



# Application Form

# IGO

**International**  
P0 Box 19-593  
Christchurch  
New Zealand

Phone/fax: +64 3 376 4749  
Free Phone: 0508 YES I GO (937 446)  
E-mail: igo@igointernational.co.nz  
Website: igointernational.co.nz

1 Family name: \_\_\_\_\_ First names: \_\_\_\_\_

2 Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Fax \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family E-mail address \_\_\_\_\_ Student email address \_\_\_\_\_

3 Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

4. Father's/ legal guardian's name: \_\_\_\_\_

Mother's/legal guardian's name: \_\_\_\_\_

Name and age of sisters: \_\_\_\_\_

Name and age of brothers: \_\_\_\_\_

5. School: \_\_\_\_\_ Level: \_\_\_\_\_

Previous secondary schools (if any) – give years attended:

\_\_\_\_\_

6. Qualifications obtained (give details of subjects and marks)

\_\_\_\_\_  
\_\_\_\_\_

7. Subjects taken this year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Leadership positions at school (please give details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Hobbies, sports, how you spend your leisure time, and your achievements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Your most significant achievements. Why?

11. Best and worst things about you.

12. Overseas travel.

13. Foreign languages studied and ability

14. Dietary restrictions/allergies.

15. Recurring ailments

16. Disability

17. What do you hope to achieve and gain from your exchange? (Please use a separate sheet.)

18. Nominate two people (not from your school) as referees

1. \_\_\_\_\_  
Name Telephone or e-mail

Relationship

2. \_\_\_\_\_  
Name Telephone or e-mail

Relationship

19. Which countries would you most like to go to? 1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ You may not always be able to go to one of these countries.

20. Circle the type of exchange you prefer: Two months Six months Eleven months

Other \_\_\_\_\_

21. Circle your departure date preference: December January August/September

Other (give details) \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Applicant)

I/We support this application for a place in the IGO International exchange programme.

SIGNED: \_\_\_\_\_  
(Parent/Guardian)

Are you interested in hosting an overseas student through IGO's hosting scholarship? Yes No Maybe

Date: \_\_\_\_\_

Please use a separate sheet for any of the questions if you wish.

Send applications to:  
IGO International  
PO Box 19-593  
Christchurch  
Fax 64 3 376 4947  
email:igo@igointernational.co.nz