

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.intertraining.com.

HOST SCHOOL INFORMATION

SCHOOL DETAILS

Name			
Address			
Main City		Distance	<i>(to nearest city)</i>
Locality	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Transport	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car
Telephone No.		School Fax	
School Email		Website / URL	
Principal			
Telephone No.			
Email			
Host Teacher	Mr. Mrs. Ms. Dr.		
Telephone No.		Mobile No.	
Email		Alternative Email	
School Type	<input type="checkbox"/> Public/ State <input type="checkbox"/> Private <input type="checkbox"/> Independent <input type="checkbox"/> Boarding		<input type="checkbox"/> Kindergarten
Population	Students	Staff	<input type="checkbox"/> Elementary / Primary
Age Range	Youngest	Oldest	<input type="checkbox"/> Middle / Jr. High School
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed		<input type="checkbox"/> 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

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	Dependents	<input type="checkbox"/> We can accept a participant with a child <input type="checkbox"/> No children	
Schedule & Duration <i>(Please note we cannot always match exact schedule and duration choices)</i>			
Ideal duration	<input type="checkbox"/> 12 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 6 months <input type="checkbox"/> 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? <i>(Please give school contact details below)</i>			

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)
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Language Teaching (Visitor's Native Tongue) Beginner (Words) Elementary (Phrases) Intermediate (Dialog) Advanced (Discussion)

Details / Requests:

Hours / Week:	Grades:	Class Size:	Class Length: (mins)
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Special Education Assistant - How will the participant be utilized?

Details / Requests:

Hours / Week:	Grades:	Class Size:	Class Length: (mins)
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General Teaching Assistant – please indicate subjects / teaching areas

Details / Requests:

Hours / Week:	Grades:	Class Size:	Class Length: (mins)
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RESOURCES AVAILABLE FOR THE VISITOR TO USE

Work Area	<input type="checkbox"/> Office Space <input type="checkbox"/> Staff Room <input type="checkbox"/> Class Room <input type="checkbox"/> Other:	
Facilities	<input type="checkbox"/> Overhead Projector <input type="checkbox"/> Computer <input type="checkbox"/> DVD / Video <input type="checkbox"/> Other:	
Internet	<input type="checkbox"/> Wired <input type="checkbox"/> Wi-Fi <input type="checkbox"/> No Internet	
Which languages are required?	in class:	<input type="checkbox"/> English <input type="checkbox"/> Participant's Mother Tongue <input type="checkbox"/> Other:
	in school:	<input type="checkbox"/> English <input type="checkbox"/> 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	<input type="checkbox"/> Airport <input type="checkbox"/> Train Station <input type="checkbox"/> Bus Station <input type="checkbox"/> 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
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HOST SCHOOL ACKNOWLEDGEMENT

Please refer to the 'Program Guide for Hosts' for the following:	
<input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> 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: \$ CAD per month. IIP's benchmark is that host family contributions start from \$300 CAD 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. <p>* 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</p>	
Date	Name
Position	

Please return to your IIP Program Coordinator

Email: canada@internship.or.jp | Fax: 011-81-3-5750-7712

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 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> host family.	From:		Until:

KEY CONTACT

Name	Mr. Mrs. Ms. Dr.		
Relationship	<input type="checkbox"/> Parent of Student <input type="checkbox"/> Teacher at Host School <input type="checkbox"/> Employee at Host School <input type="checkbox"/> Other:		
Occupation		Employer	
Home Phone		Mobile Phone	
Work Phone		Email	

Address			
Phone		Fax	
Main City	(nearest)	Distance	(to nearest city)
Locality	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Transport	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> 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?	<input type="checkbox"/> English <input type="checkbox"/> Other/s:		
Are you currently hosting or have you hosted an exchange visitor before?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Please give details below</i>		
If the visitor was hosted through IIP, please give the following details:			
Year:	Name:	Nationality:	Months:
Year:	Name:	Nationality:	Months:

PREFERENCES

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either		
Nationality	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Other:		
I/We <input type="checkbox"/> can / <input type="checkbox"/> cannot accept a participant with a child	Comment:		
There are <input type="checkbox"/> smokers / <input type="checkbox"/> non-smokers in our house	Smoking is <input type="checkbox"/> allowed / <input type="checkbox"/> not allowed in the house		

AMENITIES

There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared <i>bedroom</i> available	There is a <input type="checkbox"/> personal / <input type="checkbox"/> shared <i>bathroom</i> available
Is Internet available?	<input type="checkbox"/> Wired <input type="checkbox"/> Wi-Fi <input type="checkbox"/> No Internet
Can the visitor use the host's computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet is also available at: (e.g. library, school)	
Other Amenities/Details:	

FAMILY LIFE

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a possibility the participant could stay in your house over the vacation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CULTURAL ACTIVITIES

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

ARRIVAL INFORMATION

Please indicate the most convenient point of arrival	<input type="checkbox"/> Airport <input type="checkbox"/> Train Station <input type="checkbox"/> Bus Station <input type="checkbox"/> Other:
Place Name:	Location:
Details:	

HOST FAMILY ACKNOWLEDGEMENT

Please refer to the 'Program Guide for Hosts' for the following:

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 \$ CAD** 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: canada@internship.or.jp | **Fax:** 011-81-3-5750-7712