

Global Xchange (now called Youth Xchange) Application form

For information and help filling our application form please visit our website: www.globalxchange.org.uk

A. Personal Details

Frond ref:
(office use only)

Title (Mr/Mrs/Miss/Ms/Other).....
 Given name(s).....
 Family name.....
 Marital Status.....
 Date of Birth..... Age.....
 Nationality: Irish British English Scottish Welsh Other (please specify)

 Permanent Contact address.....
 Postcode.....
 Telephone.....
 Mobile.....
 Email:

*Please do NOT use an organisation email that will expire (e.g. work/university/school) when you leave. Email is our **main** form of contact throughout the application process, so we need one you can access regularly.*

How did you hear about Global Xchange?

Are you available to start Youth Xchange in October 2010?

You will also need to be available to attend an Assessment Day in August and a 3 day training course in September.

B. Eligibility

1. Will you be aged 18-25 in October 2010? Yes / No
2. Do you hold a current Irish or British passport? Yes / No. If you do not hold either an Irish / British passport, do you have leave to remain in the UK?.....
3. Have you lived in the Belfast for the last year? Yes / No
4. Can you be away from home for 6 months between October 2010 and March 2011?.....
.....
5. Please give brief details of what you are currently doing:
.....
.....
6. Would you like us to contact you about any support you may need through the programme? No / Yes (please give brief details).
.....

C. Referees

Your referees should not be related to you. The **first** referee should be someone who has studied, worked, trained or volunteered with you and can comment on your skills. The **second** should be someone who has known you well for at least two years.

First Referee Study Work
Given Name(s)
Family Name.....
Address.....
Postcode.....
Tel..... Email (required).....

Second Referee (personal)
Family Name(s).....
Family Name.....
Address.....
Postcode.....
Tel..... Email (required).....

D. Medical Information

If you are accepted for Global Xchange you will need to complete a medical history form. This is in order to ensure that any medical condition you may have can be managed on the programme and that we can provide the appropriate support for you. The information you provide below will enable us to begin this process.

Our Medical Advisor may wish to contact your doctor for a medical report before the Assessment Day.

If you would prefer to contact our Medical Unit directly about any of the questions below, please write clearly at the top of this page "I wish to contact GX medical team directly".

If you answer 'yes' to any of the following questions, please give details:

1. Have you ever had any major illnesses, operations or accidents? No / Yes (details)
.....
2. Have you ever suffered from any mental/physical health problems? No / Yes (details)
.....
3. Are you taking any type of medication, or have you taken any medication in the last 2 years? No / Yes (details)
4. Do you have any objections or allergic reactions to vaccinations? No / Yes (details)
.....

Doctor's Details. The Medical Unit may need to contact your doctor for more information
Doctor's name.....
Address.....
Postcode..... Tel.....

E. Motivation for applying to Youth Xchange

*Due to high competition for places on the Youth Xchange programme please answer the following questions as fully as possible. This section is your opportunity to show the Global Xchange team why you want to participate on this programme. Please use no more than **200** words for each answer.*

If you require support in answering the below questions please feel free to call us on +44 (0) 20 8780 7267

1. Why do you want to volunteer on the Youth Xchange programme?

.....
.....
.....
.....

2. What aspect of the Youth Xchange programme excites you most and why?

.....
.....
.....
.....

3. Which aspect of the Youth Xchange programme do you think that you would find the hardest and why?

.....
.....
.....
.....

4. What do you want to get out of the Belfast phase of the Youth Xchange programme?

.....
.....
.....
.....

5. What do you want to get out of the South Africa phase of the Youth Xchange programme?

.....
.....
.....
.....

6. Have you volunteered before? If so please give brief details:

.....
.....

7. Have you travelled outside the UK, if so please give brief details:

.....
.....

8. Have you travelled outside Europe, if so please give brief details:

.....
.....

F. DECLARATION:

All of the above information is, to my knowledge, true and accurate. I give my permission for Global Xchange to contact my doctor for a medical report before the Assessment Day, if necessary.

Signed..... Date.....

Telephone Enquiries: Caoimhe Murray 0208 780 7267

Please complete and return this form by 30th July 2010 to:

By post: Claire Faithorn, Global Xchange, British Council, 7 Fountain Lane, Belfast, BT1 SEG

Or by email: globalx@vso.org.uk

1. If you are happy for us to use your image in relation to future promotional material please tick box
2. If you wish to receive any further information from VSO please tick this box

VSO & The British Council will store and process your data in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act 1998.

3. If you would like to receive a copy of our Data Protection Policy in full please tick this box

G. YOUTH XCHANGE DIVERSITY – CONFIDENTIAL

The Youth Xchange Programme aims to reach young people from a wide range of backgrounds. The information you provide will enable us to monitor if we reaching all sectors of the UK population and take action if we are not reaching certain groups. This form will be kept strictly confidential.

1. Which best describes your ethnic origin?

Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group

White	More than one ethnic origin	Asian or Asian British	Black or Black British	Chinese	Other
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify) <hr style="width: 100%;"/>

Prefer not to say

2. What religion, religious denomination or body do you belong to?

- | | |
|--|--|
| <input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian Church of England
<input type="checkbox"/> Christian Roman Catholic
<input type="checkbox"/> Christian Other (please write in)
<input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh
<input type="checkbox"/> None
<input type="checkbox"/> Other religion (please write in)
..... |
|--|--|

Prefer not to say

3. At what age did you leave full-time education?

- 15 or under
 16
 17
 18
 19
 20
 21+
 Still studying or on year out from studies

4. What is your highest educational qualification?

If you are still in education, please tick which qualification you are currently studying

- No formal qualifications
- | | | |
|--|--|---|
| <input type="checkbox"/> NVQ level 1 | <input type="checkbox"/> 1 to 4 GCSEs (any grade) | <input type="checkbox"/> GNVQ Foundation Level |
| <input type="checkbox"/> NVQ level 2 | <input type="checkbox"/> 5 GCSEs (A*-C)/ Standards | <input type="checkbox"/> 1 A Level <input type="checkbox"/> GNVQ Intermediate |
| <input type="checkbox"/> NVQ level 3 | <input type="checkbox"/> 2+ A levels/4+ AS levels | <input type="checkbox"/> Highers <input type="checkbox"/> GNVQ Advanced |
| <input type="checkbox"/> NVQ level 4/5 | <input type="checkbox"/> HNC/HND | <input type="checkbox"/> Degree <input type="checkbox"/> Masters |
- Other (please specify) Prefer not to say

5. What type of school did you attend? (e.g. state / independent)

.....

DIVERSITY – CONFIDENTIAL (continued)

6. Do you consider yourself to have a major illness or disability, as defined in the Disability Discrimination Act 1995? *i.e. a disabled person is someone "with a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities".*

Yes / No If yes, please specify

7. Are you or your parents/guardians currently or previously in receipt of any of the following? (please tick as many as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Educational Maintenance Allowance (EMA) | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Disability Benefits | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Adult Learning Grant | <input type="checkbox"/> Any other state benefit (please specify)..... |

8. Are you currently?

- | | |
|---|---|
| <input type="checkbox"/> Studying full-time | <input type="checkbox"/> Studying part-time |
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> Working part-time |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Training | <input type="checkbox"/> Studying on a government assisted training programme (please specify)
..... |

9. Sexual Orientation

- | | |
|---|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homosexual (Gay) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Homosexual (lesbian) | |



Global Xchange
is a partnership between

