



FÉDÉRATION INTERNATIONALE DES PROFESSIONS IMMOBILIÈRES - INTERNATIONALER VERBAND DER IMMOBILIENBERUFE
INTERNATIONAL REAL ESTATE FEDERATION - FEDERACIÓN INTERNACIONAL DE PROFESIONES INMOBILIARIAS - 世界不動產聯盟

APPLICATION FORM Professional and educational exchanges

Once you have completed this form, please send it to the standing member of the FIABCI Exchanges Committee in your country, or failing this, to the FIABCI Chapter in your country.

1. a) **Personal information**

Name: _____
(Surname) (Given name)

Home address: _____ PHOTO
(Number and street)

(City) (State or Province)

(Country) (Postal Code)

Telephone or Fax number: _____

Birth date: _____ Sex: _____

Marital status: _____

b) Person to contact in case of emergency:

Relationship: _____ Telephone number: _____

Address: _____

c) Do you have family or friends living abroad?

Yes _____ No _____

If so please specify country _____ and relationship _____

2. **Destination and Date** (please specify)

In which country? _____ In which city or cities? _____

Period of exchange From _____ To _____
(3 months maximum) (Month/year) (Month/year)

N.B.: Please send your request at least six months prior to the desired starting date of the internship.

3. **Type of exchange required:** (specify)

- a) Professional internship (type of company, professional field etc.)
- b) Educational exchange (available only to students currently registered in a real estate programme ; the exchange must take place in a real estate field included in the programme of an institution approved by FIABCI.)

- a. For a professional internship: Give a brief résumé of your job experience, your training and diplomas, and any other useful information:

In what professional fields do you have a particular interest?

- b. For an educational exchange: Summarize the courses completed and any other useful information.

(Please include your curriculum vitae with the form)

4. **Finances**

- a. How will you finance the expenses related to this exchange? (Living expenses and handling costs of this application are at the expense of the intern)

- b. If you need financial assistance (available in special cases) please contact the President of the Professional and Educational Exchanges Committee.

5. **Languages**

- a. What is your native language? _____
- b. What other languages do you speak?
 - (i) fluently _____
 - (ii) partially _____

6. **Leisure**

In what cultural, social, athletic activities, etc., do you take an interest?

7. State of Health

a. Are you in good health? Yes _____ No _____

If not, please explain why _____

b. Do you have any particular health problems? Yes _____ No _____

If yes, please specify _____

c. Date of your most recent physical examination? _____

Name and address of the physician who examined you:

NOTE: A current physician's certification indicating the absence of any and all communicable diseases, of any illegal substance, and general state of health must accompany this application.

d. Do you smoke? Yes _____ No _____

Would you refrain from smoking? Yes _____ No _____

e. Do you drink alcoholic beverages? Yes _____ No _____

Would you abstain from drinking? Yes _____ No _____

8. FIABCI

a) Are you a FIABCI member Yes _____ No _____

b) Are you a member of a FIABCI family? Yes _____ No _____

c) Are you employed by a FIABCI member Yes _____ No _____

d) Are you enrolled at an institution of higher learning member of FIABCI?

Yes _____ No _____

e) Is your family currently hosting, or has it hosted, a FIABCI intern? Oui _____ Non _____

When? _____ From where? _____

Name _____

f) Have you ever participated in, or applied for, a FIABCI exchange?

Yes _____ No _____

If so, when? _____ Where? _____

g) Has any other member of your family participated in a FIABCI Exchanges programme?

Yes _____ No _____

Name: _____

When? _____ Where? _____

9. Religion (response not required) _____

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10. The candidate declares that he or she has read and understood the terms of the FIABCI professional and student exchange procedures.

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Statement by the candidate

I certify that I have read, understood, and accepted the terms of the form entitled: FIABCI professional and student exchange procedures.

I certify that the above information that I provided in the application form are true and complete, and I undertake to inform FIABCI in writing of any change in my situation, and notably of any change in my health, including treatments, hospitalisations resulting from an accident or from an illness, or any change in any chronic pathology.

Name (print please): _____ Date: _____

Signature: _____