

INTERNATIONAL RURAL EXCHANGE APPLICATION



PLEASE READ IRE APPLICATION NOTES FIRST

1. Family Name: Montenegro First Name: Alejandra
Male ☐ Female ☑ Single ☑ Married ☐ Smoke - Yes ☐ No ☑
2. Address: Maria Maruel Borrero Quito Ecuador Street / Box No. Town / City / Postcode Country
3. Phone: 2440 - 988 Fax:
E-mail: alemontenegrito@gmail.com
4. Date of Birth: 10 - 05 - 84 Place of Birth: Tulcon Equador name of town or city + country
5. Passport # 040134182 -1 Expiry 15 - 02 - 13 Citizenship Ecuatorian
6. Do you have a drivers licence? Yes No 🗵 car 🗆 m/bike 🗀 truck 🗀 (fortonnes)
7. Language ~ spoken English: Excellent Good Average Fair Poor
~ written English: Excellent Good Average Fair Poor
8. Emergency Contact Details:
1. Name: Milton Montenegro Relationship: Father
Phone Numbers : (06) 2982 - 964 / 095 007 639
Residential address: Bolívar y 9 de Octubre (Tulcán - Equador)
2. Name: Soledod Montenegro Relationship: Stater
Phone Numbers: 2440 - 988 / 084 257 010
Residential address: Maria Manuel Borrero # 153 y Johannayor (Quito)
Nosiderillar address. Trainer borrers # 100 q cerem ader. (Gallier)
D. Placement: (a) Agricultural applicants - number up to 4 preferences, 1 being the most preferred Field crops & machinery Dairy Beef Sheep Pigs Agri-home
Mixed - crops &
type of animals preferred
(b) Horticultural applicants - number up to 4 preferences, 1 being the most preferred
Nursery 2 Pot plants 3 Cut flowers 🗗 Fruit/vegetable 1 Other
0. When can you start ? 20 - 10 - 08 When do you need to be home ? 20 - 10 - 09
1. How long do you wish to be placed ? (5.5 months minimum to 12 maximum) 12

Horticultural and specialist applicants

	xperience & (Qualifica	itions :					
	Occupation:	Studer	11	Do y	rou come fro	m a horticult	ural	
	or specialist o	operation	? Yes 🖪	No 🗆 🄞	20	1	r m²	
	Type of produ	ction <u>H</u>	ortfoult	ure ·				_
D)	Please list you	ur practic	al experien	ce in the typ	e of placeme	ent you requ	est ~	
	Dates		Employ	rer name à tor	m .		Type of work	
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e) (Please list the	types of	machines,	systems or	techniques y	ou have ope	rated and note t	he
	approximate h	iours with	each:					
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DECLARATION



FULL UNDERSTANDING OF THIS PAGE IS REQUIF Please list ANY physical and/or mental allments (ie; eye or ear trouble, back pain, epilepsy, diabetes, allergies, eating disorders) or any other health leaves you have. Full details require None Please list any medication you are taking: None **HEALTH DECLARATION** "I declare that I am not suffering from any illness or disability, spart from those above. I understand that a false health declaration can result in my dismissal from the IRE pro I will inform IRE of any changes in my health occurring after I sign this & before I come to I understand that a false hea I will inform INE of any chang COMMITMENT TO CONDITION "I understand and commit myself to the following conditions while I am on the IRE program:

a. I will hold a valid comprehensive medical, repatriation & baggage insurance policy at least to IRE's minimum specification for my entire time on the IRE program b. I will either: (i) hold a valid return home sirline ticket, or before arrival (ii) place an Aus \$1000 bond with IRE. Fully returnished on department. c. As my sponeoring organisation for the 416 Special Program vise, IRE is responsible for me whilst I am in Australia, and this vise is endorsed by IRE only on the condition that:

(i) I stay with a host placement approved by IRE Australia for the period designated, and

(ii) I leave Australia at the end or termination of my program. d. I can be dismissed from the program if I leave my placement without first having approval from the IRE Australia National Coordinator. e. Participation in an orientation seminar and my cooperation with my IRE supervisor and IRE National Coordinator are requirements of the IRE program. f. Any criminal activity, exceesive or abusive use of alcohol and possession and/or use of illegal drugs will result in my dismissed from the program. AGREEMENT & UNDERTAKING TO COMPLY a. "I have read and understood the conditions above and will comply with them completely." b I declare that all the information given in this application is complete and accurate. c. I have read the IRE Application Notes & I accept and understand the basis of this program. d. I understand and accept that white IRE uses it's best endeavours and takes all care, it accepts no responsibility whatevover for any outcome at all arising from my choice to participate in an IRE program or arising from the actions of any of it's agents, suppliers or partner groups.
e. I understand and agree that if I am dismissed from my program, I will be required to leave Australia immediately. My return home transportation costs will be entirely my responsibility. I agree that IRE or its partner organisations will not be responsible for any resulting costs.
f. I understand IRE will collect personal information through this application and other forms so they can serve me effectively. I understand IRE will include my name, age and contact details from home and in Australia in it's printed material distributed to program participants and hosts but will not provide this to any other person unless required to do so by law or to improve the delivery of services to me as part of the program. services to me as part of the program.

I authorise any promotional material I submit to IRE, such as photo's and letters, whilst I am in Australia as a participant of the IRE Program, to be used for marketing purposes. SIGNATURE: Alefandiacypia? NAME: Saultago Leny 28-01-01 INTERVIEWER: DATE: