

Program Application Work & Travel USA



TO BE COMPLETED BY THE **APPLICANT** (print in black ink)

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Program Application: please tick the relevant boxes	
Internship & Trainee USA Programs	
<input type="checkbox"/>	Internship USA (INT USA)
<input type="checkbox"/>	Trainee USA (PCT USA)
Work & Travel USA Programs	
<input type="checkbox"/>	Work & Travel USA - 12 months (WAT USA x 12)
Personal Details	
Last Name (as per passport)	
First Name (as per passport)	
Address	
Suburb	
State	Postcode
Phone	
Mobile	
Email	
Acceptance into Program	
Consideration of the application will only be made after receipt of the fully completed application form and payment of the required deposit. The applicant will be formally accepted into the program only after:	
1.	Student Exchange Australia New Zealand Ltd has determined that the application meets all requirements for the nominated program.
2.	The sponsoring organisation in the US. Council on International Educational Exchange (CIEE), has reviewed and accepted the application.
Included in the Program	
<input checked="" type="checkbox"/>	The legal sponsorship necessary to obtain your J-1 visa
<input checked="" type="checkbox"/>	Assistance with obtaining your visa (you must pay the visa related costs)
<input checked="" type="checkbox"/>	Advice on jobs, housing and transport
<input checked="" type="checkbox"/>	24/7 help line on a toll free number whilst in the US
<input checked="" type="checkbox"/>	Medical and baggage insurance cover for the duration of your stay
<input checked="" type="checkbox"/>	GST
Not Included in the Program	
Round trip transportation to the US, passport and visa fees, SEVIS fee, all items of a personal nature including expenses for entertainment, meals, transportation to and from your employment, housing, insurance for trip cancellation or trip interruption.	
Eligibility Criteria	
Applicants must meet all eligibility criteria as set down by CIEE and Student Exchange Australia New Zealand Ltd. In general these include:	
1.	INT USA - open to full time students over 18 years of age who are currently enrolled at Polytechnic University/TAFE or who have graduated within the past 12 months.
2.	PCT USA - open to young professionals between 20-40 years of age who are recent graduates with at least 1 year related work experience or who have 5 years of related practical work experience.
3.	WAT USA x 12 - be over 18 years of age and a full time student at a Polytechnic University/TAFE who has completed at least their first year of studies or who has graduated from such an institution within the past 12 months.
Applicants must familiarise themselves with all the relevant eligibility criteria as outlined on our website or in our printed materials.	

Employment
All applicants are responsible for sourcing and securing their own placements. Student Exchange Australia New Zealand Ltd will provide advice and assistance but the final decision on whether to accept an offer of employment is yours alone.
Proof of Funds
INT USA & PCT USA applicants who are paid less than US\$750 per month whilst on the program must submit at the time of application, proof that they will have access to at least that amount to cover day to day living expenses and other costs not included in the program.
Expenses During the Program
Students must have available at least US\$350 upon arrival in the destination country plus a minimum of US\$150-250 per month to cover costs not included in the program.
Passport
All applicants must have a current passport with a minimum validity of six months after the anticipated return date.
Inoculations
All applicants must ensure they meet the health requirements of the US government. You should consult your GP or local health authority for the latest requirements in the US.
Insurance
WAT x 12 applicants are provided with comprehensive insurance. All other applicants are provided with personal accident and medical coverage, as well as travel and public liability insurance while participating in the program. You should review the policy to ensure the cover is adequate for your purposes as some exclusions or special conditions may apply. Policy details will be provided before departure.
Payment Schedule
1. A \$250 deposit is required when you submit your application.
2. You will be invoiced for the balance of the program fee and compulsory insurance when you are accepted on to the program.
Cancellation Policy
Cancellations will only be accepted in writing and will be effective at the date received by Student Exchange Australia New Zealand Ltd. Refunds will be made according to the following schedule:
1. If your application does not meet our eligibility criteria you will be refunded in full.
2. If you withdraw from the program:
- Prior to being issued with your DS2019 form you will be refunded in full less \$A250.
- After being issued with your DS2019 form you will be refunded in full less \$A550.
1. If you fail to enter the USA by your scheduled departure date there will be no refund.
Responsibility
Student Exchange Australia New Zealand Ltd, its subsidiaries and representatives act only as customers to the various companies, owners, or providers of other services. All tickets, coupons, and orders are provided to you subject to any and all terms under which such services are issued by the relevant provider. Your acceptance of such tickets, coupons and orders shall be deemed to be your consent to the additional condition that Student Exchange Australia New Zealand Ltd, its subsidiaries and representatives shall not in any way be liable for any injury, damage, loss, delay or irregularity however caused or arising, and whether out of any defect in any vehicle, or as a consequence of the default of any company, owner or supplier of transportation, accommodation or other service.
Law of the Contract
This Contract is governed in all respects by the law of the State of New South Wales and any legal action arising under the Contract shall be litigated only in the appropriate Court having jurisdiction in that State.

Program Application Work & Travel USA



student exchange
AUSTRALIA NEW ZEALAND

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Deposit	
<input type="checkbox"/> A \$250 deposit has been paid or is enclosed Please indicate your payment method by ticking the relevant box below.	
1. Cheque or Money Order	
<input type="checkbox"/> Cheque or Money Order enclosed	
2. Direct Deposit	
<input type="checkbox"/> Direct Deposit Please quote invoice number and name. You must pay the exact amount on the invoice plus any remittance costs incurred.	
AUSTRALIA	
Bank Westpac Banking Corporation Address of branch 10 Park Street, Mona Vale NSW Account Name Student Exchange Australia New Zealand Ltd Account BSB: 032 196 Account: 299 564	
NEW ZEALAND	
Bank Westpac New Zealand Limited Address of branch 79 Queens St, Auckland Central, Auckland Account Name Student Exchange Australia New Zealand Ltd Account BSB: 03 0252 Account: 0815935 025	
3. Credit Card	
<input type="checkbox"/> Paid Online Date of Payment DD/MM/YY	
Payment can be made by Visa or Mastercard by visiting the Student Exchange Australia New Zealand website http://workandtravelusa.com.au/programs/online-payments or by completing the form below:	
Card Holder's Name	
Card Number	
Exp Date	□□/□□/□□ CV □□□
Card Holder Signature	
Dated	
Signature of Applicant	
I have read, understood and accept the above terms and conditions.	
Signed by Applicant	
Date	

If you have any queries please contact one of our program staff on 1300 135 331 (Australia) or 0800 440 079 (New Zealand)



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

J-1 APPLICANT

Last name:

First name:

Program Start Date (mm/dd/yyyy):

Program End Date (mm/dd/yyyy):

INSTRUCTIONS AND CHECKLIST FOR J-2 DEPENDENT APPLICATION

A dependent is a spouse or an unmarried child (under 21 years of age) who will be accompanying the J-1 Exchange Visitor to the U.S. The Certificate of Eligibility (DS-2019 Form) for a J-2 dependent only allows for the dependent to travel with the J-1 Exchange Visitor. As the primary J-1 Exchange Visitor, it is your responsibility to prove financial support for each J-2 dependent in the amount of \$1000.00 per J-2, per month in the U.S.

In order to provide a DS-2019 for the J-2 dependent, CIEE requires the following:

- A complete biographical information section on each dependent (below)
Please submit additional pages if you have more than two dependents.
- A copy of a valid passport for each dependent
- Proof of dependent status: marriage certificate for spouse; birth certificate for child
- Proof of financial support for each J-2 dependent in the amount of \$1000.00 per dependent, per month

J-2 DEPENDENT

Last name:

Gender: Female Male

First name:

Date of birth (mm/dd/yyyy):

Middle name:

Contact Number while in U.S.:

Relationship to Applicant: Spouse Dependent Child
(under 21 years of age)

Email:

Date of departure to U.S. (mm/dd/yyyy):

Date of return to home country (mm/dd/yyyy):

City of birth:

Country of birth:

Country of citizenship:

Country of legal permanent residence:

Passport number:

Passport expiration date (mm/dd/yyyy):

J-2 DEPENDENT

Last name:

Gender: Female Male

First name:

Date of birth (mm/dd/yyyy):

Middle name:

Contact Number while in U.S.:

Relationship to Applicant: Spouse Dependent Child
(under 21 years of age)

Email:

Date of departure to U.S. (mm/dd/yyyy):

Date of return to home country (mm/dd/yyyy):

City of birth:

Country of birth:

Country of citizenship:

Country of legal permanent residence:

Passport number:

Passport expiration date (mm/dd/yyyy):



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA
J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

CULTURAL EXCHANGE

What American cultural activities do you hope to participate in while in the U.S?
These can be activities that you plan to participate in with your J-1 or on your own. (Please disregard this question if the J-2 is a minor.)

APPLICANT CONFIRMATION

I (print your name), _____, certify that the information provided on the J-2 dependents is true and correct.

Applicant Signature: _____ Date (mm/dd/yyyy): _____



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA
J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

FEE DISCLOSURE (fees that will be collected by the CIEE International Representative, CIEE or the U.S. Government)

Fee	Amount	Inclusions
	(Please specify currency:)	
Program fee	1 month: _____ 2 months: _____ 3 months: _____ 4 months: _____ 5 months: _____ 6 months: _____ 7 months: _____ 8 months: _____ 9 months: _____ 10 months: _____ 11 months: _____ 12 months: _____ 13 months: _____ 14 months: _____ 15 months: _____ 16 months: _____ 17 months: _____ 18 months: _____ 19 months: _____ 20 months: _____	- Application fee - Agent support pre-departure - U.S. Sponsor support - Orientation - Screening for program - Administrative costs - Insurance Plan (for policy details visit www.ciee.org/insurance)
Visa interview fee		- U.S. government administrative cost
Promotion		- Discount
Placement fee		- All costs related to finding a placement
Expedite fee		- Expedited forms and/or application review
Other services		
Total fees (excluding airfare, housing, & transportation)		
Flight (estimated cost)		- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)
Housing fee (estimated cost)		- This is the typical cost – actual price will depend on location
Transportation fee (estimated cost)		- This is the typical cost – actual price will depend on location



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA
J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

FEE DISCLOSURE (continued)

Cancellation and refund policy:

Other program costs and pricing notes:

PARTICIPANT FEE AGREEMENT (to be signed by J-1 Applicant or J-2 Applicant, if J-2 Applicant is not a minor)

I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit.

Name Printed:

Signature:

Date (MM/DD/YYYY):



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name:

J-2 Applicant First Name:

MEDICAL HISTORY

(Please complete this section to the best of your ability, noting that your responses will have no impact on whether or not your application is approved for your internship/training program)

Have you ever been hospitalized? Yes No If yes, please explain:

Have you ever been advised to have surgery which has not been done? Yes No If yes, please explain:

Have you ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders? Yes No
If yes, please explain:

When, and for what reason, did you last consult a physician?

What diseases, ailments, or injuries have you had in the last year?

Please mention any allergies, the severity of the allergy, and indicate if and how they are currently being treated.

Do you have any physical limitations? Yes No If yes, please explain:

Please indicate any medication you are currently taking and the purpose of using these drugs. (Note: A supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

If you are allergic to any drugs or medications, please list them here.

Please indicate any other pertinent medical information that may have been omitted. (such as abnormal blood pressure, weight problems, etc.)

PRIVACY, HIPAA, AND CONFIDENTIALITY RELEASE FORM

By completing this form, you give consent to CIEE, your parents or guardian, your physicians and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in, and as necessary in, treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition.
(Please initial and check each box.)

Initial: _____ All financial and claim information related to medical bills or Claimant's Statement and Authorization.

Initial: _____ Provide name, date of service, total charge, total paid, and date of payment.

Initial: _____ Insurance ID number and/or social security number.

Print Patient Name:

Signature of the Patient, Adult Parent, or Legal Guardian:

Date (mm/dd/yyyy):