Thank you for your interest in IIP’s cultural exchange program for schools. Please provide as much detail as possible. This will help us find a suitable candidate for your school as well as help the participant prepare before their visit. Please consult our Program Guide for further information or visit [www.interntraining.com](http://www.interntraining.com).

**HOST SCHOOL INFORMATION**

**SCHOOL DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Main City** | *(nearest)* | **Distance** | *(to nearest city)* |
| **Locality** | [ ]  Urban　[ ]  Suburban [ ]  Rural | **Transport** | [ ]  Bus　[ ]  Train [ ]  Private Car |
| **Telephone No.** |  | **School Fax** |  |
| **School Email** |  | **Website / URL** |  |
| **Principal** |  Mr. Mrs. Ms. Dr.  |
| **Telephone No.** |  | **Telephone No.** |  |
| **Email** |  | **Email** |  |
| **Host Teacher** |  Mr. Mrs. Ms. Dr.  |
| **Telephone No.** |  | **Telephone No.** |  |
| **Email** |  | **Email** |  |
|  |
| **School Type** | [ ]  Public/ State [ ]  Private [ ]  Independent　[ ]  Boarding | [ ]  Kindergarten |
| **Population** | **Students** |  | **Staff** |  | [ ]  Elementary / Primary |
| **Age Range** | **Youngest** |  | **Oldest** |  | [ ]  Middle / Jr. High School |
| **Gender** | [ ]  Male [ ]  Female [ ]  Both | [ ]  High / Secondary School |
| Please describe the ethnic diversity of your school / community |
| Which languages are spoken in your school / community? |
| **If you are interested in hosting a visit related to special education, please provide a brief overview of the special education programs / services at your school.** |
|  |

**VISITOR PREFERENCES**

|  |  |
| --- | --- |
| **Nationality** | [ ]  Any [ ]  Korean [ ]  Japanese [ ]  Chinese [ ]  Thai [ ]  Other: |
| [ ]  Male [ ]  Female [ ]  Either | **Dependents** | [ ]  We can accept a participant with a child [ ]  No children |
| **Schedule & Duration** *(Please note we cannot always match exact schedule and duration choices)* |
| Ideal duration | [ ]  **12 months** | [ ]  **9 months** | [ ]  **6 months** | [ ]  **3 months** | **Other:** |
| Starting dates | **1st choice:**  | **2nd choice:**  | **3rd choice:**  |
| **Are there any summer programmes or activities the participant could support or join?** |
| Details: |
| **Are you planning to co-host the participant with another school?** *(Please give school contact details below)* |
|  |

**CULTURAL EXCHANGE**

|  |  |
| --- | --- |
| **Which Asian countries have been introduced in your school?** |  |
| **Has the school hosted an IIP participant before?** *(Please give the year and names of any participants below)* |
|  |
| **Does your school currently offer any Asian language courses? [ ]  No [ ]  Yes** *- Please detail below* |
|  |
| **How would your school / community like the visitor to be involved?** |
| [ ]  | **Cultural Presenter –** please detail below |
| [ ]  | **Language Teaching –** please detail below |
| [ ]  | **Special Education –** please detail below |
| [ ]  | **General Teaching Assistant –** please detail below |
| **Which traditional and cultural aspects you would like your participant to introduce?** |
| **[ ]  Language:** | [ ]  Beginner | [ ]  Elementary  | [ ]  Intermediate (Dialog) | [ ]  Advanced  |
| **[ ]  Arts & Crafts:** | [ ]  Calligraphy | [ ]  Paper Folding | [ ]  Traditional Cuisine | [ ]  Costumes |
| **[ ]  Performances:** | [ ]  Tea Ceremony | [ ]  Dance / Drama | [ ]  Music | [ ]  Instruments |
| **[ ]  Sports & Games:** | [ ]  Self-Defense | [ ]  Traditional Games | [ ]  Festivals | [ ]  Events |
| **[ ]  Society:** | [ ]  School Life | [ ]  Housing | [ ]  Daily Life | [ ]  Politics |
| Details / Requests: |
| **Hours / Week:**  | **Grades:**  | **Class Size:**  | **Class Length:**(mins) |
| **Language Teaching (Visitor’s Native Tongue)** |
| [ ]  Beginner (Words) | [ ]  Elementary (Phrases) | [ ]  Intermediate (Dialog) | [ ]  Advanced (Discussion) |
| Details / Requests: |
| **Hours / Week:**  | **Grades:**  | **Class Size:**  | **Class Length:**(mins) |
| **Special Education Assistant - How will the participant be utilized?** |
| Details / Requests: |
| **Hours / Week:**  | **Grades:**  | **Class Size:**  | **Class Length:**(mins) |
| **General Teaching Assistant – please indicate subjects / teaching areas** |
| Details / Requests: |
| **Hours / Week:**  | **Grades:**  | **Class Size:**  | **Class Length:**(mins) |

**RESOURCES AVAILABLE FOR THE VISITOR TO USE**

|  |  |
| --- | --- |
| **Work Area** | [ ]  Office Space [ ]  Staff Room [ ]  Class Room [ ]  Other:  |
| **Facilities** | [ ]  Overhead Projector [ ]  Computer [ ]  DVD / Video [ ]  Other:  |
| Internet | [ ]  Wired [ ]  Wi-Fi [ ]  No Internet |
| **Which languages are required?** | in class: | [ ]  English [ ]  Participant’s Mother Tongue [ ]  Other: |
| in school: | [ ]  English [ ]  Other: |
| If there are any materials or resources left from a previous participant, please give details below: |
|  |

**SCHOOL CALENDAR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Term 1** | Start: | End: | **Term 3** | Start: | End: |
| **Term 2** | Start: | End: | **Term 4** | Start: | End: |

**ARRIVAL INFORMATION**

|  |  |
| --- | --- |
| Please indicate the most convenient point of arrival | [ ]  Airport [ ]  Train Station [ ]  Bus Station [ ]  Other: |
| **Place Name:**  | **Location:**  |
| Details: |

**FURTHER DETAILS**

|  |
| --- |
| Please use this space to tell us anything else that would help us coordinate a placement for your school |

**HOST SCHOOL ACKNOWLEDGEMENT**

|  |
| --- |
| Please refer to the ‘Program Guide for Hosts’ for the following: |
| **[x]** I acknowledge that I have read and understand our responsibilities as the ‘Host School’, which are outlined in the ‘International Presenters – Program Guide for Hosts’\*. **We agree to:** * Assist in finding the participant suitable accommodation on the condition they contribute an **agreed amount\*** per week/month. \* Fee is negotiable and will be finalized prior to the placement. If your school is providing a homestay, please discuss with your host families and your IIP contact. If the amount has already been agreed, please enter here: **$      AUD per month**. IIP’s benchmark is that host family contributions start from **$360 AUD** per month – please bear in mind the participant is unpaid and will be contributing cultural enrichment to school and community. We greatly appreciate your consideration. \*\* Note: The fee will be paid directly to the host family unless otherwise agreed.
* Provide free lunches for every school day worked.
* Arrange the participant’s transportation to and from school.

\* IIP’s program guidance can be found online:Program Guide for Hosts: <http://interntraining.com/docs/IIP_Program_Guide.pdf>Guide for Host Families: <http://interntraining.com/docs/IIP_Guide_for_Host_Families.pdf> |
| **Date**  | **Name**  | **Position**  |

**Please return to your IIP Program Coordinator**

**Email:** oceania@internship.or.jp | **Fax:** 0011-81-3-5750-7712

### HOST FAMILY INFORMATION

**Please note:** It is IIP’s policy not to place female participants in single male / male participants in single female households.

|  |  |
| --- | --- |
| **Host School Name** |  |
| **School contact person for host family** |  |
| **I / We are the 1st [ ]  2nd [ ]  3rd [ ]  host family.** | From: | Until: |

KEY CONTACT

|  |  |
| --- | --- |
| **Name** |  Mr. Mrs. Ms. Dr.  |
| **Relationship** | [ ]  Parent of Student [ ]  Teacher at Host School [ ]  Employee at Host School [ ]  Other:  |
| **Occupation** |  | **Employer** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **Work Phone** |  | **Email** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Phone** |  | **Fax** |  |
| **Main City** | *(nearest)* | **Distance** | *(to nearest city)* |
| **Locality** | [ ]  Urban　[ ]  Suburban [ ]  Rural | **Transport** | [ ]  Bus　[ ]  Train [ ]  Private Car |
| Other Details |

**OTHER CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Mrs. Ms. Dr. | **Relationship** |  |
| **Occupation** |  | **Phone** |  |
| **Employer** |  | **Email** |  |

**OTHER HOUSEHOLD MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | M/F | Age: | Relationship: |
| Name: | M/F | Age: | Relationship: |
| Name: | M/F | Age: | Relationship: |
| Name: | M/F | Age: | Relationship: |

**HOUSEHOLD AND PREFERENCES**

|  |  |
| --- | --- |
| **Which language is generally spoken in the home?** | [ ]  English [ ]  Other/s:  |
| **Are you currently hosting or have you hosted an exchange visitor before?** | [ ]  No [ ]  Yes - *Please give details below* |
|  |
| **If the visitor was hosted through IIP, please give the following details:** |
| Year: | Name: | Nationality: | Months: |
| Year: | Name: | Nationality: | Months: |
| **PREFERENCES** |
| **Gender** | [ ]  Male [ ]  Female **[ ]**  Either |
| **Nationality** | **[ ]** Japanese [ ]  Korean [ ]  Chinese [ ]  Thai [ ]  Other: |
| **I/We [ ]  can / [ ]  cannot accept a participant with a child** | Comment: |
| **There are [ ]  smokers / [ ]  non-smokers in our house** | **Smoking is [ ]  allowed / [ ]  not allowed in the house** |

**AMENITIES**

|  |  |
| --- | --- |
| **There is a [ ]  personal / [ ]  shared *bedroom* available** | **There is a [ ]  personal / [ ]  shared *bathroom* available** |
| **Is Internet available?** | [ ]  Wired [ ]  Wi-Fi [ ]  No Internet |
| **Can the visitor use the host’s computer?** | [ ]  Yes [ ]  No |
| **Internet is also available at:**  (e.g. library, school) |
| Other Amenities/Details: |

**FAMILY LIFE**

|  |
| --- |
| **Regular Family Activities** *(Please list any hobbies, community activities, etc., the visitor join in with)* |
|  |
| Does the family keep any pets? | [ ]  Dog/s **[ ]**  Cat/s [ ]  Poultry [ ]  Farm Animals [ ]  Reptiles [ ]  Other: |
| **Are any of these indoor pets?** | [ ]  No [ ]  Yes *(Please give details below)* |
|  |
| **Please provide any important information relevant to your family/household that the visitor should be aware of in advance***(Family rules, special diets, religious practices, etc.)* |
|  |

**VACATION / HOLIDAYS**

|  |
| --- |
| Note: Both accommodation and activity are the participant’s responsibility during extended school breaks, however;  |
| **Is there a possibility of arranging activities with/for the participant?** | [ ]  Yes [ ]  No  |
| **Is there a possibility the participant could stay in your house over the vacation period?** | [ ]  Yes [ ]  No  |

**CULTURAL ACTIVITIES**

|  |
| --- |
| **What kind of cultural/learning activities are there in your local area?** *(Community colleges, language schools, museums, etc.)* |
|  |

**ARRIVAL INFORMATION**

|  |  |
| --- | --- |
| Please indicate the most convenient point of arrival | [ ]  Airport [ ]  Train Station [ ]  Bus Station [ ]  Other: |
| **Place Name:**  | **Location:**  |
| Details: |

**HOST FAMILY ACKNOWLEDGEMENT**

|  |
| --- |
| Please refer to the ‘Program Guide for Hosts’ for the following: |
| **[x]** As the “**Host Family**”, I acknowledge that I have read and understand our responsibilities as outlined in the ‘International Presenters – Program Guide for Hosts’\***For the duration of the participant’s stay, we agree to:** * Treat the participant as a member of the family and offer a home stay as enriching as possible.
* Provide room and board, including all meals (except lunch on school days) and utilities, for which the participant will contribute **the agreed amount of $      AUS** per month to help defray living expenses. \* Fee is negotiable and will be confirmed prior to finalizing the placement with the school – please consult the school contact person for details. \*\* Note: The fee will be paid directly to the host family unless otherwise agreed.
* Discharge the visitor without any hindrance should any event occur which prompts IIP or the visitor to terminate the stay.

\* IIP’s program guidance can be found online:Program Guide for Hosts: <http://interntraining.com/docs/IIP_Program_Guide.pdf>Guide for Host Families: <http://interntraining.com/docs/IIP_Guide_for_Host_Families.pdf> |
| **Date** | **Name**  |

**ADDITIONAL DETAILS**

|  |
| --- |
| *Please use this space to write a message for the visitor or add any further helpful information/family photos, etc.* |
|  |
| **Useful Websites:** | www. |
| www. |

**Please return to your IIP Program Coordinator**

**Email:** oceania@internship.or.jp | **Fax:** 0011-81-3-5750-7712