

**MANITOBA-QUEBEC
SIX-MONTH STUDENT EXCHANGE PROGRAM
2010-2011
APPLICATION FORM**

STUDENT INFORMATION

Surname: _____ Given name: _____

Date of birth: 19 - - Gender: F M

Age on September 1st, 2010: _____ years, _____ months

Weight: _____ kg Height: _____ cm

Grade in September 2010: Grade 10 Grade 11 Grade 12

Address: _____

City: _____ Postal code: _____

Telephone: **204** - - E-mail: _____

Insert four identical and recent photos of yourself **with a nice smile.** Ensure that its size not exceed this one. Write your name on the back. (One original and three copies of this form are required)

PARENT INFORMATION

Father or Legal guardian Surname: _____ Given name: _____

Occupation: _____

Tel. (Home): **204** - - Tel. (Work): **204** - - Extension: _____

E-mail: _____

Mother or Legal guardian Surname: _____ Given name: _____

Occupation: _____

Tel. (Home): **204** - - Tel. (Work): **204** - - Extension: _____

E-mail: _____

The student's address is the same as that of: the father the mother the legal guardian

SCHOOL INFORMATION (school you will be attending in September 2010)

School division name: _____

School name: _____

Address: _____ City/Town: _____ Postal code: _____

Tel.: **204** - - Extension: _____ Fax: **204** - -

Name of the person responsible for the exchange program at the school: _____

Position at the school: _____

E-mail: _____

GENERAL INFORMATION

1. FAMILY

Identify family members who **will be staying at home** during the stay of the student from the other province: Father Brothers and ages:
 Mother Sisters and ages:
Other people (Specify):

Note: Your parents or legal guardian are committed to ensuring that one of these people will always be at home during the entire length of the program, including the three months that you will be in the other province.

2. ACCOMMODATIONS

Would you accept an exchange with a student OF THE OPPOSITE SEX if that were the only option available? Yes No

What type of accommodations will your family offer?

House Apartment/condo Mobile home Other:
 City Town Rural Area Farm Other:

Will the student from the other province have his/her own room? Yes No

If no, specify with whom the student from the other province will have to share a room:

Note: If the student will have to share a room with the exchange partner, the guest should have a space equivalent to that of the host, including a proper bed for the full length of his/her stay.

3. PERSONAL RELATIONSHIPS

3.1 Friends

Are you easily able to meet other people your age outside of school? Yes No

If yes, identify the locations and activities that take place:

Note: Students and their parents or legal guardian are committed to making the student of the other province a priority but not to the exclusion of others, during his/her stay in Quebec and to consider the student a member of the family.

3.2 Boyfriend/Girlfriend

Do you have a boyfriend/girlfriend that you see on a regular basis? Yes No

If yes, or if you become involved in a relationship before leaving, how do you plan to pursue this relationship over the entire length of the exchange program if your priority is to take care of your exchange partner?

Note: It is absolutely forbidden to welcome a boyfriend/girlfriend at the home during the exchange in the other province. This would result in your immediate return to Manitoba (at your own cost).

4. HEALTH

4.1 In general

Are you on a special diet (e.g.: vegetarian?) Yes No

If yes, specify.

Do you have a health problem (other than allergies) that the family, school and other province should be aware of? Yes No

If yes, specify.

Do you have a physical disability? Yes No

If yes, specify.

4.2 Allergies

Do you have any allergies? Yes No

If yes, list the allergens that cause a reaction (foods, animals, plants, etc.):

Are you undergoing a treatment for your allergies? Yes No

If yes, specify.

Would you still be willing to participate in the exchange program if the only possible student were with a family where the above allergens were present? Yes No

5. SMOKING

Do you smoke? Yes No

Are there any smokers **IN** your house? Yes No

Which members smoke and how often?

If the only possible exchange were with a smoking family, would you still be willing to participate? Yes No

Comments:

Would you or your family receive:

- a student who smokes **inside the house**? Yes No

or

- a student who only smokes **outside of the house**? Yes No

Note: Many families in Quebec are non-smoking and do not accept that their children live in a smoking environment. If you live in a smoking environment, your candidacy may be rejected because of the limited number of Quebec families willing to accept these conditions.

6. ANIMALS

Do you like animals? Yes No

If no, would you be willing to live with a family that has animals? Yes No

If you have animals at home, identify the number of animals, the type of animals and if they live **inside** or **outside** of the home?

Cat: Dog: Bird: Other:

Specify:

7. RELIGION

Is it important to you to take part in religious services regularly? Yes No

If yes, what religion do you practice?

8. SPENDING MONEY

Do you receive spending money? Yes No

Will you have spending money during your stay in the receiving province? Yes No

Note: Students must bring spending money to pay for activities such as movies, concerts, sporting events, and to pay for snacks, etc. Students who have previously participated in the exchange program have typically spent between \$600 and \$700 during their stay in the other province.

9. EMPLOYMENT

Do you have part-time employment? Yes No

If yes, describe the nature of your employment and the number of hours you spend working each week:

Do you intend to maintain your employment when your partner is here? Yes No

If yes, how many hours per week?

10. ACTIVITIES AND LEISURE

What **best** describes your temperament or your personality? (Select only one.)

ARTISTIC AND CULTURAL INTELLECTUAL SPORTS-ORIENTED

Within this category, what is your **main** activity or your **favourite** leisure activity?

What other activities do you participate in **regularly** in your free time?

List the activities and specify the number of hours per week devoted to them:

Activity: hrs/week:

Activity: hrs/week:

Activity: hrs/week:

ARTISTIC ACTIVITIES

LISTENING TO MUSIC

What type of music do you enjoy? List the style of music and names of artists in order of preference:

Is there a type of music that you really don't enjoy? If yes, specify.

PLAYING A MUSICAL INSTRUMENT

Do you play a musical instrument? Yes No

If yes, which one and how often do you play: hrs/week:

Are you part of a group? Yes No

Do you take music lessons? Yes No

If yes, specify which one(s):

Will you be wanting to take music lessons or courses in Québec? Yes No

Are there musical instruments at home? Yes No

If yes, specify which one(s):

DANCING AND SINGING

Do you enjoy dancing? Yes No

If yes, specify:

Do you enjoy singing? Yes No

If yes, specify:

INTELLECTUAL, CULTURAL AND SOCIAL ACTIVITIES

MOVIE

Do you enjoy going to see movies or renting movies? Yes No

If yes, how many times a week or month?

What type of movies do you prefer?

READING

Do you read? Yes No

What type of reading material do you prefer? hrs/week:

COMPUTER USAGE

Do you use a computer at home? Yes No

If yes, specify **the reason** and **the number of times** per week you use the computer:

hrs/week:

hrs/week:

OTHER ACTIVITIES OR LEISURE

Television hrs/week: Outings with friends hrs/week:

Shopping hrs/week:

Other:

SPORTING ACTIVITIES

List the sports that you have practiced in the last twelve months or are still practicing in **order of importance and frequency**.

R = regularly: at least once a week in a season; O = occasionally: less than once a week; hrs/week = number of hours per week

TEAM SPORTS (volleyball, basketball, hockey, soccer, tennis, etc.)

1-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:	2-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:
3-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:	4-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:
5-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:	6-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:

INDIVIDUAL SPORTS (swimming, skiing, cycling, judo, karate, etc.)

1-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:	2-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:
3-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:	4-	<input type="checkbox"/> R	<input type="checkbox"/> O	hrs/week:

11. UNDERSTANDING OF THE FRENCH LANGUAGE

In your estimation, how well do you understand the French language?

- Beginner I can say a few greetings, a few short sentences, but cannot carry a full conversation.
- Tourist I can order meals, ask for directions, and read fairly well.
- Spectator I can follow and understand radio and television programs, but hesitate to converse. I read well.
- Bilingual I can understand French and converse in French in most familiar situations; I can understand the significance of a joke or a play on words.

Note: The student that participates in the francophone/anglophone student exchange program commits to speaking only in French in the receiving province and limits, to a strict minimum, his/her interactions in English, whether it be in person or by telephone with other anglophone students of Manitoba that are staying in the same province.

12. COVER LETTER

In a cover letter **of at least 300 words**, describe to your future partner your personality, your character, your strengths and weaknesses, your family, your likes and dislikes, your preferred activities and a brief overview of a typical week during the school year. Give a brief description of your city or neighbourhood (population, rural or urban area, etc.). Don't forget that the text will be forwarded to your future partner.

Also, is it important for you to be partnered with someone who is like you in many ways? Give reasons. If you are partnered with someone who is **different** from you, how would you foresee your six-month stay?

AUTHORIZATIONS

The student and his/her parents or legal guardian must show a certain interest in the program objectives. Furthermore, the parents or legal guardian must encourage their children to persevere in the exchange despite adaptation difficulties. They must **limit** telephone contact and other forms of communication during their stay in the other province. Under no circumstances must they encourage visits from friends and boyfriends/girlfriends. The receiving families will not accept this type of intrusion.

We are aware of our child's answers and we accept his/her application to participate in the student exchange program with other Canadian provinces.

If our child's candidacy is accepted, we agree to have this "Application Form" and the "Interview Questionnaire" forwarded to the people responsible for the exchange program in Manitoba and Quebec, and to our child's receiving family.

Date

Signature (student)

Date

Signature (father or legal guardian)

Date

Signature (mother or legal guardian)

Please return the completed application, including the photos, to the person in charge of the program at school.

Date

Signature (person responsible for
the school program)

Appendix I

THE PHOTOS

You must attach colour photos, including comments for each one based on the following themes. Provide **four copies (including the original)**.

1. an exterior view of your house;
2. one room in your house, e.g. your room or your partner's room or another room of your choice;
3. your family members;
4. one or other photos of your choice, e.g. your friends, your favourite animals, you practising your favourite activity.

Let your imagination run wild while you put together an original presentation on the required themes. If you wish, add other interesting pictures for your future partner.

These photos must be glued onto an 8½ x 11 sheet.

They will allow both partnered families to know the people and the environment where one of their family members will live for three months.