

Hamilton English Language Academy

Work Exchange Program Application



PERSONAL DETAILS

First Name: _____ Family Name: _____
Date of Birth: ____/____/____ (DD/MM/YY) Male Female
Nationality: _____ E-mail: _____
Phone Number: _____ Mobile Number: _____
Address in New Zealand: _____
What kind of Visa do you hold? When is its expiry date?

What is your native language? What other languages are you fluent in, excluding English?

EMERGENCY CONTACT

Home country	New Zealand
Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship to you: _____	Relationship to you: _____
Can they speak English? _____	Can they speak English? _____

ENGLISH PROFICIENCY

How long have you studied English? _____ (Length)
I believe my English proficiency is (please tick one):
 Pre-beginner Beginner Pre-intermediate Intermediate Upper Intermediate Advanced
Have you sat any international English tests? (please write details below):

IELTS: _____	TOELF: _____	TOEIC: _____
Other test (test name and result): _____		

Have you been to an English language school before? If so, which one(s)? _____
What are your goals while in New Zealand? _____

MEDICAL INFORMATION

Are you in excellent health? Y/N _____	Do you have travel insurance? _____
Please state any health problems that may affect your working. _____	Do you have medical insurance? _____
_____	Are you allergic to anything? If so, please state. _____

SURVEY

How did you hear about us?
 HELA website other website pamphlet word of mouth
 referral by other student agent other _____

DECLARATION AND SIGNATURE

I acknowledge that HELA is not liable for any costs associated with any medical expenses incurred by me at any time.
All information provided is truthful and correct to the best of my knowledge.
I supply the information in this form and in support of this application with the understanding:
1. That it may be used for the purpose of my enrolment as a student.
2. That I have the right to see and correct the information I have provided if necessary.
3. That it may be used for purposes external to HELA when it is in statistical form in the provisions of the Privacy Act 1993
I acknowledge that If I fail to complete the work component of MY work exchange agreement I will be liable to pay full tuition fees for that week.
Student Signature _____ Date ____/____/____

ATTACHEMENT

CV (if applicable) Accommodation tenancy agreement (if required HELA guest accommodation)
 copy of passport and VISA copy of medical insurance copy of travel insurance