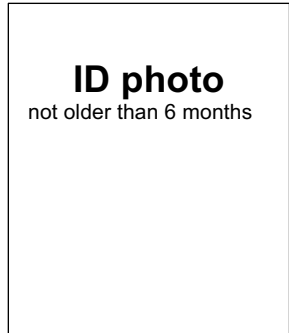


INDIVIDUAL STUDENT EXCHANGE

Bridge House School
 ATT: Lize Kapp
 P.O. Box 444
 Franschhoek, 7690
 E-mail: lizekapp.bjr@gmail.com
www.bjr.de



1. Bewerbungsformular / Application Form
 (Stand: November 2025)

Individueller Schüler:innen-Austausch auf Gegenseitigkeit Bayern – Südafrika (2 Monate)
German-South African Student Exchange (2 Months)

Please use **BLUE INK** and clear block letters to complete the form. Ideally, you could edit this PDF document with Adobe Acrobat Pro DC. Alternatively, print it out, complete and scan it in to send your electronic copy.

Persönlich / Personal	
Nachname / <i>Last name</i>	Vorname (Alle Vornamen, Reihenfolge wie im Pass) / <i>First name (all first names, order as in passport)</i>
Straße u. Hausnr. / <i>Street and house no.</i>	PLZ – Ort / <i>Town and postal code</i>
Festnetz mit Vorwahl / <i>Phone with area code</i> +27 (0) Handy Schüler:in / <i>Student's mobile phone</i> +27 (0) Handy Eltern / <i>Parents' mobile phone</i> 1. +27 (0) 2. +27 (0)	E-Mail Schüler:in / <i>Student's email (mandatory)</i> E-Mail Eltern / <i>Parent's email (Give only one*)</i> : *Primäre E-Mail-Adresse für Korrespondenz / <i>Parents' preferred email contact – one correspondence email address only</i>
Geburtsdatum / <i>Date of birth</i> (Day/month/year)	<input type="checkbox"/> Männlich / <i>Male</i> <input type="checkbox"/> Weiblich / <i>Female</i> <input type="checkbox"/> Divers / <i>Divers</i>
Konfession / <i>Religion</i>	Staatsangehörigkeit / <i>Citizenship</i>

Schule / School	
Name, Adresse, Tel.-Nr. der Schule / <i>Name, address, phone no. of school</i>	
+27 (0)	
Homepage der Schule / <i>Website of school</i>	
Name Tutor:in / <i>Name of liaison teacher</i>	
E-Mail Tutor:in / <i>Email of liaison teacher</i>	

Klasse / <i>Grade (at school)</i>	Unterrichtsjahre in Deutsch / <i>Years of learning German</i>
Zum Zeitpunkt des Auslandsaufenthaltes wird mein Kind in folgender Klassenstufe sein / <i>Year level (grade) at school when my child will be on exchange abroad:</i>	
<ul style="list-style-type: none"> <input type="radio"/> Grade 9 <input type="radio"/> Grade 10 <input type="radio"/> Grade 11 	

Familie / Family	
Name des Vaters / <i>Father's name</i>	Festnetz geschäftlich Vater / <i>Phone no. business</i> +27 (0)
Beruf des Vaters / <i>Father's occupation</i>	Handy Vater / <i>Father's mobile no.</i> +27 (0)
Name der Mutter / <i>Mother's name</i>	Festnetz geschäftlich Mutter / <i>Phone no. business</i> +27 (0)
Beruf der Mutter / <i>Mother's occupation</i>	Handy Mutter / <i>Mother's mobile no.</i> +27 (0)
Anwesende Familienmitglieder: <i>Family members and others at home:</i>	
<p style="text-align: center;"> Vater / <i>Father</i> <input type="checkbox"/> Mutter / <i>Mother</i> <input type="checkbox"/> Schwestern / <i>Sisters</i> <input type="checkbox"/> Alter / <i>Age:</i> Brüder / <i>Brothers</i> <input type="checkbox"/> Alter / <i>Age:</i> andere / <i>Others</i> <input type="checkbox"/> </p>	
(please specify) _____	
Gibt es religiöse Erwartungen / Verpflichtungen Deiner Familie an Dich? <i>Are there any religious expectations / commitments in your family for you?</i>	
Ja / <i>Yes</i> <input type="checkbox"/> Nein / <i>No</i> <input type="checkbox"/> Wenn ja, welche? / <i>If so, please name them:</i>	
Welche Sprachen spricht man in der Familie? / <i>Languages spoken in your family:</i>	
1. Muttersprachlich / <i>Mother tongue</i>	2. Erlernt / <i>Other languages</i>

Unterbringung / Accommodation			
Dorf / <i>Village</i> <input type="checkbox"/>	Kleinstadt / <i>Rural town</i> <input type="checkbox"/>	Großstadt / <i>City</i> <input type="checkbox"/>	
Gemeinde im Großraum einer Großstadt / <i>Suburb</i> <input type="checkbox"/>			
Haus / <i>House</i> <input type="checkbox"/>	Wohnung / <i>Apartment</i> <input type="checkbox"/>		
Erhält der Gast ein eigenes Zimmer? / <i>Will the guest have his / her own room?</i> Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/>			
Geteilt mit / <i>shared with</i> _____			
Im Fall von getrennten Familienverhältnissen bitte angeben: Die Unterbringung meines Partners/meiner Partnerin wird stattfinden bei (Name, Kontaktdaten des aufnehmenden Elternteils; es ist die dauerhafte Unterbringung nur bei einer der beiden Elternteile wünschenswert.) / <i>In the case of separate family relationships, please specify: My partner's accommodation will be with (name, contact details of the receiving parent; permanent accommodation with only one of the parents is preferred.)</i>			
Gibt es in Deinem Wohnort einen regelmäßigen öffentlichen Personennahverkehr (S-Bahn, Straßenbahn, Bus)? / <i>Is there any regular public transport (train, tram, bus) where you live?</i>			
Nein No <input type="checkbox"/>	Nur zur Schule und zurück <i>Only to school and back</i> <input type="checkbox"/>	Nur tagsüber <i>Only during the day</i> <input type="checkbox"/>	Tag und Nacht <i>Day and Night</i> <input type="checkbox"/>
Haustiere (Welche) / <i>Pets (Please specify)</i>			
Andere Tiere / <i>Other animals</i>			
Rauchen / Smoking			
Raucht jemand in deiner Familie? / <i>Does anyone in your household smoke?</i> <input type="checkbox"/> Ja / Yes <input type="checkbox"/> Nein / No			
<input type="checkbox"/> Innerhalb der Wohnräume / <i>Indoors</i> <input type="checkbox"/> Außerhalb der Wohnräume / <i>Outdoors</i> <input type="checkbox"/> Beides / <i>Both</i>			
Könntest du eine Familie akzeptieren, in der innerhalb der Wohnräume geraucht wird? <i>Could you live in a household where somebody smokes indoors?</i>			
<input type="checkbox"/> Ja / Yes <input type="checkbox"/> Nein / No			
Akzeptiert deine Familie eine/n Gastschüler:in, der/die im Haus raucht? <i>Would your family accept a student that smokes indoors?</i> <input type="checkbox"/> Ja / Yes <input type="checkbox"/> Nein / No			

Sport / Sports	
Ausgeübte Sportarten / <i>Sports played</i>	Stunden pro Woche <i>Hours per week</i>
Kein Interesse an Sport / <i>Not interested in sports</i> <input type="checkbox"/>	
Musikalische und künstlerische Interessen / Musical and Artistic Interests	
Musikinstrumente / <i>Instruments played</i>	Stunden pro Woche <i>Hours per week</i>
Gibt es im Haus Musikinstrumente? / <i>Do you have any instruments at home?</i> Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/> Wenn ja, welche? / <i>If so, please give some details:</i>	
Bist du Mitglied in einer Musikgruppe? / <i>Are you in a band?</i> Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/> <input type="checkbox"/> Orchester / <i>Orchestra</i> <input type="checkbox"/> Chor / <i>Choir</i> <input type="checkbox"/> Andere / <i>Other:</i> _____	
Welche Musikrichtungen magst Du? / <i>What sort of music do you like?</i> Rock <input type="checkbox"/> Pop <input type="checkbox"/> Indie / Alternative <input type="checkbox"/> Soul <input type="checkbox"/> Electronic <input type="checkbox"/> R&B <input type="checkbox"/> Jazz <input type="checkbox"/> Klassik / <i>Classical music</i> <input type="checkbox"/> Punk <input type="checkbox"/> Country / Folk <input type="checkbox"/> <input type="checkbox"/> Andere / <i>Other:</i> _____	
Andere kreative Interessen (z.B. Malen, Töpfern, Schreiben) / <i>Other creative interests (e.g. drawing, pottery, writing, etc.)</i>	
Andere Freizeitbeschäftigungen / Other Leisure Activities	
Tanzen / <i>Dancing</i> Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/> Stunden pro Woche / <i>Hours per week</i> _____	
Welche Tanzart? / <i>What kind of dance?</i> _____	

Digitale Medien / Digital Media		
Surfen im Internet / <i>Surfing the internet</i>	Nein / No <input type="checkbox"/>	Ja / Yes <input type="checkbox"/> Hours per day _____
E-Mail / <i>Email</i>	Nein / No <input type="checkbox"/>	Ja / Yes <input type="checkbox"/> Hours per day _____
Social Media / <i>Social Media</i>	Nein / No <input type="checkbox"/>	Ja / Yes <input type="checkbox"/> Hours per day _____
Videospiele / <i>Video games</i>	Nein / No <input type="checkbox"/>	Ja / Yes <input type="checkbox"/> Hours per day _____
Stunden pro Woche insgesamt / total hours per week: _____		
Partner:in / Partner		
Gewünschte/r Partner:in / <i>Preferred Partner (bei "Flexibel": Höhere Vermittlungschance)</i>		
Gleiches Geschlecht / <i>Same sex</i> <input type="checkbox"/> Flexibel / <i>Either</i> <input type="checkbox"/>		
Darf der/die Partner:in einer anderen Konfession angehören? <i>Would you accept a partner of another religion?</i>		
Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/>		
Bemerkung / <i>Comment:</i> _____		
Darf der/die Partner:in eine körperliche Beeinträchtigung haben? <i>Would you accept a partner with a physical handicap?</i>		
Ja / Yes <input type="checkbox"/> Nein / No <input type="checkbox"/>		
Bemerkung / <i>Comment:</i> _____		
Mein/e Partner:in hat Gelegenheit zu folgenden Aktivitäten: <i>The following activities would be available to my partner:</i>		
Aktueller Berufswunsch / Current Career Aspiration		
Was würdest du gerne in Zukunft beruflich machen? <i>What would you like to do professionally in the future?</i>		
Sonstiges / Further Information		
Frühere Auslandsaufenthalte (wann, wo, wie lange, Austausch?) <i>Name any countries you have visited up to now (when, where, how long, exchange?)</i>		
Hast du besondere Wünsche? <i>Do you have any particular requests?</i>		

2. Gesundheitsformular / Health Information

Please use **BLUE INK** and clear block letters to complete the form. Ideally, you could edit this PDF document with Adobe Acrobat Pro DC. Alternatively, print it out, complete and scan it in to send your electronic copy.

Name, Vorname / Name, First name: _____
 Größe / Height: _____ Gewicht / Weight: _____

Für einen sicheren Ablauf der Teilnahme am Austauschprogramm ist es von großer Wichtigkeit, genauere Informationen über den aktuellen Gesundheitszustand zu haben. Dies beinhaltet auch Unverträglichkeiten, Allergien, bestimmte Einschränkungen, regelmäßig benutzte Medikamente etc. Dazu gehören auch Angaben zur Vorgeschichte, wie Vorerkrankungen, Operationen, längere Behandlungen, Therapien.

To ensure the safety of the participants and the smooth running of the exchange programme it is important to have detailed information about each participant's state of health. This includes any special intolerances, allergies, certain restrictions, regularly used medication etc., including information about any relevant medical history, pre-existing conditions, operations, long-term treatments and therapies.

Befürchtungen, dass die ehrliche Beantwortung zu Benachteiligungen im Bewerbungsverfahren führt, sind unbegründet. Sie erhöht im Gegenteil die Chancen auf eine optimierte Vermittlung.

Please do not be afraid to be discriminated in the matching process in any way when you give totally honest answers. On the contrary, the true facts may well increase your chances of a more suitable match.

Wir bitten, alle Fragen ehrlich und vollständig zu beantworten und ggf. zu kommentieren (wenn nötig, auf einem Beiblatt).

Please answer all questions honestly and completely and give comments if necessary (if you need more space, please attach a separate sheet).

Spätere Ergänzungen teilen Sie uns bitte **schriftlich** mit.

*Please let us have updates **in written form**.*

		Erläuterungen / Explanations
Vegetarier:in / Vegetarian	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Veganer:in / Vegan	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Einschränkungen bei Ernährung / Special diets	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Essstörungen (Vergangenheit) / Eating disorders (past)	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Essstörungen (aktuell) / Eating disorders (current)	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	

		Erläuterungen / Explanations
Angststörungen / Depressionen (Vergangenheit) / <i>Anxiety disorder or depressions (past)</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Angststörungen / Depressionen (aktuell) / <i>Anxiety disorder or depressions (present)</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Atemwegsprobleme / <i>Respiratory problems</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Allergien (auch Tierhaare und Insektenstiche) / <i>Allergies (e.g., animal hair, insect bites, etc.)</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Wenn Tierhaarallergie ja: Ist eine Vermittlung in eine Familie mit Haustieren trotzdem möglich? / If pet hair allergy: <i>Would a stay in a family with pets still be possible?</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Diabetes / <i>Diabetes</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Epilepsie / <i>Epilepsy</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Herzprobleme / <i>Heart condition</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Flugangst / <i>Fear of flying</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Phobien / <i>Phobias</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Bluthochdruck / <i>High blood pressure</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Niedriger Blutdruck / <i>Low blood pressure</i>	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
Operationen / <i>Operations</i>	Welche / Wann <i>If yes, which/when:</i>	
Sonstige chronische, physische oder psychische Einschränkungen wie Autismus, Asperger Syndrom etc. / <i>Other Physical or psychic limitations, e.g. autism, Asperger's syndrome, etc.</i>	ja / yes <input type="checkbox"/> keine / none <input type="checkbox"/>	
Benötigte Medikamente / <i>Required medication:</i>	Welche / <i>Which:</i>	
Unverträglichkeiten von Medikamenten / <i>Intolerances to any medication</i>	Welche / <i>Which:</i>	
Gibt es eine gesundheitliche Auffälligkeit in Ihrer Familie / in Ihrem Haushalt, die für das Zusammenleben mit der / dem Austauschpartner:in relevant / wissenswert sind? / <i>Is there a health problem in your family / in your household that is relevant / worth knowing for living together with the exchange partner?</i>		

		Erläuterungen / Explanations
Impfungen / Immunizations:		
1. Masern / Measles ¹	1. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
2. Mumps / Mumps	2. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
3. Röteln / Rubella	3. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
4. Windpocken / Chickenpox	4. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
5. Tetanus / Tetanus	5. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
6. Diphtherie / Diphtheria	6. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
7. Polio / Polio	7. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
8. Keuchhusten / Pertussis	8. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
9. Meningitis C / Meningitis c	9. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
10. Hepatitis B / Hepatitis b	10. <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	
11. COVID-19 / COVID-19	11. <input type="checkbox"/> ja* / yes* <input type="checkbox"/> nein / no	
	*bitte rechts Bezeichnung(en) der Impfstoff(e) mit den DATEN der Impfung(en) angeben. / *Please indicate on the right the name(s) of the vaccine(s) with the dates of the immunizations.	
Tetanus / Tetanus	<input type="checkbox"/> ja* / yes* <input type="checkbox"/> nein / no	
	* DATUM der letzten Impfung bitte angeben. / *Please indicate the date of the last immunization.	
Andere Impfungen / Other immunizations		
Sonstige Infos zu Impfungen (ggf. Unverträglichkeiten) / Other information on immunizations (and possible intolerances)		
Sonstige wichtige Informationen zur Gesundheit/ Other important information on health		

We herewith confirm that we have included all relevant information available to us concerning illnesses, disabilities, special diets, ongoing treatments and therapies. **We accept full responsibility for any problems that may arise from our failure to disclose any relevant information and we are fully aware that this could lead to the termination of our child's participation in the programme.**

We authorize any medical attention for our child if this is judged necessary by the medical authorities, the host family or the educators responsible for the programme

¹ The Free State of Bavaria requires exchange students to be vaccinated against measles, alternatively proof of immunization or a certificate of vaccine intolerance. Otherwise participation in the program is not possible. Please enclose proof of vaccination or equivalent.

3. Fotobogen / *Photos*

Please create a photo album here (by inserting or copy-paste functions or “snipping tool”). Ideally, you could also edit the PDF document in Adobe Acrobat Pro DC. Alternatively, the document could be printed out, filled and scanned in again.

- Photos of all your family members
- Photos of the house/apartment, inside and outside
- Photos of the room where your partner will be staying, etc.

Please add your photos here and label them.

- Please use the provided block below (max. 2 pages, keeping file size in mind!)

Page 2 Photo album

Please add your photos here and label them.

4. Brief des Schülers/der Schülerin an Partner:in / *Letter to your partner*

Please write a **personal letter** (in English) to your future partner, covering the following content:

- Introduce yourself and family members (Age, hobbies, free-time activities)
- How would your friends describe you?
- Describe your place of residence and surrounding areas, your school and your way to school
- Name your chores at home
- Expectations (your own and for your partner) regarding the exchange

Please use the provided font, size and colour (Arial 11 in blue). Ideally, this could be done with Adobe Acrobat Pro DC.

Letter:

5. Agreement to application (Please sign both pages!)

Program- Country: South Africa (Western Cape) - Germany (Bavaria)

Name of applicant: _____

Verhaltenskodex - Code of behaviour

We have read the "Code of behaviour" and accept all the terms and conditions.

Einverständniserklärung Eltern - Parental authorization

We have read the "Parental authorization" and accept all the terms and conditions.

Bewerbungsunterlagen - Application documentation

We declare all the information provided by us to be correct and complete. We acknowledge the fact that false information could hinder a successful placement. Should any information change during the process of this application, we commit to sharing this with the organization immediately.

Gesundheitsformular - Health information

We hereby declare that, to our knowledge, no information regarding any known diseases, restrictions, dietary requirements, eating disorders (current or past), and therapeutic treatment have been withheld and that everything has been disclosed. We will take full responsibility for any problems that might arise because of non-compliance, and we acknowledge the fact that this could lead to an immediate termination of the program. We authorize medical treatment for our child, in the case that this is deemed necessary by the health authorities, the host family and respectively the authorities responsible for this exchange program.

Teilnahmebedingungen - Terms and conditions of participation

We have taken note of and fully accept the terms and conditions of the Bavarian Youth Council.

Ort, Datum / Place, date

Unterschrift(en) aller Personensorgeberechtigten (Insbesondere bei gemeinsamen Sorgerecht beide Elternteile!) / Signature(s) of all persons having parental authority (especially in case of joint custody of both parents!)

Unterschrift der Bewerberin bzw. des Bewerbers / Signature of the applicant