

APPLICATION FORM

Work study & travel Australia

Farmstay

Personal Details					
Family Name			First Name		
Date of Birth			Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Nationality		Passport Number		Expiry Date	
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any Allergies? If yes please describe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Details					
Home Address					
Post Code		City		Country	
Home Phone			Mobile		
E-mail			Drivers License	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Package Details FARMSTAY AUSTRALIA					
Arrival City	Sydney <input type="checkbox"/>		Brisbane <input type="checkbox"/>	Melbourne <input type="checkbox"/>	Perth <input type="checkbox"/>
Flight Details	Arrival Date	Arrival Time	Flight Number	Airline	
	-- / -- / --	-- : -- AM/PM	-----	-----	
Please number the states per preferences and indicate intended duration	NSW <input type="checkbox"/>		QLD <input type="checkbox"/>	VIC <input type="checkbox"/>	WA <input type="checkbox"/>
	SA <input type="checkbox"/>		NT <input type="checkbox"/>	Length of Stay _____ Weeks	
Level of English Language	Intermediate <input type="checkbox"/>		Above Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	

Work n Holiday Farmstay/Ranchstay – Liability Waiver Form

Participant's Full Name: _____

While the safety of our participants is a major priority at Work n Holiday, there are certain risks involved with a number of activities offered in the Farmstay and Ranchstay Programs. By registering for these programs and participating in these activities, you are accepting the possibility that an accident might occur and agree that the activities are suitable for you.

I hereby give my consent and acknowledge by signature below that:

1. I am willing and able to participate in the activities associated with farm/ranch life
2. I am fully responsible for my own health insurance
3. I agree that if I have special dietary requirements and/or food and medical allergies, I will take complete responsibility for my food and medicine intake
4. I understand that WnH Farmstay/Ranchstay are exchange programs and that I will not be paid
5. My main purpose for entering the country is to participate in a cultural exchange program. It is my responsibility to ensure that I have appropriate authorization to enter the country for this purpose
6. I am aware of the usual risks and dangers in participation in all the activities where safety may be a concern, and of the possibility of personal injury, death, property damage, or loss resulting from the activities. The dangers and risks may include, but are not limited to:
 - Transportation or travel to and from the activity location
 - Activity locations
 - Rugged terrain
 - Weather
 - Equipment breakage, failures
 - Being around animals
 - Delayed rescue, accessibility
 - The possibility that I may not heed safety instructions given to me in English

I am 18 years of age or more and have read and understood the terms of this consent and waiver, and understand that it is binding upon me, my next of kin, my heirs, executors and administrators. By signing below, I am aware that I am waiving certain legal rights which I or my representatives may have against the releasees.

PARTICIPANT SIGNATURE

DATE