USQ – International Friendship Program
APPLICATION FORM FOR STUDENTS

Name: _____ _____
FIRST NAME FAMILY NAME

Preferred Name: _____

Age Group: ☐ 18 – 25 ☐ 26-35 ☐ 36-50 ☐ 50+

Gender: ☐ Female ☐ Male

Postal Address: _____

Home Address (if different): _____

Telephone: _____ Mobile: _____

Email Address: _____

Student Number: _____ Course: _____

Expected completion of Course: Semester _____ Year_____

Home Country: _____

Are you an AusAID Student? ☐ Yes ☐ No

What languages do you speak (Other than English)? _____

_____

Will your spouse and/or children be with you in Australia?

Spouse's Name: _____

Number of Children: _____

Please list your main interests, hobbies: _____

_____

Religion: (Optional): _____

Is there any other information that might help us to introduce you to an Australian 'Friend'? _____

_____

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

_____

_____

_____

Would you prefer as your friendship partner:

☐ Single Person* ☐ Family ☐ Either

☐ Male ☐ Female

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

Some 'Friends' are happy to be introduced to more than one student. Are there any other students who you would like to be introduced to? Please note: they must also be IFP members.

Name(s): _____

_____

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 introduced to a local person/ family through the USQ International friendship Program (IFP). I understand that this program introduces people solely for the purpose of developing cross-cultural friendships. I will respect the culture, religion, beliefs and customs of my 'Friend'. I have read the IFP Guidelines for Students and understand and agree to the responsibilities for Students as outlined therein.

Signed: _____ Date:_____

Please return completed form to Block K5.

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