

INTERNATIONAL AGRICULTURAL EXCHANGE ASSOCIATION



AGREEMENT

for participation on an AgriVenture programme

I, _____
(please print name)

1.1 hereby declare that I am in good health being free from any physical disability, illness or injury apart from those specified below, and able to perform actively in any placement on the AgriVenture Programme.

(Note: Question 1.1 a) and b) are to assist when making placement and do not necessarily mean you will be rejected from the programme.)

a) In the last five years have you had surgery, medical tests, therapy, taken any medication on a regular basis (other than influenza or contraceptive prescription/medication), been hospitalised, had medical advice or treatment for:
(please tick the appropriate box adjacent to each of the following)

	Yes	No		Yes	No
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory diseases	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/tumours	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol abuse/addiction	<input type="checkbox"/>	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Muscular/skeletal problems (ex. back problems)	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Sight or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	Incontinence (bladder control problems)	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "yes" to any of the above please specify treatment received and your current situation.

b) Do you have any further disabilities? Dyslexia (ie. reading & writing problems), colour blindness or others.

1.2 I declare that all information concerning personal illness or disabilities are given fully and honestly and recognise that withholding any information may result in my dismissal from the AgriVenture programme.

1.3 I hereby declare that I am not pregnant and recognise that withholding any information concerning pregnancy may result in my dismissal from the AgriVenture programme.

1.4 Recognise that if I become pregnant, contract a disease, or become disabled between the date of "Agreement" and completion of my AgriVenture programme, that I must inform the appropriate I.A.E.A. Servicing Office immediately.

1.5 Recognise that should I contract a serious communicable disease that I may be dismissed from the AgriVenture programme depending on the type of disease and degree of infliction.

1.6 Recognise that if I am disabled and unable to work due to illness or injury and thus become an imposition to the host family for a longer period than four (4) consecutive weeks, that serious consideration should be given to an early departure from the programme.

1.7 I understand that as part of the AgriVenture support network, contacts for supervision are provided as part of every Trainees package. If I have not been supervised within the set time it is my responsibility to contact my AgriVenture contact person, or the Servicing office, to arrange a suitable time for a visit.

2. I agree to abide by the following rules established by I.A.E.A.:
 - 2.1 Abusive use of alcohol resulting in my inability to fulfil my obligations as a trainee and/or resulting in an impaired driving offence, may result in my dismissal from the AgriVenture programme.
 - 2.2 Possession and/or use of drugs other than those recommended or prescribed by a doctor may result in my dismissal from the AgriVenture programme
 - 2.3 I agree to stay with my appointed host family (unless a transfer is requested and agreed to), for the duration of my placement in each host country, and that during this period I am entitled to no more holidays than specified in my programme description.
 - 2.4 Leaving my AgriVenture programme appointed host family, if I have not received prior approval from my host family area representative, my supervisor or the I.A.E.A. Servicing Office may result in my dismissal from the AgriVenture programme.
 - 2.5 In the interest of my safety and well being, should my whereabouts not be known to I.A.E.A., the Association will report this immediately to the appropriate authorities.
 - 2.6 I understand that if I am found guilty of a criminal offence in my hosting country this will result in my dismissal from the AgriVenture programme.
3. I acknowledge that work permits/visas are only valid while I am on an AgriVenture programme in my host country.
4. I understand that if I am dismissed from the programme for whatever reason, my name and reason(s) for dismissal will be forwarded to the appropriate government authorities to be dealt with accordingly.
 - 4.1 I also agree to release I.A.E.A. from all obligations, liabilities, responsibilities and cost incurred due to my dismissal from the AgriVenture programme.
 - 4.2 If I leave the AgriVenture programme for whatever reason, I am not entitled to any refund on the programme price.
5. I understand that I.A.E.A. provides an insurance policy for all Trainees travelling on an I.A.E.A. exchange programme. I also understand that I will be given a copy of the insurance documentation in full, prior to my departure. I agree that it is my responsibility to ensure that I have a complete understanding of my insurance cover and should I have any questions I will contact the I.A.E.A. Servicing Office.
6. I recognise that the good name of I.A.E.A. should be upheld at all times, and I will agree to maintain a suitable level of employability by displaying interest, motivation and good work habits, so that future trainees may enjoy the privilege and opportunities of I.A.E.A. membership.
7. I understand that it is my responsibility, that to gain the most from my placement with IAEA, it is dependant on my flexibility and correct attitude to make my programme a success. After full consultation with IAEA and problems still occur, serious consideration will be given to an early departure from the programme.
8. I declare that I have read and understand the conditions listed in this "Agreement", and will comply with them. I agree that my concealment or falsifying of any information may result in my dismissal from the AgriVenture programme.

(signature of applicant)

(signature of interviewer)

(date)

(name of interviewer)

I.A.E.A. agrees to provide full assistance to all I.A.E.A. trainees to ensure a satisfactory learning experience. This assistance will be provided by the management staff of the National I.A.E.A. Servicing Office, by the supervisor/contact person and/or by the National Host Family Association.

The information you have provided will only be used for IAEA purposes!

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agree