

BUNAC Work in Ireland

12 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/usa 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 processed, 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 processed, there is no refund.

Work in Ireland - 12 Month Application Form 2012



1. Personal Details (please print or type) to be completed by the applicant

Last Name (as in passport): _____ First Name(s): _____ Mr/Ms _____
 Birth date: Month _____ day _____ year _____ I am a US citizen: Yes No
 Place of birth (city, state, country): _____

Current U.S. address to which documents should be sent: Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____ Cell #: _____	Permanent address (if different): Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____
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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 No (I am applying for one).
 If yes, what date does your passport expire? Month _____ day _____ year _____ Passport number: _____
(Passport must be valid for at least 12 months after the date you plan to leave the country you are applying to go to.)
 Emergency Contact: _____ Telephone: _____
 Emergency contact address: Street: _____ Town/City: _____ State: _____ Zip: _____
(if different from above)
 Relationship: _____

2. Eligibility - to be completed by applicant (please print or type)

Are you currently a student or have you been one within the last 12 months? Yes No
 University/college: _____
 How did you hear about BUNAC Work Abroad programs? _____
 Field of study/major: _____
 Year of study: Freshman Sophomore Junior Senior Post-graduate student Graduated
 Date studies completed/semester end date: / / Have you worked in Ireland previously? Yes No
 I will enter Ireland on _____ and plan to stay for _____ months
 Do you have support funds in excess of \$4,500? Yes (include copy of your most recent bank statement with this application.)
 Have you ever been denied a visa or refused entry to any country? Yes No (if yes, attach a separate sheet with explanation.)
 Have you ever overstayed a visa or been deported from any country? Yes No (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 No
 If yes, please give details: _____

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/usa 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 payment 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: _____

3. Program reference - to be completed by the referee (please print or type)

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 BUNAC applicant: _____

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

General comments: _____

Please evaluate the applicant's:

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 *Work in Ireland*? Yes No

Please explain: _____

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

Telephone: _____ Job title: _____

Institution/company: _____ E-mail address: _____

Address: _____

Referee's signature: _____ Date: / /

4. Insurance declaration - to be completed by the Applicant (please print or type)

Full policy details can be viewed and downloaded from www.bunac.org.uk/usa/insurance. Please read the instructions below for your program

Minimum purchase is 6 months; maximum purchase is 12 months. Complete Section Ai 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, complete the insurance indemnity, Section B, below. Your effective date of coverage should be the date you leave America.

Ai. Insurance purchase

Please indicate below how many months of travel insurance you wish to purchase and enclose the corresponding insurance premium.

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.

6 months \$329 7 months \$379 8 months \$399 9 months \$419 10 months \$449 11/12 months \$479

Premiums are valid for departures up to December 31, 2012.

Name (please print): _____ E-mail: _____

I am purchasing _____ months travel insurance to cover me while on the *Work in Ireland* 12 month program and any prior or subsequent travels outside the USA). Please make my policy effective: / /

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

Aii. Warranty - (this section to 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: / /

B. Insurance Indemnity - (For *Work in Ireland* applicants who are providing their own cover)

I do not wish to purchase the BUNAC Insurance Policy. I will provide my own coverage which provides medical coverage (including full prescription coverage, repatriation of remains, emergency evacuation) outside America, including Ireland.

Proof of my insurance, including a summary of my medical benefits, is attached.

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

Signature: _____ Date: / /

5. Methods of payment

Method of payment: VISA MASTERCARD Credit card number: _____

Cardholder's name: _____

Expiration date: (Month) _____ (Year) _____ Three digit security code: _____ (On back of card next to signature bar code)

Billing address: _____

Telephone number: _____ (associated with account)

Name (print name): _____ hereby authorize BUNAC USA to charge my credit card in the amount of \$ _____

Signature: _____ Date: _____

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. 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
- Proof of Student Status (unofficial transcript)
- A CLEAR copy of the photo page of your passport**
- Reference (Part 3 of Application Form) or separate letter
- Program fee of \$340 in the form of credit card payment, 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).

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 with 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

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