



Level 1, Suite 2
 147 Cameron Road
 Tauranga, 3110
 New Zealand

Mob: +6421-02459931
www.sevensesas-culturalexchange.com

Anmeldeformular für Demipair / zum kulturellen Austausch
Application form for Demipair / Cultural exchange

Last Name		First Name		Please insert photo
<i>Address</i>		Date of birth		
Passport number		Expiry date		
Nationality		Religion		
Telephone (country code, city code, phone number)				
Mobile	Facebook Account	Skype	E-Mail	
Preferred country		Preferred region		
Earliest arrival date Day/month/year		Latest arrival date Day/month/year		Latest return date Day/month/year
Height (cm)	Weight (kg)	Father's occupation		Mother's occupation
Education/School leaving certificate		Working experience/Qualifications		Number and age of your siblings
Are you happy to look after children of any age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, which age range do you prefer?				Do you accept a single mother/father/old person? Single Mother <input type="checkbox"/> Yes <input type="checkbox"/> No



S E V E N S E A S
C U L T U R A L E X C H A N G E

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Driving Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prepared to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
How often do you drive? <input type="checkbox"/> several times per week <input type="checkbox"/> several times per month <input type="checkbox"/> rarely or never	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing not to smoke in the family's home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you like pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you care for pets or animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies/Vegetarian/Diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other sports?
Hobbies/Interests/Musical Instruments?	
Have you ever lived away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long and where?
Emergency contact?	Do you have any health problems?



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1. I confirm that I have read all documents provided by Seven Seas and that I fulfill all criteria.
2. I agree to be part of a family where I will have to adjust to a routine and show a high degree of responsibility and flexibility.
3. I confirm that I have answered the questions with the necessary care and that all information provided is true.
4. I agree to abide by all house rules set by host family (ie, use of phone and facilities within the home, daytime and overnight visitors, curfew, smoking, etc) and agree to keep my room clean.
5. If I have any problem or question, which cannot be discussed and resolved with the host family, I shall contact Seven Seas for assistance.
6. I shall make every effort to resolve any differences with my host family. If no solution can be reached and I decide to leave the family, I agree to give advance notice to Seven Seas Cultural Exchange.

I am Happy for Seven Seas Cultural Exchange to publish photos of me and my host family on their facebook page and in their brochures.

Yes No

Signed/Unterschrift _____ Date/Datum _____