



FARMSTAY APPLICATION FORM

(Office use)

Program Code:	Location:
Duration: / ~ / () days/weeks	

Photograph

Customer Information

Mr / Mrs / Ms / Miss		
Full Name		
	Family Name	First Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / / (Day) Month (Year)	Age: years old
Current Address: _____ _____		Telephone No:
Post Code: _____		Mobile No:
Email Address: _____		

★To assist us with matching, please complete.

<p>●English Speaking Ability</p> <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<p>●Interests & Hobbies</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>●School / Major or Occupation</p> <p>_____</p> <p>Year in School if applicable</p> <p>_____</p>	<p>● Other Information</p> <p>★Do you like pets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I like: <input type="checkbox"/> Dogs/ <input type="checkbox"/> Cats/ <input type="checkbox"/> Other _____</p> <p>★Dislikes</p> <p>*Food _____</p> <p>*Animal _____</p> <p>*Other _____</p>
<p>●Allergies</p> <input type="checkbox"/> Allergic Rhinitis: <input type="checkbox"/> Atopic Dermatitis: <input type="checkbox"/> Asthma: <input type="checkbox"/> Hay Fever: <input type="checkbox"/> Foods: _____ <input type="checkbox"/> Plants: _____ <input type="checkbox"/> Animals: _____	<p>★Please feel free to write a message to your Farmstay family. Please advise if there is something in particular you would like to do.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>● Are you taking any medication?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list <p>_____</p> <p>_____</p>	

●**Health Records:** It is essential that all former childhood and current health issues are listed below. This must include medical, physical and psychological conditions and disabilities.

★Do you have any current medical conditions: i.e heart, kidneys, bladder, bowel etc?

If yes please explain and **attach** any medical information & copies of records that may be useful to a Doctor or medical staff. Please remember this information may help you in an emergency.

1. _____ 2. _____ 3. _____

Further Comments:

★Do you have any former childhood illnesses that should be listed? :

Even if you no longer suffer from these diseases or illnesses it is preferred you have supplied this information in the case of an emergency to Doctors and medical staff.

1. _____ 2. _____ 3. _____

Further Comments:

∞∞∞∞∞ 同意書 / Agreement ∞∞∞∞∞

このプログラムを申し込むにあたって、私は主催、及び企画団体等発行の案内書、ファームステイガイド、その他関係文書に記載されている主旨、諸規則、約束事項、手続き、派遣、及び受け入れ機関の支持に従う事を約束します。そして、ここに記載したすべての情報に偽りはありません。もし、偽りがあった場合受入機関責任者に、両親の経費負担でビザの取り消し、送還の権利を与えることをここに承認します。(In applying to your program, I agree to abide by the policies, rules and regulations, agreements, procedures and directions of the sending and host organisations and that all information provided is accurate and true if I have not provided this correct information the Director has the right to cancel my Visa and have me returned home immediately at my parents expense.)

参加者署名(Signature)

Date: _____ / _____ / _____
(署名した日付) 日(Day) 月(Month) 西暦(Year)

<参加者が 18 歳未満の場合 / If applicant is under 18 years of age>

渡航中の子供に対し受入機関が保護者に代わり、緊急を要する医療(手術を含む)に個人的責任を問うことなく決定する権利を与えることをここに承認します。そして子供がプログラム参加中に起こり得る全ての法的処置、如何なる経済的、その他の責任、諸問題、要求について、派遣、及び受入機関とその役員、並びに受入家族の全員に対し免責の保証を与えます。また、子供を貴プログラムの諸規則に従わせ、もし違反した場合、私の責任の下に即刻帰国させる事に異議を申しません。(I hereby accept that the assigned host organisations may act as responsible guardians for my son/daughter and may decide on emergency medical treatment including surgery, without personal liability. I hereby release the sending and receiving organisations & any of their staff and any of the host family members, of all manner of actions and financial or other responsibilities, and of claims and demands which I may have arising out of participation in your programs.)

私の子供がプログラムのすべてのルールと規則に従う、または従わない場合は私の経費負担の元、送還することを認めます。(I agree that my son/daughter must comply with all of the rules and regulations of your programs or he/she will be returned home immediately under my financial responsibility.)

受入機関に提供したオーストラリアでの安全と快適さのためのすべての情報に偽りが無いことを認めます。(I agree we have provided all true & correct information to the host organisations for the safety and well being of my child while living in Australia.)

保護者署名(Signature of Parent/Guardian)

Date: _____ / _____ / _____
(署名した日付) 日(Day) 月(Month) 西暦(Year)