

IPA INTERNATIONAL YOUTH HOLIDAY PROGRAMME

APPLICATION FORM – YOUTH APPLICANT

1 – INFORMATION ABOUT YOUTH			
1	From Section/Country Finland		
2	Family Name Välimaa	3	First Name Julia
4	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	5	Date of Birth 210896
6	Full Address Vihnekuja 15 36200 Kangasala Finland		
7	Tel: (Home) +358 50 5204513		(E-Mail) heli.jalander@gmail.com
8	Mother's Name: Heli Jalander	Father's Name: Tero Välimaa	
9	IPA Membership No. 7475		
10	Copy of IPA membership card both sides: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, state reason _____		
11	Our family size is: Father <input checked="" type="checkbox"/>	Mother <input checked="" type="checkbox"/>	Brother(s) <input checked="" type="checkbox"/>
		Sister(s) <input type="checkbox"/>	2
12	My Language is: finnish		
13	Other Languages: French <input type="checkbox"/> English <input checked="" type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input checked="" type="checkbox"/> swedish		
14	Photo of Applicant Attached <input type="checkbox"/>	15	Smoker <input type="checkbox"/> Non-Smoker <input checked="" type="checkbox"/>
16	Hobbies: basketball, dogs, swimming		
17	Other information about the applicant (in English) Julia is a good girl and a thorough student. She loves animals, movies and children.		
18	Signature of IPA membership cardholder 	19	Date: 18.1.12
2 – REQUIREMENTS OF YOUTH			
1	To Visit (Country): Any		
2	Duration of Visit: 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks <input checked="" type="checkbox"/>		
3	Period during which visit is required (indicate month): 1 June- 15-August		
4	If possible, I would like to stay in: any		
5	If possible: A family with animals <input checked="" type="checkbox"/> A family without animals <input type="checkbox"/>		
6	Do you have any Special Medical Conditions? no		
7	Other information about the request or the applicant (English)		
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MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:			
1. International Youth Holiday Programme Co-Ordinator, Mr Zdenko Prizmič, Zastava 2, SI-8340 Črnomelj, Slovenia. E-Mail: pzdenko0@gmail.com (Note: before@ there is <u>number 0</u> (zero) and <u>not</u> letter O). (New June 2011) Tel: 00386 41 408 566			
2. The requested National Section, Secretary General (where appropriate).			
I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistance.			
Signed		Position	<u>Secretary general</u>
Section	<u>IPA Section Finland</u>	Dated	<u>24.1.2012</u>

Address :
Zastava 2, SI-8340 Črnomelj, Slovenia