



Individual Participant Information Form

Please complete this form and return to the staff of your IPP, Seminar Camp, Village (JC only) or Youth Meeting 1 month before the beginning of the programme.

Do not forget that you need to also send the Travel Information Form and bring to the programme the original + 1 copy of the following:

- Health Form
- Child Travelling Alone Legal Form (for participants aged 17 and under on the day of departure for the programme)
- Adult Legal Form (for participants aged 18+ on the day of departure for the programme)

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|--|--|-------------------|--|
| Programme (tick relevant programme) | | | |
| IPP | | Seminar Camp | |
| | | Village (JC only) | |
| | | Youth Meeting | |
| Programme reference number | | | |
| Host National Association | | Host Chapter | |

Participant

| | | | |
|-------------------------|--------------|------------------------------------|--------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
| Number & street | | | |
| Town / city | | | |
| Area / state / province | | | |
| Country | | postcode / zip code | |
| | country code | area code | number |
| Telephone | | | |
| Mobile phone | | | |
| Email | | | |

In order to ensure a safe environment for all participants and to help us with meal planning, please list all dietary requirements (not preferences) that the staff need to know in advance (e.g. food allergies and their severity, vegetarian, celiac).

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Do you have any health requirements that the staff should know about prior to the camp? For example, allergies and their severity, types of activity that you might not be able to participate in?

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Please add any other information that you would like to share with the organizers/leaders/staff in order to ensure a positive experience?

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Special Skills

| Language | Fluent | Good | Fair |
|----------------------------|--------|------|------|
| | | | |
| Sports/drama/arts & crafts | | | |
| Other | | | |

| Do you have certification in: | Swimming | First aid | Life saving |
|-------------------------------|----------|-----------|-------------|
| | | | |

FOR VILLAGE ONLY (JC)

Previous experiences in CISV

| | Programme / activity | Place and country | Year |
|--|-----------------------------|--------------------------|-------------|
| What CISV programme / activity did you take part in as child participant? | | | |
| Are you a member of the Junior Branch? | | | |
| Other CISV involvement | | | |

Training

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| Did you receive specific training for the JC position in your Chapter/NA? Yes / No | |
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Additional information

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| What motivates you to be a JC and what are your expectations of the Village? |
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| What activities would you like to see at the Village? |
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| What is your experience with 11/12-year-old children? |
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