

BUNAC Work in Ireland

4 Month Program Application Form



INSTRUCTIONS

It is very important that you have a thorough understanding of the program you are applying for. Please see the main website at www.bunac.org and check the specific program information and eligibility. We really want to be sure that you know what each program is (and is not) so you can make an informed choice.

We stress, however, that full program details are in our printed brochure. We strongly recommend that you read that first. You can request a brochure online or obtain a copy from your campus Careers/Study Abroad office.

FLIGHTS

With BUNAC, you always have the choice to book your travel through any agent you wish. Please balance price against flexibility, especially the ability to change the return date and/or routing (most participants do one or the other or both). Make sure that the airline/agent has a local office in your destination country.

PROGRAM CANCELLATION CONDITIONS

When you sign the application form, you are agreeing to the published program conditions including cancellation terms. For ease of reference, these are summarized below – please read them carefully.

If you have any questions at all, please call us toll-free during regular (East Coast) office hours at 1-800-GO-BUNAC.

N.B. In all cases, a cancellation must be received in writing and is only effective from the date we receive it. Remember also that separate cancellation fees and conditions will undoubtedly apply to any flight bookings you make.

WORK IN IRELAND

If you cancel from the program before your application has been submitted to the Irish Embassy, there will be a \$100 program cancellation fee. However, please note that we will normally process an application as soon as we receive it. If you cancel from the program after your application has been submitted to the Irish Embassy, there is no refund.

BUNAC Work in Ireland

4 Month Program Application Form 2010



I. Personal Details <small>(please print or type)</small>		<small>to be completed by the applicant</small>
Last Name (as in passport): _____ First Name(s): _____ Mr/Ms _____		
Birth date: Month _____ day _____ year _____ I am a US citizen: yes <input type="checkbox"/> no <input type="checkbox"/>		
Place of birth (city, state, country): _____		
Current U.S. address to which documents should be sent: <small>(signature required on receipt / no PO boxes)</small> Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____ Cell #: _____	Permanent address (if different): Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____	
I will be at my current U.S. mailing address until (date): _____		
Please provide valid e-mail addresses: _____		
Do you currently hold a US passport with at least 3 empty pages (excluding amendment pages)? Yes <input type="checkbox"/> No <input type="checkbox"/> (I am applying for one).		
If yes, what date does your passport expire? Month _____ day _____ year _____ Passport number: _____ <small>(Passport must be valid for at least 6 months after the date you plan to leave the country you are applying to go to.)</small>		
Are you currently a student or have you been one within the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
University/college: _____ Field of study/major: _____		
Year of study: _____ Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post graduate student <input type="checkbox"/>		
Expected date of departure from the US: Month _____ day _____ year _____		
Are you traveling directly to the country where you are working? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I will enter Ireland on _____ and plan to stay for _____ months		
Is your 'semester of eligibility' a study abroad program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, through which school? _____ In which country? _____		
Do you have a pre-arranged job? Yes <input type="checkbox"/> No <input type="checkbox"/> Means by which job was secured: _____		
If yes, please give name/address of employer: _____		
Have you participated previously on a BUNAC Work Abroad program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one? _____		
If yes, previous length of stay from: Month _____ day _____ year _____ to: Month _____ day _____ year _____		
How did you hear about BUNAC Work Abroad programs? _____		
Have you ever been denied a visa or refused entry to any country? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a separate sheet with explanation.)		
Have you ever overstayed a visa or been deported from any country? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a separate sheet with explanation.)		
Have you ever been charged or convicted, or are you under criminal investigation for offenses against the law in any country? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please include court records with your application and a brief explanation of what happened.		
Applicant's emergency contact: _____ Relationship: _____ Telephone: _____		
Address if different from permanent address: _____		

Declaration: I have read and understand all the program rules, guidelines and eligibility requirements as set out in the BUNAC Work Abroad brochure or on the website at: www.bunac.org and understand and agree that BUNAC reserves the right to reject an application at any stage. To the best of my knowledge, I am eligible for my chosen program. I enclose a money order or cashier's check in the correct amount for the program fee. I further declare that all of my statements on this form are true and I recognize that any false declaration on my part, or submission of documents which I know to be inaccurate, may result in the forfeiture of my place on the program with no refund of my fee or of any consequential expenditure. I also agree to abide by the program insurance requirements, to take with me the requisite amount of personal funds and to have immediate access to more funds as stipulated under the program conditions. I agree to attend an orientation on arrival and to abide by all program rules including those written in the brochure and in the program materials provided in the USA and by my host organization on arrival. In addition, I know of no reason why I would be refused a visa for the country I am going to on the BUNAC program.

Signature of applicant: _____ Date: _____

2. College/University Declaration

Work in Ireland

Student ID#: _____

To be completed only for current students who are physically present and studying at a university/college in the US.

Name of College/University: _____

Registrar's telephone number: _____

I hereby certify that _____ is/was enrolled and expected to complete at least eight credit hours at the above named institution during: Fall 2009 Semester Spring 2010 Semester and is/was pursuing coursework leading to a degree. (Registrar, please check current and any completed semesters.)

Please note that applicants not on a semester system, or those on a semester abroad, must submit a copy of their official transcript.

Registrar's signature: _____ Date: _____

College/University Seal:

3. Program Reference

To be completed by a recent employer or current college instructor or counselor who has known you for at least six months (cannot be a family member)

Name of applicant for BUNAC program: _____

How long have you known the applicant? _____ In what capacity? _____

General comments: _____

Please evaluate the applicant as to:

Ability to accept supervision:	excellent <input type="checkbox"/>	good <input type="checkbox"/>	fair <input type="checkbox"/>	poor <input type="checkbox"/>
Ability to get on with others:	excellent <input type="checkbox"/>	good <input type="checkbox"/>	fair <input type="checkbox"/>	poor <input type="checkbox"/>
Ability to adapt to new situations:	excellent <input type="checkbox"/>	good <input type="checkbox"/>	fair <input type="checkbox"/>	poor <input type="checkbox"/>

Would you recommend this person as a suitable participant on an international exchange program? Yes No

Please explain: _____

Referee's details: Name: _____ Mr/Ms: _____

Telephone: _____ Job title: _____

Institution/company: _____ E-mail address: _____

Address: _____

Referee's signature: _____ Date: _____

If possible, please endorse with a company/college stamp.

BUNAC reserves the right to reject, at any stage, any application which is not deemed to be in the best interests of the program. Such a decision is at BUNAC's absolute discretion.

BUNAC Insurance Declaration Form



Working Adventures Worldwide

Full policy details can be viewed and downloaded from www.bunac.org/forms/insurance.aspx

Please read the instructions below for your program

Work in Ireland: Minimum purchase is 4 months; maximum purchase is 8 months. Fill out Section 1 and sign/date the Warranty. Insurance for this program is mandatory. However, you do not have to purchase BUNAC's insurance. If you choose to provide your own coverage, fill out the Insurance Indemnity, Section 4, below. Your effective date of coverage should be the date you leave America.

Section 1. Insurance Purchase

Please indicate below how many months of travel insurance you wish to purchase and enclose the corresponding insurance premium. You can purchase insurance to cover travel outside the US – prior to (one month maximum for pre-program travel originating from the USA) or after (three months maximum) your time on your BUNAC program. Payment should be in the form of a money order or cashier's check made payable to BUNAC USA (no personal checks please). A single money order or cashier's check covering both the program fee and the insurance premium is acceptable.

4 months \$239 5 months \$289 6 months \$329 7 months \$379 8 months \$399

Premiums are valid for departures up to December 31, 2010.

Name (please print): _____

E-mail: _____

I am purchasing _____ months travel insurance to cover me while on the *Work in Ireland* program (and any prior or subsequent travels outside the USA). Please make my policy effective: Month _____ day _____ year _____

Enclosed is my money order/cashier's check made payable to BUNAC USA in the amount of \$ _____ in full payment of the premium.

Section 2. Warranty (this section must be completed by all applicants purchasing travel insurance)

I hereby confirm that I am not traveling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

Signature: _____ Age (at date of travel): _____ Date: _____

Signature of Parent/Guardian (if applicant is under 21): _____ Date: _____

Section 3. Insurance Indemnity (for Work in Ireland applications who are providing their own coverage)

I do not wish to purchase the BUNAC Insurance Policy. I will provide my own coverage

Agency Name: _____ Policy/ID Number _____

I hereby indemnify BUNAC against any and all consequent claims or cost.

Signature: _____ Date: _____

Signature of Parent/Guardian (if applicant is under 21): _____ Date: _____

Work in Ireland Application Checklist

BUNAC aims to process all program applications in a timely fashion. To enable us to do this, we need to have complete information at the application stage. You can use the program checklists below to ensure that you have included all the necessary documentation. We are unable to issue any visa documents without a complete application. If you have any questions about any aspect of the application process, please call BUNAC on: 1-800-462-8622.

Work in Ireland

Please send:

- Completed *Work in Ireland* Application Form - Please note that you must enter Ireland on the date you have indicated on the BUNAC Application Form, so please ensure that it is exact.
- Proof of Student Status (Part 2 of application form) with raised seal, or official transcript.
- A CLEAR copy of the photo page of your passport. This can be mailed with your application or scanned and emailed (preferred) directly to wii@bunacusa.org**
- A CLEAR copy of a second form of photo ID such as your driver's license. This can be mailed with your application or scanned and emailed (preferred) directly to wii@bunacusa.org**
- Reference (Part 3 of Application Form) or separate letter
- Program fee of \$430 in the form of a money order or cashier's check made payable to BUNAC USA
- Insurance Declaration signed and completed and Insurance Premium, if applicable.
- Court records (if applicable).

Processing time for the *Work in Ireland* program is currently about 6-8 weeks. Please apply at least 10 weeks in advance of your anticipated departure date from the USA to allow ample time for processing.

Please visit our website for more information: www.bunac.org/usa or call BUNAC at 1-800-462-8622.

**Please sign and return the application form along all other program documents to:
Work in Ireland, BUNAC, PO Box 430, Southbury CT 06488**

**If you are using courier or overnight mail, send to:
Work in Ireland, BUNAC, 88 Main Street South, Suite A101, Southbury CT 06488
Telephone: 1-800-462-8622 Fax: (203) 264-0251**

