

Before you begin your a	application	n, be sure to	read all ins	structions (	on the pr	ior page.				
						_				
1. Program Information										
This application refers to the follow	ing New Gene	erations Exchang	e Program (plea	ase tick the ap	propriate bo	x):				
■ Non Paid, Non Academic Inters	ship			Group E	xchange					
2 Applicant Information										
<ol><li>Applicant Information Full Legal Name as on passport or</li></ol>	birth certificat	te (use capital let	ters for your FAI	MILY name; e	e.g., SMITH J	John David)	Name \	You Wish to be C	alled	Gender
,										
Date of Birth (e.g., 23/April/1999)		Citizen of (Cour	itry)		Place of	Birth (City, Sta	te/Province, Country)			
<i>  </i>										
Home Address - Street			Town/City		State/Pr	ovince	Postal Code		Country	,
Postal Address (if different) - Stree	t		Town/City		State/Pr	ovince	Postal (	Code	Country	1
E-mail Address				Home Phone	a Number		Mobile	Phone Number		
E-Mail Address				Home Phone	r none number		IVIODIIE	Phone Number		
							<u> </u>			
3. Contact Person in the	e event of	an emerge	ency							
Name					Relation	ship				
,			l <del>-</del> (0):		2: /2		ls		Country	
Home Address - Street			Town/City		State/Pro	State/Province		Postal Code		,
E-mail Address			Home Phone N	umber	Rusiness	s Phone Numbe		Mobile Phone N	lumber	
-Titali Address		Home Phone Number		Dusines	Business Phone Numbe		ei iwobile Priorie Number			
4. Sponsoring District a	nd Club (	Contacts								
Sending District Number	Name o	of Sending Distric	t Youth Exchan	ge Chair	E-mail A	E-mail Address				
	,									
Address - Street			Town/City		State/Pro	ovince	Postal (	Code	Country	1
Home Phone Number			No area Alexandra a			IM-LU-DI	Nicosia			
Dusiness F		Phone Number			Moblie Phone Number					
Sending Rotary Club	Name o	Name of Sending Club Youth Exchange		Officer E-mail Addre		ddress				
Johnson Grand	,	or containing chas	. outnondgo	· · · · · · · · · · · · · · · · · · ·						
Address - Street			Town/City		State/Pr	ovince	Postal (	Code	Country	,
Home Phone Number		Business F	hone Number			Moblie Phone	Number			

Do you have any special requirements regarding religious observance? Please detail:	referred Period of Exchange			Preferred Lengthof Exchange	
Personal Background    So you have any special requirements regarding religious observance? Please detail:	ountry of Priority				
Do you have any special requirements regarding religious observance? Please detail:    Poyou smoke or use tobacco products?	<u> </u>				
o you smoke or use tobacco products?  If yes, please explain.  or you drink alcohol?  If yes, please explain.  If yes, please explain.  If yes, please explain.  If yes, please explain.  Inswering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to his may be required with regards to his production.  If yes, please explain.  If yes, please explain.  If yes, please explain.  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  on-Native Languages  On-Native Language(s)  Non-Native Language(s)  If yes, please explain.  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  If yes, please explain.  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language  On-Native Language(s)  Years  Speaking  Reading  Writing  Writing  Health Information  O you have any mental health/medical/dental conditions?  Yes \( \times \) No  ave you taken any prescribed medications in the past six months?  Yes \( \times \) No  O you have any special health requirements (disabilities, allergies etc.)?	. Personal Background				
o you drink alcohol?  If yes, please explain.  ave you ever used illegal drugs?  If yes, please explain.  If yes, please	eligion	Do you have	any special require	ements regarding religious observance	e? Please detail:
ave you ever used illegal drugs?  If yes, please explain.  If yes, please explain.  If yes, please explain.  If yes, please explain  If yes, please explain  If yes, please explain  If yes, please explain  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Languages  On-Native Language(s)  If years Studied  Speaking  Reading  Writing  Writing  Health Information  Or you have any mental health/medical/dental conditions?  ave you been treated for mental health/medical conditions in the past two years?  Or you have any special health requirements (disabilities, allergies etc.)?	o you smoke or use tobacco products?	If yes, please	explain.		
ave you ever used illegal drugs?  If yes, please explain.  Inswering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to 1 milly or host country.  It yes, please explain  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Languages  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Years Studied  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Years Studied  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)  Years Studied  Years  No  No you have any mental health/medical/dental conditions?  Yes  No  ave you taken any prescribed medications in the past six months?  Yes  No  No  No you have any special health requirements (disabilities, allergies etc.)?					
Is swering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to his rolly or host country.  Languages  Ur Native Language  Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  Don-Native Language(s)  Writing  Health Information  Health Information  Or you have any mental health/medical/dental conditions?   Yes   No    ave you been treated for mental health/medical conditions in the past two years?   Yes   No    ave you taken any prescribed medications in the past six months?   Yes   No    ave you have any special health requirements (disabilities, allergies etc.)?   Yes   No	you drink alcohol?	If yes, please	explain.		
If yes, please explain  Languages  Dur Native Language   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)  On-Native Language(s)   Years   Speaking   Reading   Writing    Health Information   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    January   Proficiency in Native Lang	ave you ever used illegal drugs?	If yes, please	explain.		
Languages   Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)		not necessarily el	iminate you as a c	andidate; however, special considerat	ion may be required with regards to ho
Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)    Ion-Native Language(s)   Years Studied   Speaking   Reading   Writing	o you have a driver's licence?	If yes, please	explain		
Ion-Native Language(s)  Years Studied  Reading  Writing  Health Information  Or you have any mental health/medical/dental conditions?  Have you been treated for mental health/medical conditions in the past two years?  Ave you taken any prescribed medications in the past six months?					
lo you have any mental health/medical/dental conditions?    Yes   No	on-Native Language(s)		Speaking	Reading	Writing
oo you have any mental health/medical/dental conditions?  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No	on-Native Language(s)		Speaking	Reading	Writing
lo you have any mental health/medical/dental conditions?					
o you have any mental health/medical/dental conditions?    Yes   No     No     ave you been treated for mental health/medical conditions in the past two years?   Yes   No     ave you taken any prescribed medications in the past six months?   Yes   No     o you have any special health requirements (disabilities, allergies etc.)?   Yes   No					
o you have any mental health/medical/dental conditions?  ave you been treated for mental health/medical conditions in the past two years?  ave you taken any prescribed medications in the past six months?  ave you taken any special health requirements (disabilities, allergies etc.)?					
Do you have any mental health/medical/dental conditions?  ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No					
lave you been treated for mental health/medical conditions in the past two years?    Yes   No     No     No     Yes   No     No					
lave you been treated for mental health/medical conditions in the past two years?    Yes   No     No     No     Yes   No     No	. Health Information				
ave you taken any prescribed medications in the past six months?  □ Yes  □ Yes  □ No  □ Yes  □ No		al conditions?		□Yes	⊠No
o you have any special health requirements (disabilities, allergies etc.)? ☐ Yes ☒ No	o you have any mental health/medical/dent		the past two years		
	o you have any mental health/medical/dent ave you been treated for mental health/med	dical conditions in		?	⊠No
YOU HAVE ANSWELLED I LEG TO ALLY OF THE ADOVE DIEASE EXDIGIT TORY III THE SDACE DELOW DIOVIDING AS DIDGET HIDDITIANION AS DISSIDIE THE HIDDITIANION AS DISSIDIES THE HIDITIANION AS DISS	o you have any mental health/medical/dent lave you been treated for mental health/med lave you taken any prescribed medications	dical conditions in	nths?	Yes ☐ Yes	⊠ No ⊠ No
nedication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.	Do you have any mental health/medical/dent dave you been treated for mental health/med dave you taken any prescribed medications Do you have any special health requirements	dical conditions in in the past six mon s (disabilities, aller	nths? gies etc.)?	?	⊠ No ⊠ No ⊠ No
	Do you have any mental health/medical/dent dave you been treated for mental health/med dave you taken any prescribed medications Do you have any special health requirements	dical conditions in in the past six mon s (disabilities, aller ove please explain	nths? gies etc.)? fully in the space	Yes  ☐ Yes ☐ Yes ☐ Yes ☐ below providing as much information	⊠ No ⊠ No ⊠ No as possible, including the name of any

Applicant's Name

Applicant's Name ,	,
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### **Rotary District**

# **New Generations Exchange Program**

### **Applicant's Personal Background – Supplementary Information**

**Individual Exchange**: Please send your CV and write a personal statement to introduce yourself to the host Rotary Club and to the organization offering the work experience placement or internship. You should include details of your plans and ambitions for your future education and career; what you specifically hope to achieve through your NGE experience; your interests, talents and accomplishments.

8. Individual Exchange / Internship Information	
Career Objective – your achivements through the Rotary New Generations Sen I do care about Rotary's values, integrity, world understanding and goodwill are Christmas market of Compiegne 2.0 Club and their ceremonies in general. I hel	also really important to me. I attend the Rotary's events, such as the annual
Education college degree in Management and I want to continue with a Human Ressource	es master's degree next year
Work Experience I worked two months in the French Bank BNP Paribas where I particularly filled	in balance sheets. I also worked two months as a hostess in Paris CDG airport.
Additional Skills Communication skills, Positive attitude, and Open-mindedness Pack Office, Eng	glish and Spanish strong knowledge
Special Interests / Remarks Studying languages Discovering the world and new cultures	
Preferred Period of Exchange	Preferred Lengthof Exchange
Country of Priority	I.



# Rotary District New Generations Exchange Program

### Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant supported by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at your expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

### Rules and Conditions of Exchange

- 1. You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2. You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3. You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
- 4. You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation,emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district, with coverage from the time of your departure from your home country until your return.

- You must purchase return travel ticket before departure from the home country.
- 6. You must attend all orientations and trainings offered by the Sponsoring and host districts and clubs.
- 7. You must have sufficient financial support to assure your well-being during your exchange.
- 8. The host district and club, host family must approve any other travel in writing, exempting Rotary of responsibility and liability.
- 9. Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are your responsibility.
- 10. You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
- 11. Talk with a Rotarian or other trusted adult if you encounter any form of abuse or harassment.

### **Recommendations for a Successful Exchange**

- 1. Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 3. Make an effort to learn the basics of the language of the host country.
- 4. Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved -do not wait to be asked.
- 5. If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

#### PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

- I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a New Generations Service Exchange program participant:
  - In the event of accident or sickness, I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the
    appropriate medical facility and physician(s)/dentist(s) to provide treatment.
  - 2. I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
  - 3. I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation

I agree to hold harmless Rotary International, any Rotary District or Club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

Applicant's Name	,

Date (dd/mm/yyyy)

#### APPLICANT'S DECLARATION

Signed (Applicant)

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country As the undersigned applicant I declare that:

- 1. I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- 2. I am in good health and as a New Generations Service Exchange participant understand the importance of the role of an ambassador and, should I be chosen to represent my Sponsoring Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the details entered by me in this application and the attached documents are true and accurate to the best of my knowledge.
- 3. I purchase round-trip air travel before I depart my home country.
- I attend all orientations and trainings offered by my sponsor and host districts and clubs, and return home after completion of my exchange

Witness (Sending Rotary club representative)

Alternative Emergency Contact	in home country, OTHER TH	IAN A PARENT	
Name ,	-	Relationship	
Home Address - Street	Town/City	State/Province	Postal Code Country
E-mail Address	Home Phone Number	Business Phone Numbe	r Mobile Phone Number
Sponsoring Club and DISTRICT	ENDORSEMENT		
The Rotary Club and Rotary District specified vapplication, hereby endorse the student as quadistrict agrees to provide adequate orientation	alified for Rotary Youth Exchange and reco	mmend to hosting clubs and distri	icts the acceptance of this student. The
Sponsoring District No.	Sponsoring Club Name		Sponsoring Club ID No.
Name of District Youth Exchange Chair	Name of Club President	Name of Club Secretary	/ YEO
,	,	,	
Signature of District Youth Exchange Chair	Signature of Club President	Signature of Club Secre	tary/YEO
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	

Applicant's Name	,
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### **Rotary District**

# **New Generations Exchange Program**

## **Guarantee Form**

Full Legal Name as on p	tters for your FA	AMILY name)			Name You Wish to be Called			Gender		
Place of Birth (City, State/Province, Country) Citizen of (Count			ntry)	Date of Birth (e.g., 01/			  /Jan/1999)			
Home Address - Street  E-mail Address			Town/City		State/Province		Postal Code		Country	,
				Home Phone N	      umber	Mol	bile Phone N	umber		
HOST DISTRICT	and CLUB GUA	RANTEE								
The Rotary District, and Rotary club and district District agrees to provid	Rotary Club where spe events and activities type	cified within this s	y, and provide g	uidance and sup	pervision to assur	e the applica	ant's welfare.	The ho		
Host Country	Host District No.	Host Club Nam	e				Host Clu	ıb ID No	).	
Name of District Youth I	I Exchange Chair	Name of Host C	Club President		Name of Host C	Club Secretai	Secretary /YEO			
E-mail Address of Distri Chair	ct Youth Exchange	E-mail Address	of Host Club Pre	esident	E-mail Address of Host Club Secretary/YEO					
Signature of District Youth Exchange Chair Signature of Ho		ost Club President		Signature of Host Club Secr		etary/YEO				
Date	Home Phone Number	Date		Home Phone N	Number Date		Home Phone Nu		umber	
HOST DISTRICT	or CLUB COUN	SELOR (Inc	dividual Ex	changes o	nly)					
Name		-		E-mail Address	5					
Home Address - Street		Town/City		State/Province	Pos	Postal Code Coun		Country	,	
E-mail Address		Home Phone Number		Business Phone Numb		mobile Phone Number				
HOST FAMILY (if a	pplicable?)									
Name of Host Father Host Father's E		-mail Address		Business Phone		Mobile Phone				
Name of Host Mother Host Mother's E		E-mail Address		Business Phone		Mobile Phone				
Home Address - Street		l	Town/City		State/Province Pos		ostal Code Country			
Home Phone Number		Names and Age	I es of any Other A	Other Adults in the Home				ļ		

Applicant's Name ,

#### **Motivation Letter**

Dear Madam or Sir, My school curriculum with Audencia Business School allows me to do a final year internship abroad, and this is after a long work of search, investigation and interviews that I found the prestigious opportunity to do an internship at the Ciné Lumière of the French Institute of the United Kingdom in London, starting from January 30th, 2019. From a professional point of view, this is obviously an incredible opportunity as well as the logical result of my experience. Indeed, after working in a film production company and finally in the distribution field at Pathé Films, the work of programming and broadcasting (which intervenes at the end of the film creation process) is the ultimate step I can explore in the film industry. Currently doing an university exchange programme at the University of Naples Federico II, the desire to discover deeply another country (and from a more professional point of view) appears essential to me.

Moreover, which other destination than London –in a euroscepticism and Brexit climate- to prove the necessity of a programme like Rotary New Generations Exchange? Which other activity than sharing an European and common cinema to promote a spirit of belonging to the same cultural and artistic European history? Finally, if my professional motivation is indisputable, my personal motivation to stay in London remains evident. It would be an immeasurable pleasure to dwell in this film-city, idealised by Michelangelo Antonioni in Blow-up, torn apart in Ken Loach's movies and tormented in Woody Allen's Match Point. Thus, I submit to you my motivation letter for the Rotary New Generations Exchange program, obviously remaining at your disposal for any request. Thank you for your time and consideration, Jean ZIEMNIAK