

ISRAEL BY CHOICE

APPLICATION PACK 2008

Thank you for your interest in this programme. Please find enclosed the application pack, which is in nine sections. This page of notes will help you complete the process, however should you have any further questions please address them to your IBC coordinator.

Disclaimer

It is important that you read this and understand the contents.

Section 1: Personal Details: Complete the form.

Section 2: You, Your Thoughts & Feelings: Read the notes and write your autobiography.

Section 3: Medical Examination Form

- Completed the "Personal Health History" section and sign the Applicant's Statement.
- Give the form and the notes to your Doctor. Make sure he completes the "Physical Examination" section and signs and stamps the Doctor's Statement.
- Please make certain that your parent/guardian has signed the Parent/Guardian Statement on the Medical Form.

Section 4: Payment Form Please ensure that your parents complete this section indicating how payment will be made

Section 5: Statement on Standards and Responsibilities and Your Commitment

Read the document and **keep it**. Sign the declaration and send it with your application.

Section 6: Statement Read, understand and sign this form, and make sure your parent/guardian does the same.

Section 7: References

Fill in the details of your two referees and send it with your application.

Section 8: Israelphones

A recommended way to remain in touch while on the programme

Section 9: Check List

Use this page to make sure you have completed all the necessary sections.

DISCLAIMER

CONSENT TO PROCESSING AND TRANSFER OF MEDICAL AND PERSONAL DATA

1 Acknowledgement and Permission

By signing these application forms, you acknowledge that you have read this disclaimer and agree that Yeladim Netivot and its partners may process and/or transfer to a third party for processing in accordance with paragraphs 2, 3 and 4 below, the data which you/your child have disclosed in this application form.

2 Medical Data

You agree that we may process the medical information provided by you/your child.

- 2.1 for the purpose of our insurance cover in respect of you/your child's trip with us to Israel which may include disclosing the Medical Data to our insurance company in Israel; and/or
- 2.2 for the purposes of providing assistance to emergency services in Israel in case of emergency during your/the Minor's visit to Israel; and/or
- 2.3 for the purpose of participation in programmes that require a minimum level of personal fitness and health

3 Religious Information

You agree that we may process the religious information provided by you/your child for the following purposes:

- 3.1 to ensure that you/your child is accommodated in an appropriate programme structure
- 3.2 to assist in finding you a suitable host during your stay in Israel

4 Personal Data

All information other than medical data, disclosed by you/your child may be used for the following purposes:

- 4.1 If the need should arise for emergency contact with the persons named in **Section 1** of the Application Forms
- 4.2 To assess you/your child's suitability to the programme being applied for and all its components.
- 4.3 Statistical analysis

SECTION 1: PERSONAL DETAILS

PLEASE EMAIL A COPY OF SECTION 1 TO YOUR IBC COORDINATOR.

NAME OF PARTICIPANT:

D.O.B. ____/____/____

Birthplace_____

Citizenship* _____

Home Address

Post Code_____

Home Phone No. _____ Mobile Phone No. _____

E-mail Address_____

Passport No. _____ Date of Expiry _____

- **If applicant or either parent has an Israeli citizenship, an IDF release form must be attached**

Contact the Embassy of Israel:

Australia: Embassy of Israel 6 Turrana Street Yarralumla, ACT 2600

Tel: (02) 6273 1300 Ext. 3, Fax: (02) 6273 4273 email: consular@israemb.org

SA: Israeli Embassy, Pretoria, P O Box 3726, Pretoria 0001

Tel: (012) 470-3511 / 470-3542/3 email: info@Pretoria.mfa.gov.il

see the Israeli Ministry of Foreign Affairs website for information

www.mfa.gov.il/MFA

TWO RECENT PHOTOGRAPHS

Please **DO NOT** staple
Attach with a paperclip or
enclose in a separate
envelope

PLEASE PRINT YOUR
NAME IN FULL ON THE
BACK OF THE PHOTO

Father's Name _____ Religion _____

DOB _____ Birthplace _____ Citizenship _____

Home Address (if different from applicant)

_____ Postal code _____

Home phone No _____ Work No _____

Mobile Phone No _____ E-mail Address _____

Mother's Name _____ Maiden Name _____ Religion _____

DOB _____ Birthplace _____ Citizenship _____

Home Address (if different from applicant)

_____ Post Code _____

Home phone No _____ Work No _____

Mobile Phone No _____ E-mail Address _____

Legal Guardian (if not Father or Mother) _____

Home Address (if different from applicant)

_____ Post Code _____

Home phone No _____ Work No _____

Mobile Phone No _____ E-mail Address _____

Do you have any relatives or friends in Israel? Yes / No

If 'Yes', please give the full details of one person/family in Israel who, if necessary, can be contacted in an emergency:

Name _____ Relationship _____

Home Address _____

Home phone No _____ Work No _____

Mobile Phone No _____ E-mail Address _____

Secondary school(s) attended

Name of School	Dates Attended	
	From	To

Jewish Education (Not full-time education)

What Hebrew, Jewish or Sunday school(s) have you attended, if any?

Name of School	Dates Attended		Subjects Studied
	From	To	

Which years did you study Hebrew?

Never / year 9 / year 10 / year 11 / year 12

Which years did you study Jewish Studies?

Never / year 9 / year 10 / year 11 / year 12

HEBREW ABILITY

With regard to your level of Ivrit (Modern Hebrew) indicate POOR, FAIR, GOOD or EXCELLENT:

Reading ability	Reading comprehension	Speaking ability	Ability to understand a conversation

Have you ever been involved in a Youth Movement/Youth Club/Organisation?

List any organisation(s) which you have belonged, or still belong to which you think would be useful for us to know about (e.g.: school, synagogue, club, committee) and in what position/capacity:

Organisation	Position/Capacity

Do you have any particular talents / interests / hobbies which would be volunteering in a community?

Activity

Have you been to Israel before? Yes / No

If 'Yes' please give full details:

When? (month/year)	In what framework? (e.g. tour, school trip, holiday)	Duration

What other Gap Year options have you considered other than this programme?

If any, please give your alternatives:

What are your plans concerning work or studies after your Gap Year?

What are your choices for the first two block options? (Provide 3 options in order of preference if you are interested in the 5-month option and 5 for the 10-month option)

1. _____ 4. _____
2. _____ 5. _____
3. _____

How do you expect to *finance your participation during your Gap Year?

During the programme you will be allocated an adopted family. So that we can pair you with an appropriate family please answer the following questions with as much details as you can in the comments line if appropriate:

How would you describe your religious affiliation?

Orthodox

Reform

Traditional

Secular

Comments

How would you describe your level of observance?

Observant

Traditional

Non practicing

Comments

Do you observe Shabbat?

Yes No *If 'yes' to what level e.g., strictly, don't use electricity, don't travel etc*

Comments

Do you observe Kashrut?

Yes No *If 'yes' to what level e.g. Strictly kosher, eat non kosher meat but don't eat pig products or shellfish, kosher at home but not out, etc.*

Comments

Please mark one of the boxes below, regarding your diet:

Meat Eater

Vegetarian (eat fish)

Vegetarian (don't eat fish)

Vegan

Any other special dietary needs:

SECTION 2: YOU, YOUR THOUGHTS & FEELINGS

Every year, many young Jewish people travel to Israel on an Israel Experience programme. They come from different backgrounds, with different levels of knowledge, different attitudes and beliefs towards their Jewish identity, Zionism and relationship to Israel. Most of all they come for different reasons and with different motivations. Some come because it's Israel, some come because of what the programme has to offer. All reasons are relevant.

As a candidate for the IBC programme we would expect that you have thought through your reasons for your application. Our aim in this part of your application is to find out a little bit more about you, your beliefs, feelings and thoughts about these issues, however unsure you may be at this stage about them.

We believe that obtaining genuine and frank information from candidates will help us plan the best programme for future participants.

For these reasons we are asking you to write a short autobiography. We would like you to tell us about yourself, including any special interests, hobbies or talents that you may have, and achievements that you are proud of. Please also tell us your thoughts and feelings about (please divide these into three sections):

- Being Jewish
- Israel/Zionism
- Your movement/organisation/community
- What this specific programme has to offer

Another important aspect we would like you to write about are your **3/5 choices for the block options**. What are the options you would like to do and why you have specifically chosen them? If there is something else you are interested in doing, please write about this and we will try to accommodate it as an option.

We are looking for frank and honest expression of who you are and what your thoughts and feelings are about these issues. It is also important to emphasise that our decision is not going to be based on what you write (or don't write) and how you write it. On the other hand, we will chat with you about it in your interview with us.

**Please email a copy of section 2 to your IBC coordinator.
Thank you!**

Section 3: MEDICAL EXAMINATION FORM

This section includes two parts to be completed, and has explanatory notes to help you.

1. Notes to the Examining Doctor and Applicant/Guardian
2. Physical Examination Form **(to be completed by the Doctor)**
3. Personal Health History **(to be completed by the Applicant)**

Please note that the Doctor, the Applicant and his/her legal guardian must sign the form in the specified places for it to be valid and acceptable.

1 NOTES TO THE EXAMINING DOCTOR AND APPLICANT/LEGAL GUARDIAN

- I The new and strenuous environment, each participant will face, will tax his/her physical and mental capabilities to the fullest. It is imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible.
- II Participants will be touring and working in a sub-tropical climate, with temperatures reaching 100 degrees Fahrenheit in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.
- III Most participants will be living in a communal environment. They will be sleeping in a dormitory or sharing living quarters with other people and eating in communal dining facilities.
- IV The participant's activities will include physical activity in the sun (mainly sports) Participants will also be carrying out voluntary work in a development town, and living in self-catering student flats. They will also be expected to participate in a number of tours of the country, which will involve hiking long distances, climbing and other strenuous activities.
- V You should also bear in mind that medical facilities available for participants would only cover acute illness and accidents. There are no facilities available within the framework for the treatment of chronic disturbances. Medical care will very often be entrusted to fully trained para-medical personnel, although a doctor will always be available and on call as will the local hospital(s). When necessary, the patient may be transferred to Jerusalem for specialised medical treatment and where

indicated may later be returned to the country of origin for further treatment. Dental, optical or gynaecological treatments are not included and will be arranged at the participant's expense.

- VI a) This form should be filled out by a doctor who has known the applicant for at least 18 months prior to the filling out of the form. In addition, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker etc.) must submit a written detailed report from the specialist giving complete diagnosis, prognosis and evaluation.
- b) If an applicant requires therapy, treatment, or to continue receiving medicines and drugs while under the auspices of the programme, s/he should have a medical letter giving full details. Since very often, medicine is not available under the same trade name as in the country of origin; the full pharmacological name of all medicines and drugs used by the patient should be given. However, such medication will be the responsibility of the applicant.
- c) If any changes take place in the applicant's health following submission of the form, the applicant must submit a full, explanatory medical letter detailing diagnosis, prognosis, and treatment. Failure to submit such letter may result in expulsion of the applicant from his/her programme without any refund.
- VII Yeladim-Netivot will rely on this completed form and any supplementary letters in making determinations of acceptance for or continuation of the applicant in the programme. Omissions or mis-statements are at the risk of the applicant and his/her doctor, surgeon, psychiatrist, psychologist, or social worker.
- VIII The information on this report form, and all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by the as strictly confidential by Yeladim-Netivot.
- IX Should any participant upon arrival in Israel, or during his/her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in any accompanying letter from a qualified professional, then she/he may, at the sole and absolute discretion of Yeladim-Netivot, be returned to his/her place of origin at the participant's own expense, and there shall be no refund of money paid for the programme. Yeladim-Netivot and its representatives are thereby released of all**

liability of any kind whatsoever arising out of any aspect of such participant's medical history and mental or physical condition.

- X The medical insurance provided by Yeladim Netivot or its representatives in Israel will not cover any treatment necessitated by the reoccurrence of any chronic affliction, or any illness or ailment suffered by the participant prior to arrival in Israel, except for a sudden and unforeseeable worsening of such condition. Yeladim-Netivot and its representatives will bear no liability for costs incurred as a result of such chronic condition or pre-existing illness or ailment.**

- XI The medical insurance provided by IBC, Yeladim-Netivot will not cover pre-existing medical condition and the Applicant will be required to take out independent medical insurance cover for the duration of the programme.**

Part 1 - PHYSICAL EXAMINATION: (To be completed by your DOCTOR)

Name of patient _____

	Normal	Abnormal	Describe abnormality
Head			
General Build			
Neck			
Ears			
Eyes			
Teeth			
Mouth, Throat			
Chest, Lungs			
Heart			
Vascular System BP			
Abdomen and Viscera			
Hernia			
G.I. System			
G.U. System			
Upper Extremities			
Lower Extremities			
Spine			
Skin, Lymphatic			
Nervous System			

Height _____ Weight _____

Urinalysis	Albumen
Sugar	VDRL

Vision:

Right – Without Correction	Left – Without Correction
Corrected to	Corrected to

Hearing:

Right	Left
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Menstrual history:

Regular or irregular	Date of Last Menstrual Period
Any Gynaecological disturbances?	

Any other relevant information:

Is full physical activity possible?

Any special restrictions:

Special dietary requirements:

Any Specific Recommendations

Is there any history of psychological or psychiatric care? If yes, give details.

Has the participant been advised to have counselling, psychotherapy or other psychic care? If yes, please provide details.

Has the participant suffered from chronic illness, ill health, undergone an operation or serious injury over the past 5 years? Please provide details.

DOCTOR'S STATEMENT

I have read the 'Notes to the Examining Doctor' and thereafter have examined Mr/Ms _____ and have recorded the results above, which represent to the best of my knowledge, the applicant's entire medical history and my findings on examination. In my opinion the applicant is **CAPABLE / INCAPABLE** of participating in the long-term programme in Israel (including hiking) as outlined in the Notes. I have known the applicant for _____ years. I understand that Yeladim-Netivot and its representatives in Israel will rely on my above report and findings.

Address _____

_____ Post code _____

Tel. No. _____

Fax No. _____

Doctor's
Signature _____ Date: _____

Surgery Stamp



Part 2 - PERSONAL HEALTH HISTORY (To be completed APPLICANT)

Applicant's Details:

Full Name _____

Date of Birth _____ Male/Female _____

Address _____

_____ Post code _____

Tel. No. _____ Fax No. _____

Mobile No _____ E-mail _____

Name of Parent/Guardian _____

Address
(if different from above) _____

_____ Post code _____

Tel. No. (home) _____ Tel. No. (work) _____

Mobile No. _____ E-mail address _____

In case of emergency, if a parent/guardian is not available the following should be contacted:

Name _____ Relationship _____

Address _____

_____ Post code _____

Tel. No. (home) _____ Tel. No. (work) _____

Mobile No. _____ E-mail address _____

HEALTH HISTORY:

A) Have you ever suffered from any of the following chronic or recurring illnesses or conditions?

Condition	Yes/No	Date	Condition	Yes/No	Date
Asthma			Heart problems		
Bronchitis			Hyperactivity		
Bursitis			Kidney Problems		
Cancer			Manic/Depressive psychoses		
Chicken Pox			Measles		
Convulsions			Mononucleosis (glandular fever)		
Diabetes			Mumps		
Dizziness			Pneumonia		
Ear Infections			Poliomyelitis		
Eating disorders			Rheumatic fever		
Epilepsy			Scarlet fever		
Eye problems			Sleep walking		
Fainting			Thyroid disorder		
Frequent colds			Tuberculosis		
German Measles			Ulcers		
Headaches					

**If 'yes' please give full details including names and addresses of the relevant doctors, hospitals and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.*

Condition	Details

B) Has anyone in your immediate family (parents and siblings) ever suffered from any of the conditions specified above?

C) Do you suffer from any allergies?

Allergies	Yes/No	Degree of sensitivity, nature and severity of reaction
Aspirin		
Hay Fever		
Insect bites/stings		
Penicillin		

Other		
Other		

D) Do you have any special dietary requirements (including Vegetarian/Vegan)?

	Details

E) Have you received the following vaccinations?

	Yes/No	Date of vaccination
Polio		
*Tetanus		
Tuberculosis		
**Meningitis		
Whooping Cough		
Other (e.g. Hepatitis)		

**You must have received an anti tetanus primary course or booster within the last ten years*

***This vaccination is recommended*

F) Have you undergone any operations or sustained any serious injuries*?

Operation/injury	Date	Details

**(See Note VI)*

G) Are you currently taking any medication*?

Name	Details of condition

**(See Note VI)*

H) Have you ever consulted a psychiatrist, psychologist, social worker or counsellor? If 'yes' please give full details including names and addresses of the relevant consultant and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.

I) Have you ever undergone psychoanalysis or received psychotherapy or other psychological treatment or advice? If 'yes' please give full details including dates, names and addresses of the relevant consultant and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.

ALL ABOVE INFORMATION MUST BE FILLED OUT COMPLETELY AND WILL BE TREATED CONFIDENTIALLY.

APPLICANT'S STATEMENT

I have read the "Notes to the Examining Doctor" and particularly items (VI), (VII), (VIII) and (IX) and (X). I hereby certify that, to the best of my knowledge, the above medical form is complete in all its details and fully realise that any condition, mental or physical, that I am found to have, originating prior to my arrival in Israel, and which is not described in full on this form or in any accompanying letter, will be due cause for my return to my country of origin or treatment in Israel, solely at my expense. In addition, I am fully aware that Yeladim Netivot and its agents/representatives in Israel have neither responsibility nor liability arising out of such condition.

I also realise that medical coverage does not include dental, gynaecological, psychiatric, psychological or optical treatment of any form whatsoever, nor does it cover any treatment necessitated by any chronic illness from which I am suffering, or treatment necessitated by any illness or ailment suffered prior to my arrival in Israel (except for a sudden deterioration of a disclosed chronic illness). All medications that I take regularly are at my own expense, and have been detailed in this form or in letters.

I also give my full permission for all treatment of any nature deemed necessary by doctors in Israel to be extended to me within the framework of the Medical Services nominated by Yeladim Netivot in Israel.

I also acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics or any other anti-social behaviour may be cause for immediate dismissal from the programme, and I will be returned to my country of residence at my own expense.

Applicant's name _____

Applicant's

Signature _____ Date: _____

PARENT / GUARDIAN STATEMENT

I submit that the information supplied is a full medical history and I am unable to add any further relevant details. I fully accept the terms and conditions of the Applicant's Statement as it applies to the applicant.

Name _____

Signature _____ Date: _____

Section 4: PAYMENT FORM

FULL NAME: _____

Land Costs of Programme (In US\$)

Five months	\$ 8750
Ten months	\$ 14 500

This covers land costs only and does not include airfare.

In additional US\$1000 for trip to Poland.

You may choose to pay for the program as a one time payment (in full) or in a maximum of four (4) instalments. Payment can be made by cheque, direct deposit or credit card.

In any case a deposit of US\$250 is payable at the time of application and is deductible from the first payment.

Five months

- I enclose a deposit of \$250
- I have applied for a MASA scholarship and will make payment arrangements immediately on learning the result of my application.
- I hereby will make a direct transfer to your account in Israel, or pay by credit card, the total amount of US\$8750 less US\$250 deposit by 5 February 2008.
- I will make payment in ____ (up to four) equal instalments of US\$____ transferred directly to your account in Israel or paid by credit card as below.

Payment one by 5 February

Payment two by 5 March

Payment three by 5 April

Payment four by 5 May

(Please indicate dates of payments)

Ten months

- I enclose a deposit of \$250

- I have applied for a MASA scholarship and will make payment arrangements immediately on learning the result of my application.

- I hereby will make a direct transfer to your account in Israel, or pay by credit card, the total amount of US\$14 500 less US\$250 deposit by 5 February 2008.

- I will make payment in ____ (up to four) equal instalments of US\$____ transferred directly to your account in Israel or paid by credit card as below.

Payment one by 5 February
Payment two by 5 April
Payment three by 5 June
Payment four by 5 August
(Please indicate dates of payments)

Account details: Yeladim Educational Projects, United Mizrahi Bank, Ben Yehuda Street, Jerusalem Branch No. 460, Acct No. 509538, Swift Code: MIZBILIT

Date _____

Signature_____

Name_____

**** IBC is a MASA recognized programme MASA, the Project for Long Term Programs in Israel, was launched in 2004 as a joint initiative of The Government of Israel and the Jewish Agency, with a mandate to enable 20,000 young people to attend long term Israel programs annually. MASA does this by providing individual scholarships to participants. For further details please contact the programme coordinator.**

Section 5:

STATEMENT ON STANDARDS AND RESPONSIBILITIES

Introduction:

As a participant on a Yeladim Netivot programme you are required to take responsibility for yourself and your actions. The expectations are high, and set out certain minimum standards of behaviour and personal example. This Statement serves as guidance for you whilst allowing us to deal with irresponsible behaviour in a manner that has been mutually agreed. To this end, all participants must read, fully understand and conform to the standards set out in this document.

This Statement emphasises respect for and tolerance of others as its main concern, though you will also find that in part it is also for your own protection. Please remember that you should be capable of exercising self-discipline, but if members of the staff team need to enforce measures they should be treated with respect. In return, participants have a right to expect that the above will be reciprocated in so far as you will be treated with respect, tolerance and, of course, we are always open to discussion.

The Statement is fairly extensive so as to cover most eventualities - you are required to sign it at the end to confirm that you both understand and accept it.

Notes

1. You should also be aware of authorities that supersede our relationship with you - most particularly the laws of the State of Israel and the rules of institutions whose services we use.

Jurisdiction

During your time in Israel you will come under the jurisdiction of Yeladim Netivot. You will be required to adhere to directions given from time to time by their personnel. In certain areas parental/guardian involvement may be relevant and necessary and this is a course of action that remains at our discretion.

Mutual Respect

You will be living within a community, while you are in Israel. During some parts of the programme you may be based at an educational campus, or an absorption centre, or in your own apartments. Wherever you are there will always be other people around you, who may be families with children of all ages trying to live their daily lives, or participants on other programmes. With this in mind we expect that participants will conduct themselves and their behaviour in a manner that is respectful of others

Illegal Drugs

Anyone who is determined to have purchased, sold, possessed or used any illegal drugs, or even to have abused legal drugs (or to have been in the presence of others while they purchased, sold, possessed or used illegal drugs or abused legal drugs) will immediately be expelled from the programme and will be sent home.

Please note - the Israeli Police usually deal with the matter of drug abuse in a very severe manner including an extended ban from re-entering Israel and a copy of your criminal record being forwarded to the police in your home country.

Alcohol

If you are over the age of 18, you are legally allowed to drink alcohol; however alcohol abuse will not be tolerated. Should you, as a result of alcohol consumption, reach a stage where you are unable to participate fully in the programme, and/or are not responsible for your own actions with regard to yourself or others, we reserve the right to take disciplinary action.

Please note that at some bases, alcohol is not allowed on the premises.

Attendance

Our expectation is that, as a committed participant, you will fully participate and involve yourself in the programme. By signing up for the programme you commit your self to attend and participate in all aspects of it. This is particularly important when you are volunteering, and people are relying on you, and when you are studying, and lessons need to start on time.

Holiday Time (Chofesh)

During the course of the year you will be entitled to personal chofesh days. There are also some specific days or periods of time when chofesh cannot be taken at all - you will be told what these are during your orientation period. *All decisions regarding chofesh are the final responsibility of your programme co-ordinator (Racaz) and all chofesh time must be negotiated in advance.*

If parents are planning a visit while you are on the programme please make sure the dates coincide with the programme Chofesh to ensure as little disruption to the programme and community.

Permission to leave to join parents during other times of the programme is dependent on Yeladim Netivot and will be counted as personal chofesh days.

Personal Security

At all times you must heed all instructions given to you by programme staff regarding personal security. This will include certain areas being off-limits, and modes of travel. All of these restrictions and all other Security arrangements will be explained to you before you leave for the programme, in detail upon arrival, and updated as and when necessary. It is vital that you treat these instructions with the utmost seriousness and follow them at all times.

Hitch-Hiking (known as "Tramping" in Hebrew) is **strictly forbidden** to programme participants anywhere in Israel.

Leaving Israel during the Programme

We strongly recommend that you do **not** leave the country during the duration of the programme.

If the participant is required to return home during the programme, then the following conditions will apply:

- A parental/guardian letter will be required stipulating "total release of any liability of Yeladim Netivot for the duration of the absence from the programme".
- That there will not be excessive disruption to the programme as determined by Yeladim Netivot.

Permission for the participant to return home is dependent on the Yeladim Netivot.

When you have read the document 'Statement on Standards and Responsibilities', and you both fully understand and agree to abide by everything written there as a condition of being accepted on the programme, then sign the declaration.

Section 4: Statement on Standards and Responsibilities

I _____ have read the document:

'Statement on Standards and Responsibilities':

I understand it, and I am prepared to abide by it as a condition of my acceptance to the Israel by Choice programme.

Signed _____ Date _____

**SECTION 6:
STATEMENT**

TO BE SIGNED BY THE APPLICANT

I _____ (block capitals) do hereby submit my application for participation in the Israel by Choice programme. I undertake to accept the discipline of the Institute upon arrival and while in Israel. I have read and understand all the above mentioned documents and agree to abide by everything written there as a condition of being accepted on the programme.

Signature _____ Date: _____

TO BE SIGNED BY THE PARENT/GUARDIAN OF PARTICIPANT

I _____ (block capitals) do hereby certify that I am the Parent/Guardian of the above mentioned participant and that I have read the Statement of Standards and Responsibilities and that I believe that they and the scheme as a whole are for the benefit of the participant, and that I consent to the participant participating in the scheme on the terms and conditions applicable to him/her. I further understand that if, as a result of my daughter/son's non-compliance with the above-mentioned conditions, she/he will be forced to leave Israel prematurely and that his/her group fare (if applicable) will become null and void.

Signature _____ Date: _____

Section 7: REFERENCES

Please give details of two referees who you are happy for us to contact on your behalf. One of the referees could be someone from your school/college and the other one should be somebody who has known you for at least two years and knows you well. It should **not** be a family member, teacher from your school/college or your doctor.

If you have any queries about who would be an appropriate person to act as your second referee, please call for guidance.

Referee 1

Name _____ Relationship _____

Home Address

Home phone No. _____ Home Fax No _____

Mobile Phone No _____ E-mail Address _____

Referee 2

Name _____ Relationship _____

Home Address

Home phone No. _____ Home Fax No _____

Mobile Phone No _____ E-mail Address _____

SECTION 8: ISRAEL PHONES

Dear Parents,

I am pleased to enclose information about cellular phone arrangements for your child's stay in Israel. For our students' security and well-being, we require all students to participate in the IsraelPhones Cellular Network. IsraelPhones provides **internet-free**, uniform networked cellular phones for our entire school, as well as many other programs in Israel. Amongst the plan's many advantages, this plan enables our students to reach the entire staff, school offices and many other programs free of charge. This plan also enables our staff to reach all of our students immediately and simultaneously in all circumstances – an advantage that has proven itself extremely valuable in recent years. Please do not register with any other rental program available.

We have worked with IsraelPhones for the past few years, and are consistently pleased with their excellent service and economical rates. Please refer to the enclosed rental information from IsraelPhones for more details, and please complete your registration in a timely manner.

Sincerely,

Dear Parents,

IsraelPhones is proud to be chosen once again as the exclusive provider of mobile phones for your child's year in Israel. IsraelPhones offers excellent service, economical rates and features including:

- **Discounted “Home” Number:** Students in Israel can call one designated landline in your home country at a deep discount
- **Free Mobile-to-Mobile Minutes:** Call program staff members and other IsraelPhones customers for *free at any time*, – Including students from: Bnei Akiva, Habonim, FZY, and more! *This is an equivalent value of over \$50 in comparison to any other phone plan.*
- **Phones for Parents:** Visiting parents are entitled to a free two-week tourist rental with only per-minute call charges to pay for, and your child can also call these phones for free when you are in Israel visiting
- **Repairs and Replacements with Door-to-Door Service:** No need to visit a service center.
- **No Internet capability – 100% Guaranteed!**

The exclusive Israel by Choice rates with the **IsraelPhones Network** (in US\$ including 16.5% VAT) are:

Rental Fees

Rental fee for Sim Card - <i>You must bring your own unlocked handset to take only the IsraelPhones SIM card</i>	Free
Rental fee for GSM cellular phone + SIM card	\$8.00/month
Insurance coverage on hardware from IsraelPhones for <u>normal</u> damage (not water or extreme damage)	Included
Deductible on insurance claims outside of covered damage and for lost/stolen phones	\$60

Local Calling Rates

Incoming Calls	Free
Calls to <u>all</u> IsraelPhones Customers on the cellular network	1000 minutes free per month!
Calls in Israel to Cellcom and landlines	12.5 ¢/min
Calls to out-of-network mobile phones in Israel	17.9¢/min
Text messages in the cellular network – including IsraelPhones customers	12.5¢/each
Text messages to other mobile Networks	17.9¢/each

International Outgoing Calling Rates

	<i>UK</i>	<i>Australia</i>	<i>South Africa</i>
Calls to one discounted landline number	8.9¢/min	16¢/min	16.¢/min
Calls to the remainder of landlines	21.9¢/min	29¢/min	39¢/min
Calls to mobile phones	+16¢/min more than rates above		
Text messages to international destinations – including 10 free per month	17.9¢/each		

Exclusive Direct International Toll-free Service for Family and Friends: Now you can call from directly to your daughter's cellular phone in Israel from a toll-free access number for. only 15.9 cents per minute from the UK (8p), 29 cents from Australia (0.37 AU\$), and 49 cents from South Africa (R 2.9). **Please note: Incoming calls received from any other toll free international calling card plan do not incur any charges from. IsraelPhones**

To order your child's phone, please complete the attached order form, or order online at www.israelphones.com/ibc.htm before January 1st, 2006. You may contact IsraelPhones via email (info@israelphones.com) one week before your child's departure date to obtain her mobile number and personal toll-free numbers. Itemized bills will be sent to your email on a monthly basis. **Please note, you will be held responsible for unreturned hardware at a cost of \$60 and unreturned SIM cards at \$20.** If you have any further questions about the mobile phone rental program, please email IsraelPhones or call the IsraelPhones office at - UK: 08004049642, South Africa: 0800999500, Australia:1800076284, or +97289181135 from any other country.

Sincerely,
IsraelPhones

SECTION 9: CHECK LIST

Before sending off your application, please read the points below and tick the boxes accordingly to check that you have completed all sections.

Section 1: Personal Details

I have completed all relevant areas and **emailed a copy** to the IBC coordinator.

Section 2: You, Your Thoughts & Feelings

I have written the autobiography and **emailed a copy** to the IBC coordinator.

Section 3: Medical Examination Form

- I have completed the "Personal Health History" section and signed the Applicant's Statement.
- My Doctor has completed the "Physical Examination" section and signed and stamped the Doctor's Statement.
- My parent/guardian has signed the Parent/Guardian Statement on the Medical Form.

Section 4: Payment Form

I have enclosed the deposit

Section 5: Statement on Standards and Responsibilities and Your Commitment

I have read the document and will keep it to refer to, and I have signed the declarations

Section 6: Statement

I have read, understood and signed this form.

Section 7: References

I have filled in the details of my two referees

Section 8: Israel Phones

I have filled out the application for Israel phones and sent it off.

Section 9: Check List

All the boxes on this page are full. Time to send off my application!

**** For participants who themselves / one parent were born in Israel please attach your IDF release Form**

Completed Application forms to be sent to your contact person in your area.

Or the completed form can be emailed to mimi@yeladim-netivot.org Attention IBC 2008