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| Before you begin |

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| This form is designed for exchange parties to record workplace, accommodation, and local area information to share, to help potential exchange partners decide if the exchange partnership will work.For an exchange to be a success, it’s critical to share as much information as possible to ensure exchange partners are comfortable with all aspects of the exchange and are fully informed about their new environment. Also consider attaching tourist information brochures, maps, newspapers, grocery dockets, school information booklets etc.**Please ensure you give a copy of this completed form to your exchange partner.** |

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| Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given names: |  |
| Date of birth: |  | Email address: |  |
| Street address: |  |
| Suburb: |  | Town/city: |  |
| Country: |  | Post code: |  |
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| Employee details |

|  |  |  |  |
| --- | --- | --- | --- |
| Fire Service: |  | Rank: |  |
| Brigade/Station: |  | Years of service: |  |
| Are you fluent in English? | No | [ ]  | Yes | [ ]  |
| Can you meet the immigration requirements in the proposed exchange country? | Yes | [ ]  | No | [ ]  | Please give details below |
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| Family details |

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| Please provide full details of family members who will accompany you on the exchange.**Note:** Date of birth is required for immigration purposes only. |
| Person 1 | Name: |  | Relationship to you: |  |
|  |  | Date of birth: |  |
| Person 2 | Name: |  | Relationship to you: |  |
|  |  | Date of birth: |  |
| Person 3 | Name: |  | Relationship to you: |  |
|  |  | Date of birth: |  |
| Person 4 | Name: |  | Relationship to you: |  |
|  |  | Date of birth: |  |
|  |  |  |  |  |

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| Next of kin details in your home country |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to you: |  |
| Street address: |  |
| Suburb/town: |  | Postcode: |  |
| Telephone: |  | Email: |  |
|  | Include international code |  |  |
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| Current employment information |

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| Briefly describe your fire station, turnout area, appliances, etc. |
| **Note:** You **must** **not** make a commitment to the exchange partner that they’ll be working at a particular station or with a particular crew. Exchanges are assigned at the discretion of the home fire service’s rostering department (as covered in the contract). |
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| Briefly describe duties in your current position or provide a copy of your position description: |
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| Current employment information, continued |

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| What is the leave entitlement in your fire service, applicable to the rank and position you hold? |
| Annual leave: |  | days per year |
| Sick/Personal: |  | days per year |
| How many hours per week do you work? |  | hours per week |
| What spread of hours does your shift roster cover? |  |
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| Where will you be living? |

|  |  |
| --- | --- |
| Street address: |  |
| Suburb: |  | Town/city: |  |
| Postal address: |  |
|  |  | Postcode: |  |
| Telephone: |  |  |  |
|  | Country code | Area code | Number |
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| Accommodation |

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| It is expected that each exchange partner is able to have the use of the property **in its entirety**. No extended family, friends, boarders, or pets are to use the property without the express permission of the owner. The exchange partner and their immediate family (as disclosed) are to be the **only** occupants of the property.Please provide photographs of the interior and exterior of your home. If your usual accommodation is not available, the exchange partner may require help by way of information about rental costs and location. (Attach additional documentation if necessary.)**Note:** * Ensure that, unless discussed, exchange partners have sole occupancy of your accommodation.
* Exchange partners travelling without children may have the option of exchanging jobs and **not** accommodation.
* Any additional exchange arrangements, e.g. vehicles or recreation facilities, need to be negotiated on a personal basis.
 |
| If you are successful in obtaining an exchange, would your usual accommodation be available for the visiting exchange partner for the full term of this exchange? |
| Yes | [ ]  | No | [ ]  | Please attach rental/accommodation information to help the exchange partner with search. |
| If you answered ‘yes’ to the above, please complete the following: |
| Detached house | [ ]  | Own home | [ ]  |
| Flat/town house | [ ]  | Rent | [ ]  |
| Apartment | [ ]  | Other (state) | [ ]  |

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| Accommodation, continued |

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| Rooms available for use as a bedroom: |
|  | Room details | Length and width | No. of beds |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| Other dwelling details that may be relevant: |
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| General domestic information |

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| Will your property insurance be valid when your house is occupied by the visiting exchange partner? | Yes | [ ]  | No | [ ]  |
| If no, what steps will you take? (brief details) |
|  |
| Will the insurance cover on contents also cover the normal household effects belonging to the visiting exchange partner? | Yes | [ ]  | No | [ ]  |
| If no, what steps will you take? (brief details) |
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| What is your normal method of travel to work? |  |
| Is public transport available? | Yes | [ ]  | No | [ ]  |
| Distance from your accommodation to: |
| Railway station: |  | kms | Local shopping centre: |  | kms |
| Your workplace: |  | kms |  |
| Nearest public transport type: |  | and distance |  | kms |
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| General domestic information, continued |

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| Will a vehicle be available for the duration of the exchange? | Yes | [ ]  | No | [ ]  |
| Is off-street parking available with your accommodation? | Yes | [ ]  | No | [ ]  |
| If no, what arrangement do you normally make regarding your vehicle? (brief details) |
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| Vetting and inspection of accommodation |

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| Please ensure that any special conditions, agreements and arrangements about accommodation and possessions are recorded and a copy held by each exchange partner. It is also useful to lodge a copy with the Fire and Emergency New Zealand’s exchange coordinator.**Note:** As applicants must be vetted and selected by his/her department, the accommodation to be exchanged must be inspected by an officer of that department to ensure it is appropriate for the exchange before submitting an application. |
| Accommodation inspected and found satisfactory: | Yes | [ ]  | No | [ ]  |
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| Officer’s signature: |  | Date: |  |
| Print name: |  | Rank: |  |
| Signed in electronic form (mark box): | [ ]  |

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| Your community |

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| Please give a brief description of your local community. |
| For example, local industries, climate, recreational facilities, churches, shopping centres, schools etc. It’s helpful to include marked maps of the local neighbourhood and provide any additional information you consider valuable. |
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| Our local area |

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| Insert a brief description of the local area.  |
| (Scan, sketch or attach a detailed scaled map. if possible.) |
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| The plan of our house |

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| Please provide a scale drawing and indicate unit of measurement, or provide house plans. |
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| Heating and air conditioning |

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| Our house/apartment has (tick as appropriate): |
| Central heating | [ ]  | Portable electric heater | [ ]  |
| Oil/Gas wall furnace | [ ]  | Dehumidifier | [ ]  |
| Kerosene heater | [ ]  | Air conditioning unit | [ ]  |
| Heat bank (off-peak heater) | [ ]  | Central air conditioning/heat pump | [ ]  |
| Fireplace | [ ]  | Other | [ ]  |
| **Note:** As a rule, New Zealand houses are colder in winter than houses in North America and Europe because they are not heavily insulated and central heating is less common. It’s unusual for temperatures to drop much below 0°C. |

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| Appliances and equipment |

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| The following items are in full working order (tick as appropriate): |
| Alarm clock | [ ]  | Barbecue | [ ]  | Blender/Vitamiser | [ ]  |
| Can opener | [ ]  | CD player/stereo | [ ]  | Computer | [ ]  |
| Crock pot | [ ]  | Dishwasher | [ ]  | Dryer | [ ]  |
| DVD player | [ ]  | Electric blankets | [ ]  | Electric fan | [ ]  |
| Electric fry pan | [ ]  | Electric griller | [ ]  | Electric kettle/jug | [ ]  |
| Freezer | [ ]  | Heater | [ ]  | Internet | [ ]  |
| Iron | [ ]  | Ironing board | [ ]  | Lawn mower | [ ]  |
| Microwave | [ ]  | Mixer | [ ]  | Oven | [ ]  |
| Piano | [ ]  | Portable heater | [ ]  | Radio(s) | [ ]  |
| Refrigerator | [ ]  | Stove top | [ ]  | Toaster | [ ]  |
| TV | [ ]  | Vacuum cleaner | [ ]  | Washing Machine | [ ]  |
| Other (state) | [ ]  | Other (state) | [ ]  | Other (state) | [ ]  |
| **Note:** Regional zoned DVDs may not work in the exchange country. |
| List any services that the exchange partner will be responsible for, e.g. power, pay TV, telephone, internet |
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| Recreational equipment for your use |

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| Sports | Camping |
| Golf clubs | [ ]  | Tent | [ ]  |
| Tennis racquets | [ ]  | Sleeping bags | [ ]  |
| Skis | [ ]  | Air mattresses | [ ]  |
| Bicycles | [ ]  | Portable stove | [ ]  |
| Other (state) | [ ]  | Portable cooler | [ ]  |
| **Note:** It is recommended that any items you do not want the exchange partner to use are stored securely offsite, either with family, friends, or an offsite lock-up/storage facility. |
| **Please provide additional comments regarding public and private recreational facilities in the local area.** |
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| What you may expect to find |

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| Provide any features of your house and neighbourhood about which your exchange partner should know in advance – good and bad. |
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| **Note:** Exchange partners and their families should be prepared to adjust to a new community, a new house and a different lifestyle. These changes can be difficult, particularly for family members who are not employed outside the home. Spouses should be prepared to rely on their own resources and are encouraged to mix with the local community as much as possible. |

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| School terms/dates for the exchange year (if relevant) |

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| --- | --- | --- |
| Term | Start | Finish |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

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| Power of attorney |

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| It is important to ensure that for the period of the exchange you provide someone with a power of attorney to deal with financial matters in your absence. This could be a family member. Provide these details to your exchange partner:As soon as you arrive at your destination, please make contact with the following person who has power of attorney for me and will help you in all matters requiring payment of money on my behalf: |
| Name of nominated attorney: |  |
| Street address: |  |
| Home telephone: |  | Work telephone: |  | Mobile: |  |

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| Fire and Emergency New Zealand nominated exchange coordinator details |

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| --- | --- | --- | --- |
| Surname: | Foley | First name: | Kelly |
| Job title: | Portfolio Coordinator |  |
| Street address: | Fire and Emergency New Zealand  |
| Level 12, 80 The Terrace |
| Suburb/town: | Wellington | Country: | New Zealand |
| Telephone | +64 4 462 4981 | Email: | International.FFexchange@fireandemergency.nz  |

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| Other fire service nominated exchange coordinator details |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | First name: |  |
| Job title: |  | Fire Service: |  |
| Street address: |  |
|  |  |
| Suburb/town: |  | Country: |  |
| Telephone | + | Email: |  |

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| Checklist |

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| **Please send the following information to your proposed exchange partner:** |
| Copy of this form  | [ ]  | Photos of your dwelling | [ ]  |
| Other accommodation information | [ ]  | Local area map | [ ]  |
| Memorandum of understanding | [ ]  | Contact list(for network of contacts, utility providers etc.) | [ ]  |
| **If your application is approved, please send the following information to both exchange coordinators:** |
| Copy of this form  | [ ]  |  Passport-size photo x2 | [ ]  |
| Letter of exchange endorsement and approval from your Fire Service | [ ]  |
| Memorandum of understanding (copy) | [ ]  | Medical certificate (this is needed before your first shift) | [ ]  |