

USQ – International Friendship Program
APPLICATION FORM FOR FRIENDS



Title: _____ Name: _____

Address: _____

Telephone: (Daytime) _____ (Mobile) _____

Email: _____

Age Group: 18 – 25 26-35 36-50 50+

Occupation: _____

Name of family members if applicable: _____

If you have an interest in meeting students from any particular countries, who speak a particular language, or with any particular interests, please indicate: _____

Do you speak any other languages?

Please list your main interests and hobbies:

Religion: (Optional) _____

Why do you want to be a member of the International Friendship program?

Some international students like to be linked with friends. Would you be prepared to be matched with a small group of International students (Maximum of 4 students):

Yes No Maximum number _____

Would you prefer as your friendship partner*:

- Male Female Family** Either

* Single people will only be matched with people of the same gender

** There are a small number of mature age students who are accompanied by their partner and children.

Is there any other information you think might be helpful in linking you with a student:

Are there any other ways you would like to be involved in the IFP?

- Preparing/ supplying food Organising IFP events
 Joining a committee Donating prizes for social events
 Contribute to the IFP Newsletter Promoting the IFP
 Other (please specify) _____

PLEASE READ AND SIGN:

I would like to apply to be linked with an International student through the USQ International friendship Program (IFP). I understand that this program links people solely for the purpose of developing cross-cultural friendships. I will respect the culture, religion, beliefs and customs of my International Student. I have read the IFP Guidelines for Friends and understand and agree to the responsibilities for Friends as outlined therein.

I understand that my application will not be processed until such time as I have completed an interview with an International Support staff member.

Signed: _____ Date: _____

**Please return completed form to: IFP Coordinator,
Block K5, USQ,
Toowoomba Qld 4350.**

USQ reserves the right to not approve the application of any person deemed unsuitable for the International friendship program.

OFFICE USE ONLY		
DATE REC'D _____	ENTERED DATABASE _____	
DATE LINKED _____	FRIEND _____	