

STUWEB WORK AND TRAVEL APPLICATION FORM

WORKING HOLIDAY PROGRAMME

PERSONAL INFORMATION

FAMILY NAME

FIRSTNAME MIDDLE NAME

PERMANENT ADDRESS

CITY/COUNTRY E-MAIL

TELEPHONE MOBILE

DESTINATION COUNTRY

DO YOU SMOKE? YES OR NO HAVE A DRIVER'S LICENCE? YES OR NO NO# IF YES

DATE OF BIRTH CITY OF BIRTH COUNTRY OF BIRTH

NATIONALITY SEX M OR F MARITAL STATUS MARRIED OR SINGLE

PASSPORT NO# COUNTRY OF ISSUE EXPIRY DATE

PASSPORT
PICTURE

EMERGENCY/ALTERNATIVE CONTACT

NAME TELEPHONE

CITY/COUNTRY RELATION

EDUCATIONAL BACKGROUND

PRESENTLY A FULL TIME STUDENT? YES OR NO EXPECTED YEAR OF GRADUATION

LANGUAGES SPOKEN

HOBBIES/INTERESTS

ARE YOU A COMPUTER LITERATE? YES OR NO

TRAVEL EXPERIENCE

HAVE YOU EVER TRAVELED OUTSIDE YOUR HOME COUNTRY BEFORE? YES OR NO

IF YES, GIVE DETAILS

HEALTH STATUS

DO YOU HAVE ANY ALLERGIES OR HEALTH PROBLEMS THAT WILL AFFECT YOUR ABILITY TO WORK? YES OR NO

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN FOR A LONG-TERM OR PERMANENT CONDITION? YES OR NO

LIST CONDITIONS

DO YOU HAVE ANY CONDITION THAT MAY HINDER YOU FROM STANDING ON YOUR FEET FOR A LONG TIME, WORKING LONG HOURS OR LIFTING LARGE OR HEAVY OBJECTS? YES OR NO



I HAVE READ AND UNDERSTOOD THE APPLICATION, I UNDERSTAND THAT I MAY ONLY RECEIVE ONE JOB OFFER, AND THAT FAILURE TO ACCEPT THE TERMS OF THIS OFFER WITHOUT A VALID EXPLANATION MAY LEAD TO MY CANCELLATION FROM THE PROGRAMME.

I ALSO SWEAR UNDER THE PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEVE. ANY FALSE STATEMENTS IN THIS APPLICATION WILL RESULT IN THE TERMINATION OF MY PROGRAMME WITH NO REFUND.

DATE: _____

SIGN: _____

PARENT OR GUARDIAN'S SIGNATURE IF UNDER 21 YEARS OLD: _____

ATTACH THE FOLLOWING

1. REFERENCE FORM
2. PROOF OF STUDENT STATUS
3. COPY OF PASSPORT
4. PHOTO

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