:	
Attitude:		Study habits:		Attendance record:	

- Please write a brief comment on the students suitability as a cultural exchange candidate:

- Please translate above named student's last 3 high school reports on this form, using Grades of: A (higher achievement), B (merit), C(satisfactory), D(average), E(needs attention), F(failing)

Subject studied	year	hours p/w	grade	year	hours p/w	grade	year	hours p/w	grade

Do you wish to receive NZ high school's transcript on this student on his completion of the programme? Yes No

The above is true to the best of my knowledge.

Teacher's signature: _____

Date: _____

Official school stamp or school seal

STATEMENT OF HEALTH

Section A: Personal Details (this section should be completed by the student and his/her parents)

Student's name: _____

Date of Birth: _____ Gender: M F Country of Origin: _____

Height: _____ Weight: _____

Section B: Medical History (this section should be completed by a medical physician)

Has the student suffered from any of the following conditions?

Name	No	Yes*	When	Details and treatment required (comments)
Allergies				
Asthma				
Hay fever				

Has the student ever had any of the following?

Name	No	Yes*	When	Name	No	Yes*	When
Chicken Pox				Headache			
Depression				Appendicitis			
Psychological illness				Cough (persistent)			
HIV or AIDS				Diabetes Mellitus			
Malaria				Enuresis			
Scarlet Fever				Thyroid abnormality (Struma)			
Hepatitis				Hernia			
Poliomyetic Fever				Learning or speech difficulty			
Rheumatic Fever				Vertigo, Dizziness			
Parasites (intestinal)				Seizure Disorder			
Sleepwalking				Others			

*** Where the student has answered yes to any of the above questions full details of any treatment and/or medication given should be attached by the physician. Please include the details of any ongoing treatments or medication required.**

Is the student currently using any prescription drugs/medication? No / Yes: Please give details:
Has the student ever been hospitalised? No / Yes: When and why?
Has the student ever been advised to have surgery? No / Yes: For what?
Has student ever consulted a neurologist, psychologist or any other specialist in nervous or mental disorder? No / Yes: Please give details:

Any disease, impairment or abnormality of any of the following (if answering Yes to any of the below, please give further details):

Papillary and knee reflexes:

No / Yes: Please give details: _____

Abnormal Organs, digestive system: No / Yes: _____

Bones, Joint, Locomotor system: No / Yes: _____

Blood, Endocrine System: No / Yes: _____

Ears or Hearing: No / Yes: _____

Eating disorder: No / Yes: _____

Emotional, behavioural problems: No / Yes: _____

Eyes or vision: No / Yes: _____

Genito-urinary system: No / Yes: _____

Heart or Blood Vessels: No / Yes: _____

Lungs, Respiratory system: No / Yes: _____

Skin (Acne, etc): No / Yes: _____

Tonsils, nose or throat: No / Yes: _____

Varicose veins: No / Yes: _____

Are there any restrictions on the student's participation in physical education and or sports activities?

No / Yes: _____

Immunisation Record

Please state the date of each immunisation (or date of illness) given. In the case of multiple doses required give the date of the last dose given:

Vaccine	Date given	Complete?	Vaccine	Date given	Complete?
Hepatitis B			BCG		
DTPH			Meningitis B		
Polio			Diphtheria		
Measles			Tetanus		
Mumps					
Rubella					

Please select:

- The applicant appears both physically and mentally suitable for a cultural exchange programme.
- I have some concerns about the applicant's suitability and have attached a report outlining my concerns.
- I do not recommend the applicant for this programme and have attached a report outlining my concerns.

I, _____ the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all relevant medical information has been included, and that the above information is completed and accurate to the best of my knowledge.

Physician's name: _____

Physician's Signature: _____

Date: _____



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MEDICAL RELEASE AUTHORISATION

We, as parents/legal guardians of the undersigned student, in the case of any emergency, accident or serious illness authorise The Campbell Institute (hereafter TCI), or authorised agent (for example, the Cultural Exchange Programme Co-ordinator or the host parents) to consent to any X-ray examinations, anaesthetic, medical or surgical diagnosis, treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic of said physician or surgeon.

This is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable.

We/I understand that TCI will take all possible and reasonable steps to contact me/us prior to any medical procedures or treatment, but that in cases of emergency this may not always be possible.

We/I agreed to release information regarding our child's health to any individuals designated by TCI, its partners, host schools and/or representatives. The duration of this authorisation validity is from the time of our/my child's departure for New Zealand for taking up this programme until the child's departure from New Zealand to return home.

MEDICAL LIABILITY RELEASE

I, (applicant's name) _____ agree that TCI or its agents can take any necessary action whatsoever in regard to my health and safety without incurring any liability or expense. This may include, but is not limited to, my placement in a hospital, use of doctor's services, and transportation to my home country at my own expense.

TRAVEL AND NZ HOST SCHOOL OUT-DOOR ACTIVITIES AUTHORISATION

We, as parents of the undersigned student, do hereby authorise TCI, its counterparts and host parents as agents of the undersigned parents to make the determination for student travel and/or participation in Out-door activities or educational school trips organised by NZ host high school for the duration of my child's participation in the TCI Cultural Exchange Programme.

It is understood that this Authorisation is given in advance only when the student is travelling and/or participating in out-door activities or educational school trips organised by the NZ host school and supervised by a host parent/family or by a representative of the school programme or other person approved by both organisations.

We understand that my/our child may not travel unsupervised.

PROGRAMME LIABILITY

We/I fully understand the above and are signing it voluntarily and without reservation.

Parents Names: _____ and _____

Parent(s) signature(s): _____ / _____ Date: _____

Student's signature: _____ Date: _____

CULTURAL EXCHANGE PROGRAMME - RULES AND AGREEMENT

These rules pertain to all students participating in the NZ Cultural Exchange Programme. Please read carefully and sign your name at the end.

Any breach of the following rules will result in immediate dismissal from the programme and may result in termination of your visa.

- Students must abide by the laws of the host country and native country. Where the laws of the two countries conflict the student must abide by the laws of the country they are in at the time. This includes but is not limited to laws pertaining to the consumption of cigarettes and alcohol.
- Student must not use any illegal drugs or substances including all hallucinogenic drugs.
- Students are not allowed to drive any motor vehicle (excepted as part of a school or host family activity where the student is legally allowed to drive. E.g. motorised bumper cars) nor are they able to travel with any other driver who is not fully licensed.
- Students will be dismissed from the programme if withdrawn, excluded or dismissed from school due to lack of attendance or for disciplinary reasons.
- Students must not download pornographic or other objectionable material or images from the internet.
- Students are prohibited from hitchhiking under any circumstances.

Any continuous failure to abide by the following rules may result in dismissal from the programme and termination of the student visa:

- No drinking of alcoholic drinks, except for students over 18 years of age, in the host family's home, in the presence of and with the permission of the host family.
- Students must abide by the rules of the host school.
- Students must attend school daily, unless ill. When a student is ill, he/she must ask their host family to ring the school to report the absence. If the student is absent for more than two days due to illness, the student must submit a doctor's certificate.
- Students must complete all homework and assignments to the best of their ability.
- Students must try to maintain an "achieved" grade average.
- Students are prohibited from visiting adult-themed shops.
- Students are prohibited from getting any tattoo(s) or piercing(s) during the programme.
- Students are prohibited from participating in parachute jumping, bungee jumping or any other dangerous activities without parents' consent in writing.
- Students are prohibited from travelling without travel approval documentation from TCI.
- Students are prohibited from paid employment as this is student visa requirement.
- Students are prohibited from buying cigarettes or smoking until the age of 18. Students must also abide by the host High School's regulations regarding smoking.
- Students are prohibited from drinking alcoholic drinks until the age of 18.
- Students are prohibited from riding on motorcycles including being a passenger (except as part of a school or host family activity and where the motorcycle is off public roads).
- Students are prohibited from entering into any contractual agreement, be it business, marital or religious.
- Students must show respect for their Regional Homestay Coordinator, Regional Programme Coordinator and strictly follow their instructions.
- Students must show respect for their host families and act as a member of the family following the host family rules and being courteous at all times. This includes obtaining approval from the host family for all activities students intend to do and letting them know where you will be, with whom and when to be expected back home.
- Students are expected to voluntarily help with household chores as a family member.

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- Students must refrain from discussing (gossiping about) the host family's private matters except as part of counselling by the cultural advisor.
- A student's host school can not be changed.

The programme organiser, (TCI and host schools) strongly suggest parents and friends do not visit students during the programme as this can be very unsettling for the student and/or host family. Parents and friends who wish to visit should plan their arrival to coincide with the end of the student's programme, and must notify TCI of their travel intentions.

The parents' understanding is that they will be consulted on any major issues, but final decisions with regard to dismissal of the child for the programme will be made by TCI. Parents must up-hold any decision made by the providers. TCI will contact the parent(s) should any problems arise or should any special permission be required.

The parents agree to reimburse the host family and/or the host school for any damage my/our child may cause, where the cost of repairs is not covered by insurance.

Signed by the above student's parent(s) or legal guardians:

Name(s): _____ / _____

Signed: _____ / _____ Date: _____

I, as a participating student understand all the conditions of the programme participation and I agree that if I break these conditions, I will face the consequences including being sent back to my home country at my (my parents') expense without any refund of the programme fee.

Signed by Programme participating student: _____ Date: _____

Signed by Affiliate Organisation: _____ Date: _____



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PARENT APPOINTED CAREGIVER AGREEMENT - FOR STUDENT UNDER 18

Form to be completed and signed by at least one of the students' parents / legal guardians

Student Details

Full Name: _____

Date of Birth (Day/Month/Year): _____

Residential Address _____

Parent's Details

Full Name of Father: _____

Full Name of Mother: _____

Home Address: _____

Telephone Number: _____

Mobile Number: _____

Fax Number: _____

Email Address: _____

The release of any information collected on this form will comply with the privacy Act

Parental Agreement and Signature(s):

I / We, the parent(s) of _____ state that the information on this form is to the best of my/our knowledge true and complete. I/We, understand and agree with the following statements:

1. I/We appoint **The Campbell Institute (TCI)** to be a Caregiver for our child and give authority to arrange our child's admission to high school in New Zealand.
2. I/We understand that it is the parent's responsibility to ensure TCI is informed of any pre-existing medical conditions and their intensity, and that failure to disclose important information may result in the student's dismissal from the programme without any right to a refund of programme or tuition fees.
3. I/We understand that communication with my/our child while they are studying in New Zealand is vital to their well being, and that TCI will act and correspond promptly in regards to any unforeseen accidents in case of emergency, however I/we understand that direct correspondence with our child's host family, high school staff and any other third party who is involved in caring for our child, especially in a critical incident, can lead to miscommunication or misinformation. I/We will always therefore treat the Experiment e.V. as our first contact to maintain correct and accurate communication channels.
4. We will take responsibility for any inappropriate actions of our child and therefore the consequences resulting from his/her misbehaviour and illegal activities, in New Zealand. Therefore, I/we understand and accept that the host family, high school, Youth Advisor and TCI will not take any responsibility for the consequences resulting from any non-acceptable behaviour or non-approved medical actions.
5. I/We will respect any decisions made by NZ High School and TCI over our child after general consultations.

Signature/s: _____ / _____

Date: _____