



learn →
International

Service Learning

Application

www.learninternational.ie

Please complete the application to the best of your ability. In addition to your completed application, please email your unofficial transcript and a copy of your signed passport in one PDF file to: info@learninternational.ie

When you submit your complete application, it will be sent to the Learn International review committee. Once your application is reviewed, we will contact you with the next steps in the application process. **Thanks in advance for your complete application.**

How did you hear about the Learn International Service Learning program?

- Website Alumni Friend University Other Social Media

1. PERSONAL DETAILS

First Name/s:

Last/Family Name:

Date of Birth: DD / MM / YYYY Gender:

Permanent Address:
.....

City: State/Zip code:

Country: Tel: ()

Mailing Address:
.....

City: State/Zip code:

Country:

Email Address:

Passport Number:

Passport Expiry*: DD / MM / YYYY * Passport must be valid least 6 months after your departure from host country

Country of Birth:

Citizenship:

2. CITIZEN RECORD

Have you ever been convicted of a felony or been in trouble with the law (Excluding speeding tickets)?

Please mark: Y / N , if YES please specify and note any details so we can accommodate:

Please note: This information is confidential and will not inhibit your ability to be accepted.

3. MEDICAL DETAILS

Are there any medical, mental health, mobility or disability needs we should be aware of?

Please mark: Y / N , if YES please specify and note any details so we can accommodate:

Please note: This information is confidential and will not inhibit your ability to be accepted.

Do you have any allergies (medications, pets, food, etc) we need to be aware of for accommodation placements? Please mark: Y / N , if YES please specify and note any details so we can accommodate:

4. EMERGENCY CONTACT PERSON

Full Name:

Relationship:

.....

Contact Number: ()

.....

Address:

.....

.....

City:

.....

State/Zip code:

.....

Country:

.....

Email Address:

.....

5. ACADEMIC INFORMATION

Home University:

I am a: undergraduate student graduate student other (specify below)

Major:

.....

Minor:

.....

GPA:

Year in school: YYYY

Intended year of graduation: YYYY

Have you ever been on academic probation? Y / N

Do you receive financial aid? Y / N

6. STUDY ABROAD ADVISOR CONTACT INFORMATION:

Full Name:

Contact Number: ()

.....

Email Address:

.....

7. CONSENT AGREEMENT

Learn International values and respects privacy, however, in certain cases we need to disclose information as it pertains to health and safety.

I approve Learn International to discuss health and safety matters with my emergency contact and third parties, such as a physician, as deemed necessary. Please mark: Y / N , and initial here

SERVICE LEARNING INFORMATION

8. REQUESTED DATES OF PLACEMENT

Service Learning placements range from 2 weeks to 12 weeks.

Shorter placements may be accommodated based on availability.

How many weeks would you like your placement to be? WEEKS

Please list preferred arrival dates? **Check all that apply**

Spring (January-May): DD / MM / YYYY

Summer (May-August): DD / MM / YYYY

Fall (September-December): DD / MM / YYYY

Other Dates: DD / MM / YYYY

9. ACCOMMODATION

Our Service Learning programs include homestay accommodation to further your engagement with the local community.

Special requests for alternative accommodation may be provided, based on availability. Please be aware alternative accommodations are likely to increase costs.

Are you requesting alternative accommodation? Please mark: Y / N If YES, please indicate preferred type:

10. ACADEMIC CREDIT

Each institution has different requirements for issuing credit. Please discuss these requirements with your advisor prior to arrival.

Do you plan to receive academic credit for your internship through your home institution?

Y / N, If yes, how many credit hours? Hrs.

What academic department is issuing credit?

Who is your academic advisor in this department (if applicable)?

Full Name:

Contact Number: ()

)

.....

Email Address:

11. TYPE OF SERVICE LEARNING PROJECT

What areas are you interested in doing your project? Please choose 3 areas of interest, in order of preference. Example: Community gardening, working with children and community maintenance.

We will do our best to accommodate your ideal placement, but all areas are subject to availability.

Please write briefly about what you hope to gain from this experience and how this will enhance your academic studies.

12. REFERENCES

Please provide two references. They may be academic, professional or character focused. You may include either a letter of reference or their contact information.

REFERENCE #1

Full Name:

Relationship:

Years known:

Contact Number: ()

Email Address:

REFERENCE #2

Full Name:

Relationship:

Years known:

Contact Number: ()

Email Address:

If your university also collects reference letters, you may use the same references with this application.

SIGNATURE VERIFICATION

I certify that above information is accurate and true to the best of my knowledge. I understand that any false information could be detrimental to the placement.

Full Name:

Date: DD / MM / YYYY

Signature:

NEXT STEPS

Please send this application to info@learninternational.ie as a PDF along with the other documents listed below.

Incomplete applications will not be reviewed until all documents and payment are submitted.

CHECKLIST:

- Completed application**
- Passport** *(picture of the photo ID and signature page)*
- Unofficial transcript**
- Application fee of €95.00**

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Service Learning

Educate | Experience | Explore | Enjoy

For further information, please contact:

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www.learninternational.ie