

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](http://www.intertraining.com).

### HOST SCHOOL INFORMATION

#### SCHOOL DETAILS

<b>Name</b>			
<b>Address</b>			
<b>Main City</b>	<i>(nearest)</i>	<b>Distance</b>	<i>(to nearest city)</i>
<b>Locality</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	<b>Transport</b>	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car
<b>Telephone No.</b>		<b>School Fax</b>	
<b>School Email</b>		<b>Website / URL</b>	
<b>Principal</b>	Mr. Mrs. Ms. Dr.		
<b>Telephone No.</b>		<b>Telephone No.</b>	
<b>Email</b>		<b>Email</b>	
<b>Host Teacher</b>	Mr. Mrs. Ms. Dr.		
<b>Telephone No.</b>		<b>Telephone No.</b>	
<b>Email</b>		<b>Email</b>	
<b>School Type</b>	<input type="checkbox"/> Public/ State <input type="checkbox"/> Private <input type="checkbox"/> Independent <input type="checkbox"/> Boarding		<input type="checkbox"/> Kindergarten
<b>Population</b>	<b>Students</b>	<b>Staff</b>	<input type="checkbox"/> Elementary / Primary
<b>Age Range</b>	<b>Youngest</b>	<b>Oldest</b>	<input type="checkbox"/> Middle / Jr. High School
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both		<input type="checkbox"/> High / Secondary School
Please describe the ethnic diversity of your school / community			
Which languages are spoken in your school / community?			
<b>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.</b>			

#### VISITOR PREFERENCES

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

**CULTURAL EXCHANGE**

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

### RESOURCES AVAILABLE FOR THE VISITOR TO USE

<b>Work Area</b>	<input type="checkbox"/> Office Space <input type="checkbox"/> Staff Room <input type="checkbox"/> Class Room <input type="checkbox"/> Other:				
<b>Facilities</b>	<input type="checkbox"/> Overhead Projector <input type="checkbox"/> Computer <input type="checkbox"/> DVD / Video <input type="checkbox"/> Other:				
<b>Internet</b>	<input type="checkbox"/> Wired <input type="checkbox"/> Wi-Fi <input type="checkbox"/> No Internet				
<b>Which languages are required?</b>	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

<b>Term 1</b>	Start:	End:	<b>Term 3</b>	Start:	End:
<b>Term 2</b>	Start:	End:	<b>Term 4</b>	Start:	End:

### ARRIVAL INFORMATION

<b>Please indicate the most convenient point of arrival</b>	<input type="checkbox"/> Airport <input type="checkbox"/> Train Station <input type="checkbox"/> Bus Station <input type="checkbox"/> Other:				
<b>Place Name:</b>	<b>Location:</b>				
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:		
<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*'. <b>We agree to:</b> <ul style="list-style-type: none"> <li>Assist in finding the participant suitable accommodation on the condition they contribute an <b>agreed amount*</b> 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: _____ <b>SKr per month</b>. IIP's benchmark is that host family contributions start from <b>2,700 SKr</b> 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.</li> <li>Provide free lunches for every school day worked.</li> <li>Arrange the participant's transportation to and from school.</li> </ul> <p>* IIP's program guidance can be found online:            Program Guide for Hosts: <a href="http://interntraining.com/docs/IIP_Program_Guide.pdf">http://interntraining.com/docs/IIP_Program_Guide.pdf</a>            Guide for Host Families: <a href="http://interntraining.com/docs/IIP_Guide_for_Host_Families.pdf">http://interntraining.com/docs/IIP_Guide_for_Host_Families.pdf</a></p>		
<b>Date</b>	<b>Name</b>	<b>Position</b>

Please return to your IIP Program Coordinator

Email: [euroasia2@internship.or.jp](mailto:euroasia2@internship.or.jp) | Fax: 00-81-3-5750-7712

## HOST FAMILY INFORMATION

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

<b>Host School Name</b>			
<b>School contact person for host family</b>			
I / We are the 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> <b>host family.</b>	From:		Until:

### KEY CONTACT

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

<b>Address</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Main City</b>	(nearest)	<b>Distance</b>	(to nearest city)
<b>Locality</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	<b>Transport</b>	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Private Car
Other Details			

### OTHER CONTACT

<b>Name</b>	Mr. Mrs. Ms. Dr.	<b>Relationship</b>	
<b>Occupation</b>		<b>Phone</b>	
<b>Employer</b>		<b>Email</b>	

### 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

<b>Which language is generally spoken in the home?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other/s:		
<b>Are you currently hosting or have you hosted an exchange visitor before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Please give details below</i>		
<b>If the visitor was hosted through IIP, please give the following details:</b>			
Year:	Name:	Nationality:	Months:
Year:	Name:	Nationality:	Months:

### PREFERENCES

<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either		
<b>Nationality</b>	<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**

<b>Regular Family Activities</b> <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>
<b>Please provide any important information relevant to your family/household that the visitor should be aware of in advance</b> <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 \_\_\_\_\_ SKr** 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](http://interntraining.com/docs/IIP_Program_Guide.pdf)

Guide for Host Families: [http://interntraining.com/docs/IIP\\_Guide\\_for\\_Host\\_Families.pdf](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: [euroasia2@internship.or.jp](mailto:euroasia2@internship.or.jp) | Fax: 00-81-3-5750-7712