



2024 Application

With the application:

- Completed application (online application available at www.fsa-youthexchange.co.za).
- 1 colour photo (passport photo size and format or ID photo size and format).
- Copy of your passport (valid for 90 days after return from Germany).
- Certified copy of ID or passport of parents.
- Proof of Measles vaccination.
- Deposit of R2 000.00 (banking details on next page).

Closing dates:

- | | |
|-------------------------------------------|--------------|
| - June 2024 – July 2024 (4 weeks): | 8 March 2024 |
| - November 2024 – January 2025 (6 weeks): | 30 June 2024 |
| - December 2024 – January 2025 (4 weeks): | 31 July 2024 |

Do you prefer your correspondence in English or Afrikaans?

For which program are you applying?

- | | |
|---------------------|-------|
| Jun – Jul (4 weeks) | |
| Nov – Jan (6 weeks) | |
| Dec – Jan (4 weeks) | |

Male / Female:

First name: Surname:

Full names:

Home address:

..... Postal code:

Tel. (h): Tel. (w):

Cell number candidate: Cell number parent:

Name & contact number of friend/family member:

Email address candidate: Email address parent:
(All our communication is by email!)

Date of birth (yyyy/mm/dd): Your age during your stay in Germany:

Passport or ID number: Nationality of passport you will be travelling with:

Occupation father*: Occupation mother*:
*be specific

How many brothers do you have? How many sisters do you have?

In which grade are you? Do you have German as a subject?

If so, since when? 20 Do you smoke (yes, no, occasionally)?

Do you have any prevailing medical condition / depression that will influence your stay in Germany? If so, give more information. (All information will be treated as confidential.) Please include allergies, for example cats, gluten, etc.

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Do you take chronic medication? If so, specify:

Did you receive any psychological counselling during the previous two years? If so, give more information. (All information will be treated as confidential.)

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Give at least four CURRENT interests/hobbies
(E.g. but not limited to horse riding, reading, writing, cinema, board games, socialising, fashion, modelling, history, politics, dancing, cooking, baking, photography, nature, outdoor activities, hiking, cycling, music, dancing, etc. NO WATCHING TV!):

1. 2.
3. 4.

Musical instruments you are CURRENTLY playing:

Do you have special eating habits? If so, specify:

Can you swim? Can you ride a bike?

Name of your school:

Email address of your school:

In which province is your school? Contact-teacher at your school

Are you a hostel learner?

Where will you apply for your visa? (Centurion, C/Town, P/Elizabeth, Durban, Bloemfontein)

**I declare that I am familiar with the information in the brochure and that all personal information is correct.
If I am available to host a German guest, I undertake to host my host sister/brother as an FSA exchange student (and not as a private guest).
I hereby give permission for the FSA to use my personal information for FSA purposes only.**

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Signature candidate Signature legal guardian (parent)

..... /
Date Identity no of legal guardian / Capacity of legal guardian?
(Mother, father?)

We will confirm all applications by email. If you do not hear from us 2 weeks after submitting your application, contact us immediately!

Send your application to:
admin@fsa-youthexchange.co.za
Enquiries:
014 / 743 1081
+27 10 006 5440
www.fsa-youthexchange.co.za

Electronic payment: (Email PoP with application)
Bank: ABSA
Name: FSA Youth Exchange
Account: 410 761 8211 (Cheque account)
Branch: 632005