



<b>Intercambios Norte / Sur</b> <b>Solicitud de participación en el Programa de Intercambio con Latinoamérica de Abya Yala</b>	Fotografía de pasaporte
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**Sending Branch: IVS GB**  
**POR FAVOR COMPLETA ESTA SOLICITUD CON MAYUSCULAS O UTILIZA UN ORDENADOR**

Rama de envío	Prioridad	Código	País	Nombre del Proyecto y fechas
	1.			
	2.			
	3.			

**1. Datos personales**

<b>Apellidos</b>		<b>Nombres</b>		
<b>Nacionalidad</b>	<b>Sexo</b>	<b>Fecha de nacimiento</b>	<b>Número de pasaporte</b>	

**2. Dirección**

<b>Domicilio actual</b>	<b>Teléfono</b>	<b>e-mail</b>
<b>Fechas en esta dirección: De:                      Hasta:</b>		
<b>Dirección permanente</b>	<b>Teléfono</b>	<b>e-mail</b>

**3. Notificar en caso de emergencia**

<b>Apellidos</b>	<b>Nombres</b>	
<b>Dirección</b>	<b>Teléfono</b>	<b>e-mail</b>

**4. Idiomas**

<b>Lengua materna:</b>	<b>Marca por favor con una X tu nivel de conocimiento de otros idiomas</b>		
<b>Otros idiomas</b>	<b>Muy bien</b>	<b>Bien</b>	<b>Poco</b>

**5. ¿Tienes algún problema de salud importante?**

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**6. Estudios/Trabajo: Indica que tipo de estudios has hecho o estas haciendo o cual es tu trabajo**

**7. Da detalles de tu trabajo voluntario en SCI: año, país y tipo de trabajo**

**8. Da detalles de tus experiencias en trabajo voluntario/comunitario en otras organizaciones: año, país y tipo de trabajo**

**9. Especifica tus motivaciones para participar en el programa de Abya Yala en Latinoamérica:**

***SCI espera que participes en todo el programa, incluyendo su preparación y evaluación. También debes escribir un informe sobre tu experiencia en dicho programa***

Confirmo que he leído y comprendido las condiciones para participar en este programa y que mis declaraciones son correctas y verdaderas.

I agree to take out full private and medical insurance cover as a condition of participation in the exchange programme.

**Nombre:**

**Firma:**

**Fecha:**

A) If the address on the other side is a temporary one, please write down your permanent address. If necessary, put dates. ....  
 .....  
 .....  
 .....

B) Name, address, and telephone number of contact person in an emergency. ....  
 .....  
 .....  
 .....

C) Any additional information on special requirements you may have concerning a disability. Please enclose an additional sheet with further details if necessary. ....  
 .....  
 .....

D) Do you check your emails regularly?  
**YES / NO**

E) May we pass your contact details to other outgoing GB volunteers without checking with you first? **YES / NO**

F) We sometimes need experienced British volunteers to co-ordinate projects in Britain. They can have the registration fee waived, and may receive help with travel costs. Would you like to be a project co-ordinator? **YES / NO**

**Conditions of Participation / Insurance**

You must take out proper private insurance cover before going abroad. This is a condition of participation in the Project. This cover should include full accident and medical insurance for all eventualities. If possible, it should also cover travel costs, just in case your project is cancelled at short notice.

N.B. If you are travelling in Europe, make sure you have a valid European Health Insurance Card with you (available from the Post Office or EHIC website - it provides reciprocal health care in EEA countries and Switzerland).

**I am WAGED / STUDENT / UNWAGED (please circle/provide proof of status)**

I enclose a cheque/PO made payable to 'IVS' for : £ .....

**(For taxpayers)** Part of the payment will be eligible for Gift Aid. I would like IVS to reclaim the tax on the eligible part of this payment and any donations or membership subscriptions that I make. I have paid an amount of UK income tax or capital gains tax equal to any tax claimed **YES / NO**

**I have read, and accept, the conditions for application and participation in an IVS/SCI project. I promise to arrange full, comprehensive travel insurance before going abroad to a project, along with a valid EHIC, if entitled to it. The information I have supplied on this form is full and accurate.**

**Your Signature:**

.....  
 (Your application can not be processed without your signature here).

**FEEES**

**You must be a member of IVS for the current year at the time you apply for a Project. The membership year runs for 12 months from the date of joining.**

**Project Registration Fee (including membership)**

	<b>Waged</b>	<b>Unwaged/Low waged/Student*</b>
<b>Projects Abroad (including Eire)</b>	<b>£190</b>	<b>£145</b>
<b>Projects in Britain</b>	<b>£95</b>	<b>£50</b>

If you have paid your IVS membership fee within the last 12 months, then please deduct the membership fee from the above amounts (£35 waged, £15 unwaged/low waged/student). \*Please provide proof of your situation e.g. photocopy of student card, unemployed or similar. The information provided on this form will be held on an IVS database and shared within IVS for purposes of the organisation only.

**Please Note:**

**Additional participation fees:** Most of the projects ask you to pay an additional participation fee on arrival in order for the project to take place at all. These are indicated in the project descriptions.

**Motivation Letters:** If you are asked to send a motivation letter with your application form, please do so. It doesn't have to be an essay, just a reasonable length paragraph explaining clearly why you are applying for that particular project.

**Eligibility:** Please make sure that you meet the criteria when applying for projects which come under our North South Program. If you're not sure, do contact the office first.

**PLEASE POST THIS FORM WITH PAYMENT OF THE APPROPRIATE FEE TO: PLACEMENTS, IVS GB, Thorn House, 5 Rose Street, Edinburgh EH2 2PR T: 0131 243 2745**

**SORRY, BUT WE CAN NOT ACCEPT APPLICATION FORMS BY FAX OR EMAIL.**

### EQUAL OPPORTUNITIES MONITORING FORM

As part of our commitment to ensuring Equality of Opportunity in all areas of our work, please would you help us by completing this monitoring form. It will help us see how close we go to achieving our aim of including all members of the community in volunteering opportunities available through IVS. The questions reflect those asked by our funders, so by completing this form you will also be helping IVS to maintain our funding base. But please note:

- you do not have to fill in this monitoring form
- you could choose to fill in some parts but not others
- the information you provide here will be treated anonymously and confidentially. Many thanks

**PLEASE TICK**

1. FEMALE..... MALE..... DATE OF BIRTH.....

2a) AGE: Under 16 { } 16 – 17 { } 18 – 19 { } 20 – 21 { } 22 – 25 { }  
 26 – 35 { } 36 – 45 { } 46 – 59 { } 60 – 64 { } Over 65 { }

b) NATIONALITY.....

c) How would you describe your ETHNIC HERITAGE (see below ~ please tick)

**White:** a) British ..... b) Irish..... c) Other (please specify).....

**Mixed:** a) White & Black Caribbean..... b) White and Black African ..... c) White & Asian .....  
 d) Other (please specify).....

**Asian or Asian British:** a) Indian..... b) Pakistani ..... c) Bangladeshi.....  
 d) Other (please specify).....

**Black or Black British:** a) Caribbean..... b) African..... c) Other (please specify).....

**Chinese or other ethnic group:** a) Chinese..... b) Other (please specify).....

**North African:** a) Arab:..... b) Other (please specify):.....

3. DISABILITY: Would you describe yourself as being affected by any of the following (please tick)

- a) Hearing impairment.....
- b) Visual Impairment (not corrected by spectacles or contact lenses).....
- c) Mobility impairment.....
- d) Learning Disability.....
- e) Mental illness.....
- f) Other (please specify).....
- e) Speech impediment.....

**Are you registered disabled? Yes..... No.....**

4. WOULD YOU DESCRIBE YOURSELF IN ANY OF THE FOLLOWING CATEGORIES (please tick as many as you want)

- |  |  |                               |                                    |
|--|--|-------------------------------|------------------------------------|
| Disadvantaged living in rural areas..... | Disadvantaged living in urban areas..... | On low income.....            | Employed.....                      |
| Unemployed.....                          | In Debt.....                             | Young Person.....             | People living in inner cities..... |
| Affected by HIV/AIDS..                   | Substance User.....                      | Physical Illness.....         | Victims of Crime.....              |
| Offender.....                            | Ex Offender.....                         | Young Offender.....           | Refugee.....                       |
| Homeless.....                            | Travellers.....                          | Victims of Abuse..            | Asylum Seeker.....                 |
| Lone Parents.....                        | Families.....                            | Women & Girls.....            | Gay men/lesbian women.....         |
| Student.....                             | Further Education.....                   | Carers.....                   | Living in Care.....                |
| Social exclusion.....                    | Minority ethnic communities.....         | Full time education.....      | Privileged.....                    |
| Disadvantaged young people.....          |  | Disaffected young people..... |                                    |

Other Groups (please tell us).....

5. RELIGION/FAITH: Do you practice any faith ? Yes..... No.....  
 If yes, how would you describe your faith? .....

6. HOW DID YOU LEARN ABOUT IVS?

- Friend / Relative .....
- Word of Mouth.....
- Previous Participant.....
- Internet..... Was it by: WWW Search..... Saw Website in an advert.....
- Library / Careers Centre .....
- Where.....
- Volunteer Fair / Careers Fair.....
- Where.....
- Printed Publicity: Book..... Leaflet ..... Advert.....
- Volunteer Development Project.....