



Application form

Read this before you apply

1. Read the SUSP trainee information booklet thoroughly.
2. Fill in this form in English. It should give a good impression of who you are, what you like to do and learn. A possible host will decide on the basis of this form if he is interested in offering you a placement. This form should represent you, so you need to fill this in, not somebody else. Fill it in completely and honestly. Incorrect information is reason for rejection of your application or termination from the program. Make sure you write or type clearly.
3. Add all additional required documents (see checklist at the end of the application form)
4. Return the form to the SUSP partner in your country at 4-5 months in advance the desired start date if you are from a non EU country and staying for more than 3 months, at least 4 months in advance if you are from a non EU country and like to stay for 3 months and at least 3 months in advance in you are from an EU country.

Read the beneath points and sign before sending it to SUSP

I agree that I*

1. Will work on the host's company to which I am assigned and not at any other company.
2. Will observe the rules and safety regulations of the host during the training period.
3. Will not engage in any immoral or illegal practice (f.e. driving under influence, use of drugs, driving without a car insurance or a license, criminal activity etc.) all of which are reasons for immediate expulsion from the program.
4. Know that if I am unfit or unable to function properly for the training I will be expelled from the program.
5. Will notify Stichting Uitwisseling of any serious complaints regarding working or living conditions, if I am unable to settle the complaints in private consultation with the host.
6. Will not operate any motorized vehicle without the consent of the host.
7. Will return to my own country on completion of the training program.
8. Will not travel to other countries during the training period without having the appropriate visa (if needed).
9. Have filled out the application form correctly and honestly by myself.
10. Will provide the necessary papers now and during the training.
11. Will attend any obliged meetings.
12. Will pay the intermediate fee for the Exchange Program.
13. Am aware that in case I cancel, a cancellation fee plus costs that have already been made will be charged directly to me.
14. Am aware that if I provide false or incomplete information, SUSP will terminate my application and will charge the costs that have already been made.
15. Understand that with all visa and/or work permit applications, the Dutch government can cancel the application at all times.
16. Have understood the regulations and all of the above.

Signature of applicant

Name of applicant:

Day, Month, Year:

* If we find out that the reality is different than what you signed for in this paper, sanctions will apply.

Program participation; preferred placement and period		
1st choice:	2 nd choice:	3 rd choice:
Length of your training:	When can you start:	When do you need to return:
Country Partner information		
Name organisation:	Name contact person:	
Personal details		
Family name (as in your passport):	First name(s) (as in your passport):	
Address:	Postal code:	
City:	Province/State:	
Country:	Phone number(s) incl. country code:	
Email address:	Skype address:	
Country of birth:	Place of birth:	
Date of birth (dd/mm/yyyy):	Nationality:	
Passport / ID card number:	Date of expiry (dd/mm/yyyy):	
Religion:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Relationship	Children: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Can you swim? <input type="checkbox"/> No <input type="checkbox"/> Yes	Can you cycle? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Health		
Height:	Weight:	

Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have health problems (sight or hearing impairment, allergies, asthma, medication etc) that may limit your activity and safe execution of those tasks that might be assigned to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below	Do you have any dietary needs (f.e. allergies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below
Is there anything that may limit your activity and safe execution of those tasks that might be assigned to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below	Have you ever been involved in a farming accident? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below
Have you ever been treated for or suffered from any psychological problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below	Do you have a history of alcohol- or drugs abuse? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below
If you answered yes to any of the questions above, please describe how this will impact your ability to work on a training site or complete the program:	
Languages (Please be honest!)	
Speaking English Understanding English Reading English	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Speaking German Understanding German Reading German	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Speaking Dutch Understanding Dutch Reading Dutch	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
What other languages do you speak fluently?	Are you taking English lessons? Hrs per week? Since when?
Driver's license	
Do you have a driver's license for an automobile? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have another driver's license (f.e. a truck or tractor)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:

Current / Most recent educational information (full-time)		
Name of institution:	Field of study:	Type of degree:
Full address (incl. website)	Have you graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what was your graduation date (dd/mm/yyyy)?
If you are a student, when will you graduate (d/m/y)	If you are a student, when did you start your studies?	If you are a student, how long will your study last?
If you are a student, what is the name of the supervisor from institution:	If you are a student, do you need to do research on a specific topic?	If you are not a student, what is your present occupation?
Previous Post-Secondary Educational Experience		
Name of institution:	Field of study:	Type of degree:
Have you graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what was your graduation date (d/m/y)?	Of no, from when till when did you study here?
Name of institution:	Field of study:	Type of degree:
Have you graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what was your graduation date (dd/mm/yyyy)?	If no, from when till when did you study here?

Family information	
Father's occupation:	Mother's occupation:
Were you born and raised on a farm? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does your family own or operate a farm or horticultural business? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, to either questions, describe the operation (including size and type of enterprise, as well as your responsibilities and how often you help):	
Work experience	
Describe the practical work experience that you gained at home, during training or work. Describe the company and when and for how long you were there. Also describe your tasks, the machinery that you used etc.	

Motivation and personal goals	
Describe why you would like to do a training in the Netherlands?	
Why are you interested in the chosen sectors?	
What do you hope to learn during the training?	
What do you hope to gain from the SUSP program?	
Various	
Do you have friends or relatives living in the Netherlands or surrounding countries? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain	Did you place a short film about yourself on youtube? <input type="checkbox"/> No <input type="checkbox"/> Yes, youtube link:
Did you visit other countries before? <input type="checkbox"/> No <input type="checkbox"/> Yes, country, duration and purpose:	What is your nearest Dutch embassy / consulate that issues visas? check https://www.netherlandsandyou.nl/contact

Autobiography

Checklist: What to send in?	
All participants	<ul style="list-style-type: none"> • The application form. • A scan from a passport size photograph. • 2 reference letters in English or German. 1 from a previous employer and 1 from a language teacher. These letters should evaluate your performance and attitude and include the name, address, phone number, email address of referee. If you do not have one from a previous employer, ask a professor, a teacher, etc. to write the reference. • A color photocopy of the passport or ID card. If you have pages with visa stamps, we need a copy of all these pages • If possible, pictures of you in a greenhouse, on a dairy farm, riding a horse, making cheese, driving the tractor etc.