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APPLICATION FORM

PART I

PERSONAL INFORMATION

Surname: _____ First names: _____ Language: _____
 Address: _____
 Town: _____ Post Code: _____ Country: _____
 Tel: _____ Fax: _____ E-mail: _____
 Nationality: _____ Date of Birth: DD / MM / YY Age: Male Female
 Passport No: _____ Place of issue : _____
 Date of issue: DD / MM / YY Expiration date: DD / MM / YY
 Marital status: Single Married
 Do you smoke? No Yes

SYTO needs to be confident that you are in good health and that you are suited for this program. Please answer all the questions below:

Have you ever suffered from a serious or permanently debilitating illness? No Yes
 Do you have any physical limitations? No Yes
 Have you ever had a nervous breakdown or psychiatric treatment? No Yes
 Are you undergoing any sort of medical treatment, including pills or drugs? No Yes
 Have you had any criminal convictions? No Yes
 How did you hear about SYTO/ BENIN ? A friend Internet Through SYTO's partners Other (please describe)
 Have you ever been accused of, or involved in, an incident involving the sexual or physical abuse of a child?
 No Yes

If you answered YES to any of the above questions, please explain below:

How many years of schooling have you completed? 6 years 6-12 years 12 years more than 12 years

Do you have a university degree? No Yes Date of completion: MM / YY Degree: _____

Any other relevant information: _____

Please attach your CV and motivation letter to this application form

WORK EXPERIENCE

Duration	Title/Tasks	Name of the Institution	Address
MM / YY to MM / YY	_____	_____	_____
MM / YY to MM / YY	_____	_____	_____
MM / YY to MM / YY	_____	_____	_____

SKILLS (Eg.IT, leadership, administration)

1. _____ 3. _____

 2. _____ 4. _____

TRAVEL EXPERIENCE

Please list the places you have visited outside of your country and indicate the duration of your stay

1. _____ 3. _____
 2. _____ 4. _____

Please outline why you want to take part in this program in Benin. What do you think you can contribute and what do you hope to get out of this program?

PART II

SYTO INBOUND PROGRAMS

Select the program of your choice.

- French as Second Language course
 Dance and drum course
 Volunteer Area of volunteer placement:

Duration of stay
(# of weeks or months)

Starting Date

MM / YY

MM / YY

MM / YY

(select from the list below)

AIDS, Agriculture, Eco-Tourism, Education, Environment, Orphanage, Office Work, Rural Technology, Small-scale Enterprise Development, Civil engineering, Broadcasting, Social centres etc

NOTE: SYTO/BENIN makes every effort to find a placement based on the qualifications and areas of interest of the applicant. However, SYTO/BENIN may not be able to meet all requests. The work location is often in or near a main regional town but it is also possible (rarely) that SYTO finds a placement in a more remote area.

PROGRAM ADMINISTRATIVE FEE

Volunteer (individual)	€ 700	Dance and drum courses	€ 300
Volunteer (group)	negotiable	French as Second Language courses	€ 300

ACCOMMODATION

Host Family (27€/week paid to the host family)

Other Specify your requirement:

week days: 2 meals/day ; weekends: 3meals/day

(Rates vary depending on your requirements)

NOTE: The accommodation has basic furnishings and comprises water or electricity. Bottled water is NOT included.

PAYMENT

NB: The amount of the program fee and FSL or DDC has to be paid prior to arrival

Payment can be made by wire transfer to

CONTINENTAL BANK BENIN

Av. Jean Paul II, carrefour des trois banques

01 BP 2020 Cotonou – BENIN

Tel. 229 31 24 24 / Fax. 229 31 51 77 / Telex. 229 51 51

Bank Code : 90 000
Guichet Code : 000 10
SWIFT : COBB BJ BJ
Account N° : 10 022990 3 004 0 00
Rib key : 27
Account holder : OVEJ-SYTO/BENIN

DECLARATION OF RESPONSIBILITY OF SYTO BENIN

SYTO Benin is a non-profit, non governmental organization.

Upon the submission of the application, SYTO is responsible for

- 1. processing the application: finding accommodation and placement, and;
- 2. communicating the information about the placement and host family to the applicant prior to arrival

After receiving the full payment of the program fee, SYTO is bound to provide the following services:

- 1. picking up the participant from the airport;
- 2. providing a four-day arrival orientation that includes accommodation, food and transport.

The orientation will be given in Cotonou (3 days) and the host region (1 day) if the placement is done in a remote area. During the orientation, SYTO introduces the applicant to such aspects of the program as **Beninese culture, immigration and visa issues, health, communication facilities, money, transportation and food matters**. SYTO also provides a **city tour** of Cotonou and a tour of the host place. The participant will also be introduced to the **local language** through a few hours of language lessons.

- 3. transferring the applicant to the work place and permanent accommodation; and
- 4. providing on-going support related to accommodation and work placement

DECLARATION OF RESPONSIBILITY OF THE APPLICANT

I hereby certify that

- 1. all of the above information provided in this application is complete and correct;
- 2. I understand the responsibility of SYTO, the host organization, as stated above; and
- 3. I understand I am responsible for my expenses (travelling, accommodation, travel insurance, visa extension and personal expenses) during my stay in Benin.

Signature of the applicant: _____

Date: _____

Signature of a parent (if the applicant is below age 18): _____

(The following details are to be completed by all applicants)

Full name of the parent: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Date: _____

**SEND YOUR APPLICATION
AT LEAST 2 MONTHS PRIOR TO THE STARTING DATE OF THE PROGRAM**

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E-mail: sytoben@intnet.bj / sytoben@yahoo.fr
Website: www.sytobenin.net

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