

Ansøgning WISE USA

Din ansøgning er vigtig!

Din ansøgning bliver brugt til at finde den bedst mulige placering til dig. Alt hvad du skriver, vil blive sendt ud til potentielle værter, derfor er det vigtigt at du er ærlig hele vejen igennem ansøgningen. Du skal hele tiden have fokus på, at din ansøgning skal give det bedste indtryk overfor en mulig vært.

Derfor - **gør dig umage!**

Hvad er en god ansøgning?

1. Ansøgningen skal være sandfærdig. Lad vær med at overdriv eller underdriv dine færdigheder og erfaringer.
2. Din selvbiografi (personal description) skal fylde ca. en A4-side. Fortæl om dig selv, din baggrund, og hvad du gerne vil opnå ved at tage et udlandsophold.
3. Billedet kommer forrest på din ansøgning. Brug derfor et ordentligt billede, hvor du ser professionel ud og smiler.
4. Lav gerne en video, hvor du fortæller om dig selv, din baggrund og hvorfor du gerne vil til udlandet. Den kan uploades på YouTube privat, så det kun er personer med et link til den, der kan se den.

Har du nogle spørgsmål til udfyldelse er du altid velkommen til at kontakte os!

For at sikre at din ansøgning er komplet, kan du bruge denne tjekliste:

- Udfyldt Travel to Farm tilmeldingsblanket
- Underskrevet samtykke
- Udfyldt WISE-ansøgningskema
- Farvebillede
- Kopi af pas
- Kopi af kørekort
- 2 anbefalinger
- Uddannelsesbevis
- Selvbiografi (personal description) på engelsk
- CV på engelsk
- Straffeattest
- Dokumentation for aftjent værnepligt (kun hvis du har været i militæret)
- Link til YouTube video

Travel to Farm tilmeldingsblanket

1. Valg af land:			
2. Personlige oplysninger			
Fulde navn:		Adresse og postnummer:	
Telefonnummer:		E-mail:	
Køn (mand/kvinde)		Status (single/kæreste/gift)	
Studerende <input type="checkbox"/> Navn på skole _____ Hvilket skoleforløb er du på? _____ Er opholdet en del af praktikperioden på din uddannelse? Ja Nej			
Faglært <input type="checkbox"/> Stilling _____ Hvilken skole har du taget din uddannelse på? _____		Andet _____	
Kontaktoplysninger på pårørende ved nødstilfælde (navn, adresse, telefonnummer.)			
3. Rejsedatoer			
Hvor lang tid vil du gerne være afsted (antal måneder)?		Start på ophold (dato):	
4. Placeringsønsker Arbejdsområde du er interesseret i (skriv hvad du er mest interesseret i: 1-2-3. prioritet):			
LANDMAND Planteavl Søer Malkekvæg Heste <input type="checkbox"/> Slagtesvin Får <input type="checkbox"/> Kødkvæg <input type="checkbox"/> Andet _____	GARTNER Drivhus/væksthus <input type="checkbox"/> Anlægsgartner <input type="checkbox"/> Havecenter/ planteskole <input type="checkbox"/> Blomster/ løgproduktion <input type="checkbox"/> Grøntsager Andet _____	HÅNDVÆRKER Smed Tømre Jord/beton Andet _____ AUPAIR Kun i hus 50/50 hus/udendørs Andet _____	HOSPITALITY/TURISME Hotel på landet Feriegård/bondegårdsferie Restaurant/cafeteria Familiedrevet hotel Kombineret landbrug og turisme Andet _____
Hvis du selv har fundet en placering i udlandet, skriv venligst navn, adresse, telefon og mail på din kommende vært:			
T-shirt størrelse: S <input type="checkbox"/> M <input type="checkbox"/> L XL XXL <input type="checkbox"/> Er du medlem af LandboUngdom? _____			
5. Erklæring			
Jeg erklærer hermed at jeg er indforstået med følgende:			
<ul style="list-style-type: none"> - Jeg skal købe en rejseforsikring til min rejse (arrangeret af Travel to Farm eller af den ansvarlige partner i praktiklandet). - Jeg vil informere Travel to Farm og værtsfamilien, hvis der sker nogle ændringer i mine rejseplaner, eller programlængde. - Jeg vil ikke skifte værtfamilie uden at konsultere partnerorganisationen eller Travel to Farm. Gør jeg dette vil jeg blive ekskluderet fra programmet og vil ikke få penge tilbage. - Jeg vil være en god ambassadør for Danmark og følge de instrukser som Travel to Farm har givet mig. - Jeg vil betale alle fakturaer sendt fra Travel to Farm (servicegebyr, flybillet, forsikring o. lign.) - Annulleringsreglerne jf. www.t2f.dk 			

Dato _____

Underskrift _____

SAMTYKKE



Samtykke mellem Travel to Farm og _____

navn

Jeg giver hermed samtykke til at:

- 1) Travel to Farm kontakter mine referencer jf. de medsendte udtalelser
- 2) Travel to Farm kontakter min studievejleder, hvis jeg er under uddannelse
- 3) Travel to Farm må behandle mine helbredsoplysninger i forbindelse med de lande hvor det kræves samt i forbindelse med visumansøgninger
- 4) Travel to Farm videresender min ansøgning til den partner i det land jeg gerne vil til (3. part)

(sæt kryds)

Norge	
Holland	
Irland	
Tyskland	
Frankrig	
Schweiz	
Island	
Australien	
Canada	
New Zealand	
USA	
Japan	

**Vi skal gøre opmærksom på at lande uden for EU anses som værende 'ikke data sikre' i forhold til EU standarder.*

- 5) Travel to Farm opbevarer min ansøgning, samtykke og bekræftelser i op til 5 år fra vi har modtaget din ansøgning jf. retslig forpligtelse om opbevaring af oplysninger.
- 6) Travel to Farm opbevarer ubegrænset mine personlige oplysninger (navn, adresse, email, telefonnummer, uddannelse, land du er rejst til, periode du har været af sted samt evt. skole du kommer fra) i deres database.
 - a. Det gør de så de kan tilbyde rabat ved bestilling af ny rejse, udstede certifikater og med mit samtykke invitere mig til årlige arrangementer.
 - b. Og til interne statistisk formål
- 7) Travel to Farm udleverer mit navn og kontaktinfo til andre rejsende i samme periode
- 8) Travel to Farm videregiver mine personlige oplysninger (navn, adresse, CPR-nummer, rejsedestination, uddannelse og kontonummer) samt uddannelsesbevis og flybilletter til fonde, hvis der søges legater.

Fulde navn

Dato

*Et samtykke er ikke for evigt. Ønsker du trække dit samtykke tilbage, så du sende os en mail på t2f@t2f.dk
OBS: Tilbagekalder du dit samtykke kan det have den konsekvens, at du ikke kan komme afsted og at betalte beløb ikke tilbagebetales.*

VEJLEDNING TIL UDFYLDNING AF WISE ANSØGNINGSSKEMA for håndværkere.

Side 1-5: Udfyld med dine info. Svar uddybende på spørgsmålene. Ansøgningsskemaet er lavet til landmænd, men du skal selvfølgelig svare i forhold til at du er håndværker.

- På side 2:
 - o Til spørgsmålet om man vil bo med familie eller selvstændigt, skal du svare selvstændigt. På håndværker-placeringerne er det nemlig den eneste mulighed der er.
 - o Du bliver bedt om at krydse af hvilke 3 områder inden for landbrug, du er kvalificeret til. Her skal du kun sætte ET kryds og det er nederst i OTHER – og så skriv Construction.

- På side 3:
 - o Uddannelse – her skal du skrive hvilke uddannelser du har færdiggjort efter folkeskolen. Har du ikke færdiggjort nogen men er i gang med en uddannelse, så skal du skrive den forventede slutdato.
F.EKS:
Skive Technical College, Skive, Denmark
Carpentry and construction
01.08.2020
Skilled carpenter

- Side 4:
 - o Nr 4 – her skal du selvfølgelig skrive din erfaring med dit håndværk og hvilke maskiner/værkstøjer etc. du har brugt.

SIDE 6 skal IKKE udfyldes

SIDE 7 – her skal du få en der kender dig godt til at udfylde – dog ikke dine forældre. Det kunne f.eks. være en lære eller en arbejdsgiver.

SIDE 8 – skal du have udfyldt af din egen læge. Vi har vedhæftet en udgave på dansk også, hvis der skulle være brug for det. Det er bare rigtig vigtigt at lægen skriver under på den engelske udgave også.

SIDE 9 – læs og skriv under

SIDE 10 skal IKKE udfyldes

SIDE 11+12 – læs og skriv under

SIDE 13 – skal IKKE udfyldes



THE FOUNDATION FOR
WORLDWIDE INTERNATIONAL STUDENT EXCHANGE

PLACE
PHOTO
HERE

EXCHANGE VISITOR
PROGRAM APPLICATION

THIS FORM MUST BE COMPLETED BY THE APPLICANT – PLEASE TYPE OR PRINT CLEARLY

NAME OF OVERSEAS REPRESENTATIVE: _____

NAME OF APPLICANT'S CURRENT, OR MOST RECENTLY ATTENDED COLLEGE OR UNIVERSITY: _____

I Meet the Requirements for: **Trainee** [graduate, more than 12 months from graduation date]
Intern [student, or graduate less than 12 months from graduation]
(If uncertain of the requirements, see page 10, or confirm your qualifications with a WISE representative)

LAST NAME (Surname) _____ FIRST NAME (Given Name) _____
_____ MALE _____ FEMALE BIRTH DATE: ____ / ____ / ____ AGE: ____
DAY MONTH YEAR

PERMANENT CONTACT INFORMATION:

STREET _____ APARTMENT NUMBER _____
CITY _____ POSTAL CODE _____ E-MAIL ADDRESS _____ SKYPE NAME _____
(If not used in your country, indicate)

COUNTRY _____ Telephone _____
COUNTRY CODE NUMBER

COUNTRY OF CITIZENSHIP (PER PASSPORT) _____
COUNTRY OF LEGAL RESIDENCE _____
PASSPORT NUMBER: _____ COUNTRY OF ISSUE: _____

SPECIFY THE DATES OF ENTRY AND EXIT TO AND FROM THE UNITED STATES DURING THE PAST 10 YEARS, STARTING WITH THE MOST RECENT. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

I HAVE OR HAVE NOT PREVIOUSLY TRAVELED TO THE UNITED STATES (CIRCLE ONE). IF YES, CONTINUE BELOW:

ENTRY DATE ____ / ____ / ____ EXIT DATE ____ / ____ / ____ PURPOSE: _____ TYPE OF VISA: _____

ENTRY DATE ____ / ____ / ____ EXIT DATE ____ / ____ / ____ PURPOSE: _____ TYPE OF VISA: _____

NAME OF PERSON TO CONTACT IN AN EMERGENCY: _____
TELEPHONE OF EMERGENCY CONTACT: ____ / ____ RELATIONSHIP: _____
COUNTRY CODE NUMBER

ADDRESS: _____

Languages Spoken	Good	Poor	Not at all
English			
Other:			
Other:			

Except for the United States, what countries have you visited (Country and date):

Except for the United States, what countries have you worked (Country, dates, and description):

Are you married? YES NO Do you have children? YES NO If yes, how many? ____

Will you have any relatives or friends in the US or Canada while in the program? YES NO

If yes, list name, address, and relationship: _____

Are you currently employed? YES NO

If YES, describe your position, duties, and complete dates of employment

Name and address of current employer and complete dates of employment:

Would you prefer to live with a family or independently? Family Independent

How many times daily do you smoke? None 1-10 10 or more

Do you drink alcohol? Never Occasionally Once a Week More than once a week

What field or profession do you seek internship or traineeship in? For example; business management, professional sales, business administration, office management, retail management, merchandizing, entrepreneurial/small business management, human resource management, general marketing, marketing and management, sales/distribution/marketing (or other - with description):

Do you have a driver's license to drive a car? YES NO

Do you have an international driver's license (international driver's permit)? YES NO

****(Participants are advised to obtain an International Driver's Permit prior to arrival in the U.S.)****

I am capable of lifting 50 pounds or 23 kilograms YES NO

List all schools, colleges or universities in which you have received training or courses, beginning with the most recent post-secondary school. Please print graduation date(s) and include degree and any specialty along with any necessary description. If you are a current student, please list projected graduation date and the anticipated degree you will earn:

School Name and Location: _____ _____ Area of Specialty: _____ Date of graduation: ____/____/____ Degree earned: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> DAY MONTH YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER </small>					
School Name and Location: _____ _____ Area of Specialty: _____ Date of graduation: ____/____/____ Degree earned: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> DAY MONTH YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER </small>					
School Name and Location: _____ _____ Area of Specialty: _____ Date of graduation: ____/____/____ Degree earned: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> DAY MONTH YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER </small>					
Have you previously participated on a J-1 visa program in the United States? Yes No <i>If you answered yes, please complete the following questions:</i> 1) What category was the J-1 visa? <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="padding: 5px;">Training</td> <td style="padding: 5px;">Intern</td> <td style="padding: 5px;">Work and Travel</td> <td style="padding: 5px;">High school</td> <td style="padding: 5px;">Other</td> </tr> </table> 2) Who was the sponsoring organization(s) of your DS-2019? _____ TO _____ _____ TO _____	Training	Intern	Work and Travel	High school	Other
Training	Intern	Work and Travel	High school	Other	

ESSAY QUESTIONS: Please complete the following questions, attaching additional pages if needed. Incomplete or insufficient answers will delay consideration of your application. Please write clearly.

1) Why do you want to participate in this exchange program?

2) How has your education and experience prepared you for the type of work-based learning offered in this program? Please answer specifically for the area (or areas) of interest that you indicated on page 2 of this application. For example, if you are seeking a placement in “business management” and “retail sales” please answer the question for both types of operations.

3) List and describe in detail the skills and knowledge specific to your career goals you hope to develop during this program. Please note that although you will improve your English through your daily conversations it is not one of the objectives of this program.

4) Describe your practical working experiences - include nature and size of business or operation, (# of employees, sales volume, business volume and description), length of employment, specific machinery operation, customer interaction, etc.

5) What are your hobbies? What do you like to do in your spare time?

6) Where have you traveled to for vacations/holidays and what did you do while you were there?

7) Upon return to your own country, how will you use the skills you hope to learn in this program? Include information on your career plan:

8) Is there ANYTHING you feel your host should be aware of which may affect your program? For example – “religious requirements”, “specific non-traditional lifestyle concerns”, “food allergies or specific food requirements”, etc.

REQUIRED FROM ALL APPLICANTS:

Attach the following to this application:

- 1. A typed copy of your Curriculum Vitae or resume***
- 2. An autobiography including information such as your name, permanent address, phone number, e-mail address, family, education, degrees and/or certifications, courses studied, interests, work history, future goals, etc.***
- 3. A copy of your diploma or highest certification and English translation if not in English (or official school-certified transcript for current students)***
- 4. A clean, legible copy of the personal information page of your passport (the page including your photo)***

WORLDWIDE INTERNATIONAL STUDENT EXCHANGE

ENGLISH LANGUAGE PROFICIENCY

This form is to be completed by an English interviewer

TO THE INTERVIEWER: *The purpose of this form is to determine the participant's English ability. It is an important tool, which helps us place applicants in positions suitable for their proficiency. Therefore, it is important for you to be direct and accurate in your rating. Rating an applicant higher than his or her actual ability could result in severe problems for the applicant and the host site and could result in their inability to complete the program. PLEASE take great care to interview carefully and fill out the form accurately.*

SPEAKING AND UNDERSTANDING CONVERSATION: After engaging applicant in **at least** 15 minutes of **active** conversation, relating my views on current topics (being careful to use both abstract terms and idiomatic phrases), and requesting his or her views, I rate the applicant's ability to speak and understand English conversation to be:

- 10 Absolute proficiency in English. Applicant is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects, or most idioms. Thinks in the language.
- 9 Applicant possesses near fluency. Sentence structures are nearly perfect. Can understand and respond to difficult questions. Language knowledge includes abstract terms. Will have NO problem communicating while in the host country.
- 8 The responses, although not perfect, come naturally. Has a good vocabulary and understands almost everything. Can respond intelligently; however, needs practice.
- 7 Applicant can understand most conversation. Speaking ability is good, but needs practice. Applicant can go beyond basic responses and elaborate on thoughts. Knows many words, but needs to think before responding.
- 6 Applicant understands basic conversation. Vocabulary includes everyday, common terms. Thinks quickly, however, it is evident that he/she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation.
- 5 Applicant can understand much more than he/she can communicate; however, tries. Can respond in sentence form even if grammar and structure are not perfect. Applicant is understandable.
- 4 Applicant is evidently understanding the basic sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (A few weeks of total immersion in host country will rapidly improve his/her abilities)
- 3 Applicant understands words, or phrases but no sentence thoughts. Speaking ability is limited to a few words or phrases.
- 2 Applicant understands a few words, but has little or no ability to communicate beyond a few words. Applicant may even refuse to use the language.
- 1 Applicant cannot understand conversation and knows little or nothing. It is apparent that regardless of the level of language proficiency of the applicant, there will be periods of difficulty and frustration for any applicant who must function in a second language full-time during his or her stay abroad.

On the lines below, please share your thoughts regarding the applicant's language ability and aptitude, his/her study habits, and his/her motivation. These will help to predict the applicant's academic success during the program.

I, _____, am: The applicant's English teacher A fluent (or native) English speaker
INTERVIEWER'S NAME

I have known the applicant for _____ years **OR** This is the interview meeting only.

To the best of my knowledge, I have made a fair and accurate assessment of the applicant's English ability. This interview was held at:

LOCATION

DATE

INTERVIEWER'S SIGNATURE

TITLE (RELATIONSHIP TO APPLICANT)

REFERENCE FORM

*This form must be completed in English by a current or former employer, school administrator, or school instructor within the professional field of training for which you are applying. Forms completed by friends or relatives will be rejected in most cases. **INTERNS must submit a recommendation from a current school official. TRAINEES must submit a recommendation from a current or former employer (no more than 3 years ago) referencing employment of at least 12 months duration.** Current recommendation letters from your employer or school may be substituted only if they are less than one year old, printed on letterhead, and written in English.*

1. Reference Information:

Name of applicant: _____
 Your name as reference: _____
 In what capacity have you known the applicant (student, employee, assistant, etc...)? _____
 How long have you known the applicant? _____

2. Please check in the box that best describes the applicant in regards to:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Adaptability	()	()	()	()
Responsibility	()	()	()	()
Resourcefulness	()	()	()	()
Enthusiasm	()	()	()	()
Leadership	()	()	()	()
Sense of Humor	()	()	()	()
Patience	()	()	()	()
Cooperation	()	()	()	()
Initiative	()	()	()	()

Please describe the three best attributes of the applicant (discuss qualities from the above list or others not included):

- 1.
- 2.
- 3.

3. Describe the applicant's ability to relate to people of different nationalities and ages:

4. Do you recommend the applicant for participation in the WISE Exchange Visitor Program?

Yes No

If yes, why is the applicant suitable to participate on the program?

Signature of Person Giving Reference: _____ Date: _____

Address:

Telephone:

Email:

MEDICAL STATEMENT

To be completed by a Physician in English

1) Applicant's Name _____ 2) Birth date: _____ / _____ / _____
DAY MONTH YEAR

3) Height _____ cm. 4) Weight _____ kg. 5) Blood Pressure _____ Pulse _____

6) General state of applicant's health: Excellent Good Fair Poor

7) Does applicant now have, or has he/she ever had, any of the following?
 (If yes, give detailed information regarding impairment in the "EXPLANATION" space provided below – #13.)

ILLNESS			Date		DISORDERS		
	No	Yes	Month	Year		No	Yes
Chicken Pox	_____	_____	_____	_____	Seizure Disorders	_____	_____
Measles	_____	_____	_____	_____	Sleepwalking	_____	_____
Mumps	_____	_____	_____	_____	Appendectomy	_____	_____
Poliomyelitis	_____	_____	_____	_____	Cough (frequent)	_____	_____
Rheumatic Fever	_____	_____	_____	_____	Diabetes Mellitus	_____	_____
Rubella	_____	_____	_____	_____	Enuresis	_____	_____
Scarlett Fever	_____	_____	_____	_____	Headache (persistent)	_____	_____
Malaria	_____	_____	_____	_____	Menstrual Disorders	_____	_____
Hepatitis	_____	_____	_____	_____	Learning or Speech Defects	_____	_____
Parasites	_____	_____	_____	_____	Vertigo, Dizziness	_____	_____
Goiter	_____	_____	_____	_____	Allergies	_____	_____
Hernia	_____	_____	_____	_____	Asthma	_____	_____
Other _____					Other _____		

8) What was the last date of the applicant's tuberculosis test? _____ (include test results with application)

9) Has applicant ever been hospitalized? Yes No

10) Has the applicant had a tetanus shot? Yes No
 • If Yes, what was the date of the last tetanus shot or booster shot? _____

11) Has applicant ever been advised to have surgery, which has not been done? Yes No

12) Is applicant presently taking medications or injections? Yes No

13) Does the applicant presently have any diagnosed condition requiring ongoing treatment or check-ups? Yes No

14) EXPLANATION in detail of **EVERY** "Yes" answer in items 7 through 12:

15) Allergy Statement: HAY FEVER Yes No What specific pollens, grasses, etc., is the applicant allergic to?

16) What reactions are caused by contact? _____

17) Would you describe these reactions as: Mild Strong Severe Life Threatening

18) Can these reactions be controlled with medication? Yes No If Yes, what medication and dosage?

19) Are there any restrictions on the applicant's participation in physical activities? Yes No If Yes, please explain:

20) I understand that the medical insurance that is required by this program does not cover pre-existing conditions. I have explained to the applicant of any possible pre-existing conditions for which they may need to maintain additional coverage.

Signature of Physician _____ Date: _____

Name of Physician (Print) _____

Place of Examination _____

WISE PROGRAM LIABILITY AND MEDICAL RELEASE AGREEMENT

The undersigned, as a participant in a program organized and directed by The Foundation for Worldwide International Student Exchange, hereafter referred to as **WISE**, on behalf of ourselves, your sponsor, and our successors or legal representatives renounce to any claim against **WISE**, its employees, directors or officers, agents, coordinators and host site where the participant may be assigned, or any person interviewing in the program, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions, or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants, or any other service given by companies, individuals, or anyone related with the aforementioned.

I understand that as a participant, I will be subject to the authority of **WISE** and must follow the rules provided by the program and host site. I also understand that **WISE** reserves the right to terminate the participation in the program of any participant whose conduct during the program period may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant will have no right to any refunds.

I grant **WISE**, at its discretion, and, if necessary, at the cost of the participant or his/her parents – in the case of expenses exceeding the coverage of the insurance policy covering the participant—the power to place him/ her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available to place him/her under the care of the medical doctor of **WISE**'s choosing for his / her treatment.

I grant **WISE** authority to act as my representative while in the United States including, but not limited to, all necessary functions to act as legal guardians and “in loco parentis” in any situation, especially in emergencies whether medical or other, including the possibility of permission for surgical operations or other medical or mental treatment. **WISE** shall be the only agencies to authorize any medical or mental treatment of participant.

I authorize **WISE** to return me to my home country of origin at my cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. I confirm that at the time of signing this document that I enjoy satisfactory physical and mental health, that my health record enclosed herewith is true and complete, and that I may engage in any physical sport or training assignment task or activity.

I grant **WISE** permission to act on my behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid the entire duration of the **WISE** program in which I am participating.

I authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to **WISE** any and all confidential health information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the undersigned whose death, injury, sickness or loss is the basis of a claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the WISE-arranged policy. I authorize the policyholder, employer or benefit plan administrator to provide **WISE** with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I agree that a photographic copy of this Authorization shall be as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.

The protected health information provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information.

Information disclosed under this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations.

I understand that I or my authorized representative may revoke this authorization at any time, by providing **WISE** or their representatives with written notification as to my intent to revoke. I do understand that, if I do not sign this authorization, **WISE** and their representatives may not be able to obtain health information necessary to consider my claim for benefits.

Signature of Insured (Applicant) or Authorized Representative

Printed name

Date

INTERVIEW CONFIRMATION

This page is to be completed and signed by one of the following:

Interviewer from the Recruiting Organization, School Representative, or WISE Staff Member

Participant Name: _____

The primary objectives are to provide a structured and guided work-based learning program in the participant's specific academic or occupational field and to provide on-the-job exposure to American techniques, methodologies, and expertise. To be eligible for the program, the applicant must clearly demonstrate through prior training and experience that he or she is able to advance within a chosen career as a result of participating in this program. Specific qualifications for internships vs. training are:

An **INTERN** is either **currently enrolled** in and pursuing studies at a post-secondary accredited academic institution outside the U.S.

OR **graduated** from such institution **NO MORE THAN** 12 months prior to the anticipated start date.

A **TRAINEE** has a **degree or a professional certificate** from a foreign post-secondary accredited university **and** at least **one year of related work experience** in his or her occupational field acquired outside the U.S.

OR **five years of work experience** outside the U.S. in his or her occupational field (no degree).

The applicant will be required to provide documentation to WISE regarding previous educational and practical experience to confirm his or her prerequisite qualifications and eligibility. The work-based learning program offered to the participant must provide significant enhancement of knowledge and skills.

By signing I certify that, as per the above mentioned criteria, I have reviewed the participant's qualifications and experience and can substantiate that the above named participant has appropriate education, skills and experience to benefit from the structured and guided work-based learning program to be provided.

Date of Interview: _____

Place of Interview: _____

Applicant qualifies for: **Internship** **Training Program**

Method of interview: **Face-to-face** **Web/Video Conference**

Interviewer Name: _____

Interviewer Title: _____

Organization: _____

Telephone Number: _____

Signature of Interviewer: _____

PARTICIPANT AGREEMENT (PAGE 1 OF 2)

INSTRUCTIONS TO PARTICIPANT: Before you finalize your application for the WISE program, it is essential that you read and thoroughly understand the areas of responsibility as indicated below. If you have any questions please consult with your WISE representative before you sign this agreement.

I _____, undersigned, understand and agree:
PARTICIPANT'S NAME

1. I understand that I will be expected to remain on the same training site (or with the same host) for the full program, except for scheduled events, and that I should not expect to be given time off to travel outside of my normal days off without prior permission from my host site and WISE. Scheduled days off will typically be one or two days per week and may fluctuate due to the season or weather both of which may be important factors in any training position. I also understand that there may be variations to my schedule from week to week.
2. I understand that daily tasks and activities in my placement can vary and I am prepared to accept any shift, schedule, position, or task defined by my host or supervisor as pertinent to my work-based learning, provided that all safety instructions are explained to me in a timely and appropriate manner.
3. I will receive a stipend payment from WISE on a monthly basis to cover my day to day expenses as specified in my offer letter. **I understand that I cannot ask for or accept any direct payment from my host site or to seek or accept employment of any kind unless I am paid an hourly wage and this is explained in my outline letter and DS-7002. To do so could result in my disqualification from the program and cause WISE to terminate my program! I can neither seek nor accept a "second job."**
4. I understand that in some cases, the host site will assist me in securing living accommodations. If so, specifics of the housing arrangements and costs will be provided in the offer letter at my time of placement. I also understand that I am responsible for keeping my accommodations clean, and that if I fail to do so, I agree the host site (or landlord) may hire a cleaner at my expense. I also understand that if a telephone is available I must use a pre-paid calling card or in some manner bear costs of calls I make, and will be responsible for paying the cost of all long distance telephone calls.
5. I understand that my primary objective is to participate in a structured and guided work-based learning program that is designed to improve my knowledge of techniques, methodologies, or expertise used in the United States within my academic or occupational field. Seeking or accepting employment either at my host site or away from host site will be a violation of my visa and will result in termination of my program.
6. If I become ill or injured, I agree to notify my host site and WISE and to seek appropriate medical treatment. I understand that if I become seriously ill or injured, WISE may shorten or terminate my program and help arrange for me to return to my home country to complete my recovery.
7. I understand that WISE will provide personal health insurance while I am participating in the program, but that I am responsible to pay for the first \$100 to \$300 charged for each illness or injury (see deductible section in insurance brochure as this changes from year to year).
8. **I understand that insurance will not pay for any medical treatment for an injury or condition that I had before entering the program. I also understand that if I do not disclose a pre-existing illness or injury in my application, WISE will disqualify me and withdraw sponsorship of my visa.**
9. I understand that I may not have any family members or friends live with me while I am participating in the program without written permission from WISE; however, in cases where my host provides housing, I may have some visitors with the host site's prior permission in cases that the host site provides housing outside of their home.
10. I understand that I am responsible for the purchase of and arrangements for my international transportation to and from the United States, but the sponsoring organization in my home country may assist me in such arrangements.

PARTICIPANT AGREEMENT (PAGE 2 OF 2)

11. I understand that if questions or problems arise, I should first try to resolve them directly with my host site, but that if I cannot do so, I should contact my **WISE** staff representative. I understand that I may also call the main office at any time to leave a message on the answering machine if no one is available.
12. I accept the right of **WISE** to directly or indirectly cancel, change, or substitute in emergencies or whenever normal circumstances change, those elements of the program whose alteration is deemed necessary by **WISE**. I understand that, should there be a geographic move of the participant for any reason, the cost of the transportation shall be borne by me, the participant.
13. I understand that I must bring appropriate clothing and or other necessities to insure adjustment to American living conditions. I also understand that I should bring with me approximately US\$500 to cover my expenses until I receive my first compensation, which may not be for 3-6 weeks after my arrival.
14. I understand that my participation may be terminated for the following reasons:
 - Upon my request and determination by WISE that I am unable to continue participating in the program (e.g. because of personal, family, or medical reasons).
 - Disqualification by WISE following its determination that I have violated one or more program rules or have misrepresented anything on this application.
 - Possession or use of illegal drugs, or abusive use of alcohol will result in immediate termination.
15. To complete any written, emailed or oral evaluations required by the host site or WISE to comply with government and program regulations (monthly communication response is mandatory as is completion of mid-term and final evaluations).
16. I grant WISE permission to use in the future any photographic, or any other type of material in which the participant may appear for promotion or publicity of the organization's programs.
17. To obey all applicable local, state and federal laws. WISE reserves the right to terminate a participant's program should his or her conduct or actions be deemed harmful to themselves, the host site or the public at large.
18. I understand that should I leave the program prematurely or without notice, there will be no refund of fees and that such departure shall release WISE of any further obligation, financial or otherwise, effective the date of such departure.
19. I understand that if I am disqualified I must return to my home country immediately because my visa status is restricted to participating in this program and I will not be permitted to remain in the United States once my program has been cancelled or terminated. I understand that WISE will notify U.S. immigration authorities of my program status and that my insurance coverage will no longer be valid.
20. I understand that I am fully responsible for carefully reading and understanding all program information provided to me by WISE and/or my host site. This information includes my program offer letter, Training Plan (form DS-7002), WISE's refund policy and ALL program conditions outlined on WISE's website www.wisefoundation.com and in my participant manual.

I have read and understand the rules stated above, and I agree to abide by those rules and those in the program manual. In addition, I agree that if I have any complaints about the program I will present them directly to WISE.

Date: _____

Signature: _____

Name (Please Print): _____

PERSONAL DATA FOR DS-2019

Instructions to Participant: This form should be **PRINTED**, reviewed by the participant to ensure that accurate information has been provided and including proper spelling. PLEASE CONFIRM YOUR CORRECT DATE OF BIRTH.

Date of Birth (please write clearly):

Date

Year

(1 - 31)

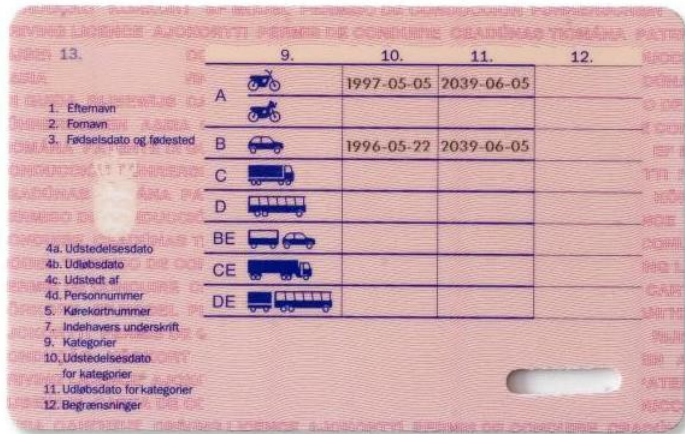
Month: January February March April May June
 July August September October November December

Family Name or Surname:	_____
First Name or Given Name:	_____
Middle Name:	_____
Gender:	_____
Passport Number:	_____
City of Birth:	_____
Country of Birth:	_____
Citizenship Country:	_____
Legal Permanent Residence Country:	_____

Indsæt farvebillede



Indsæt kopi af kørekort



Indsæt 2 anbefalinger

Indsæt uddannelsesbevis f.eks. grundforløbsbevis, hovedforløbsbevis eller faglærtbevis

Gråsten Landbrugsskole

Skolevejledning for Landmand, husdyr

Skoleperiode: D2
Periode: 02.02.2015 - 29.05.2015
Cpr. nr.: _____

Bedømmelsen i forbindelse med de enkelte skole- og praktikperioder har til formål at konstatere elevens standpunkt og på den baggrund vejlede således, at der er mulighed for at rette på eventuel manglende viden og færdigheder inden næste skoleophold.
Elevens har afsluttet ovennævnte skoleperiode og har opnået følgende resultat:

Fag	Standpunktskarakterer				Eksamenskarakterer			
	Mdt.	Skr.	Pra.	Andet	Mdt.	Skr.	Pra.	Andet
Grundfag								
Naturfag F				10				10
Sundhed				10				
Område- og specialefag								
Fagengelsk/internationalisering 1, begynder				BE ¹⁾				
Sprøjteteknik (delprøve 1 og 4), begynder				BE ¹⁾				
Teknikfag, begynder				7				
Dyrehold A specialproduktioner, rutineret				12				
Grundlæggende økonomi, trin 1, begynder				BE ¹⁾				
Husdyr (landbrug), rutineret				12				
Plantedyrkning (landbrug), rutineret				10				
Valgfri supplerende undervisning								
Dyrehold B Andre produktionsdyr, rutineret				7				
sprøjtetecertifikat delprøve 1				BE ¹⁾				
sprøjtetecertifikat delprøve 4				BE ¹⁾				

Gråsten Landbrugsskole
Fiskbækvej 15
6300 Gråsten

Gråsten, 29. maj 2015

Kåre Heide-Ottosen
forstander

Skr.= skriftlig-, Mdt.= mundtlig-, Pra.= praktisk karakter
¹⁾ Skala: Bestået / ikke bestået

Indsæt selvbiografi (på engelsk)

Selvbiografen skal være på ca. en A4 side, hvor du på engelsk fortæller om dig selv, din arbejds erfaringen inden for landbruget, din familie, fritidsinteresser, fremtidsplaner, hvorfor du gerne vil tage din praktik i Australien/hvad du vil opnå hermed (f.eks. at du vil være landmand i fremtiden/have din egen gård o.l.), dine styrker og svagheder osv. Det er vigtigt at du skriver hvorfor det er en fordel for dig at tage din praktik i udlandet - fx for at styrke din fremtidige karriere indenfor landbrugsfaget. Brevet bliver sendt med til din kommende værtsfamilie, når vi sender din ansøgning videre til Australien, og skal desuden også bruges til visum ansøgningen.

Indsæt CV - nedenstående eksempel kan bruges som skabelon

CONTACT INFORMATION

Name :
Address:
Telephone:
Cell Phone:
Email:

PERSONAL INFORMATION

Date of Birth:
Marital Status:

CAREER GOAL

Please explain in 1-2 sentences what your future career goals and plans are.

Example: Through my education as a skilled farmer I hope to get a through understanding of my speciality within Dairy cattle. I expect to become a front runner for usage of new innovative ways of production, and therefore I wish to take some of my trainee period overseas to get a different perspective.

EMPLOYMENT HISTORY

List in chronological order (beginning with your latest employment), include position details and dates. Please also include what skills you gained during your work experience.

Example:
March 2006- April 2009: Travel to Farm

Student position at Travel to Farm, working 15 hours a week. Travel to farm is a non-profit organization, servicing Danish agricultural trainees who wish to go abroad during their education. I have been in charge of the administration of trainees and updating the webpage. During my time at Travel to Farm I have gained skills within administration and servicing. Furthermore I have also gained knowledge within Danish agricultural council.

EDUCATION

Include dates and details of education, training, major courses and certification(start with your latest education)

September 2005- July 2008: Agricultural management
August 2003- July 2005: Skilled farmer
August 2003 - august 2004: Agricultural training at pig farm.

PROFESSIONAL QUALIFICATIONS

Courses: spraying certificate, first aid certificate.
Computer Skills: excellent user of Exel, powerpoint and word.

Language skills: Danish fluent in writing and speaking, English fluent in writing and speaking, Limited German.

EXTRACURRICULAR WORK

May 2008- present: active member of LU (agricultural youth organization)
January 2006- January 2007: volunteer worker for Red Barnet.

PERSONAL INTERESTS

PRIOR TRAVEL TO HOST COUNTRY (the country you wish to travel to)

Please write dates of entry/departure, if you have been in the country before.

HAVE YOU EVER BEEN DENIED TRAVEL TO HOST COUNTRY?

CRIMINAL RECORD

Have you ever been charged or convicted of a crime? If so, please explain

Indsæt straffeattest

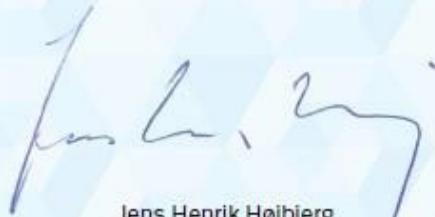
RIGSPOLITIET

11. March 2016
page 1 of 2

CRIMINAL RECORD CERTIFICATE

[REDACTED]
Danish person number: **[REDACTED]**

is not registered with any convictions in the Danish Criminal Records in accordance with Section 11 of the ministerial circular regarding the use of personal information recorded in the Danish Criminal Records Registry.



Jens Henrik Højbjerg
National Commissioner of Police

Issued in pursuance of Section 11 of the Danish Ministry of Justice Circular regarding the use of personal information recorded in the Danish Criminal Records (cf. the following page).

Bestillings ID: 948656

POLITI 

Indsæt evt. dokumentation for aftjent værnepligt

Indsæt link til YouTube video

(Her kan du indsætte link til din YouTube video. Vi anbefaler dig at lave en YouTube video, da dette vil give dig en fordel i ansøgningsprocessen. Når du ligger din video på YouTube kan du gøre den privat, så kun personer med linket kan se videoen. Tjek gerne inden du vedhæfter linket, at det virker.)