

Work & Travel

Work program in Iceland

1. Personal information

First and middle name:	Family name:
<input type="checkbox"/> Female <input type="checkbox"/> Male	Available from:
Available until:	Preferred location:

Complete address:		
Telephone Landline (area code) :	Mobile Phone: (area code)	
E-mail:	Passport number:	
Date of birth:	Place of birth:	
Age:	Nationality:	Marital status:

2. Emergency contact person

Relationship with participant (e.g. parent, sibling):		
Name:		
Postal address:		
Post/Zip code:	Town:	Country:

Phone n°(+area code):	E-mail address:
-----------------------	-----------------



3. Position applied for

(Choose 3 options 1st preference, 2nd preference, and 3rd preference)

1.	2.	3.
----	----	----



4. Education

Name and Address of Institution	General Subjects	Date
Qualifications and Diplomas:		



5. Working or training experience

Name of Employer	Role/Duties	Dates



6. Language knowledge

Foreign languages:

English	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
French	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
Spanish	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
German	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
Italian	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none

Other (languages and level):



7. Health

Do you have any chronic or recurring health problems e.g. asthma, diabetes, cold sores?

Yes No If yes, give details:

Do you have any allergies (include allergies for pets)?

Yes No If yes, give details:

Do you have any dietary restrictions (e.g. vegetarian)?

Yes No If yes, give details:

Have you been hospitalized or under the care of a doctor within the last 12 months?

Yes No If yes, give details:

8. Short answer questions

Do you hold a driving license? Yes No If yes, for how long:

Do you smoke? Yes No Occasionally

Please describe what you expect to gain by participating in this program?

What are your careers plans after the work period?

What wishes, hopes or fears do you have concerning the work?

Have you ever lived away from home or traveled for an extended period of time? Where? How long?

What do you like to do in your free time?

9. Special wishes.

Special wishes and/or important remarks for your placement:

I (print name in full) _____ confirm that all the information given in this application is correct and complete.

Date and place: _____

Signature: _____

Motivation letter.

Please write a letter to your prospective employer. Write about your motivation regarding your Work Experience program. Explain why you wish to come to Iceland. Describe your personality, your professional ambition and what you expect to gain from this experience.



Medical information, Part 1 (Part 1: to be completed by the applicant)

Name of applicant:

Birth date:

Height:

Weight:

Cross by the appropriate word if you are presently suffering from or have ever had:

- Tuberculosis Anaemia Eye problems Arthritis Ulcers
 Anorexia Diabetes Depression Dizziness/fainting Heart disease
 Epilepsy/convulsions Hepatitis A B C Asthma Bulimia
 Kidney disease Migraine/headaches

If you have underlined any of the above words, please give details including dates:

Have you ever received counseling and/or medication for any nervous or mentally problems, or for an eating disorder? Yes No

If yes, give details including dates:

Have you ever undergone surgery or been hospitalized? Yes No

If yes, give details and dates:

Do you suffer from any allergies? Yes No

If yes, give details:

Do you have any chronic or recurring illness? Yes No

Do you carry an infectious disease such as Hepatitis B or the HIV virus?

Yes No

Are you currently taking any medication? Yes No

If yes to any of the above, please give details:

I hereby certify that all information given is correct, and that withholding or falsifying any information may result in me being withdrawn from the program..

Date: _____

Signature: _____

Medical certificate, Part 2 (to be completed by a Medical Doctor)

It is important that we are advised of any physical or mental health problems that may have a bearing on the applicant's ability to participate.

Please review the information provided in **Part 1** and give your opinion of the applicant's general state of health:

Excellent Good Poor

How long have you known the applicant?

Is the applicant currently taking any medication? If so please specify:

Does the applicant have any infectious disease or suffer from any chronic illness?

Has the applicant ever received treatment for nervous or emotional problems?

I hereby confirm that (please add the applicants name)

is in good physical and mental health that allows him/her to work in a foreign country.

Date, Location

Doctors signature and stamp

TERMS AND CONDITIONS

Attendance

In case of illness the participants must present a medical certificate to validate absence upon the host companies' request.

Instructions to follow in case of disagreement with the training placement:

1. The participant must talk with his/her superior first.
2. If a solution is not found Ninukot is contacted and informed.
3. Ninukot will help to find a solution.
4. If there is a clear ground a new placement will be found, if/when suitable placement is available.
5. All incidents will be informed to the sending organization.

Participants are expected to:

- a. Be mature enough to face the difficulties of adapting to a new life in a foreign country.
- b. Be open-minded towards new experiences in different situations.
- c. Take an interest in discovering new ways of life in different surroundings.
- d. Demonstrate willingness to learn and adapt to different practises.
- e. Be flexible about the placement and location.

Anti- social behaviour

It is extremely important for the participants to behave at all times in a sensible and responsible manner. They must follow the Icelandic laws, show respect for the host country's customs and beliefs. Participants must respect their host company's regulations and regulations set regarding accommodation.

Anti-social behaviour of any description, including alcohol or drug abuse, will not be tolerated and will result in the removal of the participant from the programme with the loss of any entitlement.

Programme abandonment

Participants are expected to complete the full duration of the programme.

I have read the Terms & Conditions carefully and accept them.

Signature

Date and place