

RIMON APPLICATION PACK 2009-2010

This page of notes will help you complete the process, however should you have any further questions please address them to rimon@isralexperience.org.il

Only completed forms should be sent back to the Israel Experience.

1. The Rimon full application pack should be filled and sent out only after you sent out the online application form and Portfolio.
2. do not send this pack if you have not been approved by Rimon Music school yet
3. the full application pack must include the following documents:
 - 4 recent passport pictures
 - A photocopy of your passport
 - 2 letters of recommendation
 - 500\$ (US) enrolment deposit (non-refundable)
4. Please turn to Masa website in order to fill out the Masa grant/ scholarship forms (this is doable only after January 2009)

**Application for the academic year 2009-10
should be completed by May-June 2009**

After gathering all the required documents, mail them to:
Only completed forms should be sent back to the Israel Experience.

Rimon Program
Shoshana Klieman
The Israel Experience Ltd.
Kiryat Moriah, 3 Ha'askan Street
Jerusalem, 91000
Israel

For more information:
Tel: 972-2-6216907
Fax: 972-2-6216572
Rimon@isralexperience.org.il
www.isralexperience.org.il/rimon

NOTES

Section 1: Personal Details

Complete the form.

Section 2: Medical Examination Form

- Completed the "Personal Health History" section and sign the Applicant's Statement.
- Give the form and the notes to your Doctor. Make sure he completes the "Physical Examination" section and signs and stamps the Doctor's Statement.
- Your parent/guardian need to sign the Parent/Guardian Statement on the Medical Form.

Section 3: Statement on Standards and Responsibilities and Your Commitment

Read the document and **keep it**. Sign the declaration and send it with your application.

Section 4: Statement

Read, understand and sign this form, and make sure your Parent/Guardian does the same.

Section 5: Application fee & Enrolment Deposit

Section 6: MASA Grant/ Application Forms

Fill out the form in order to receive a Masa Grant/Scholarship.

Fill out the outline application form in order to receive a MASA Grant/Scholarship

This form can be filled out after January 2009.

www.masaisrael.org

Section 7: Additional Documents

Section 8: Check List

Use this page to make sure you have completed all the necessary sections.

Send all the sections back to the Israel Experience -INCOMPLETE APPLICATION PACK WILL NOT BE ACCEPTED – DO NOT SEND THEM SEPARATELY.

DISCLAIMER

CONSENT TO PROCESSING AND TRANSFER OF MEDICAL AND PERSONAL DATA

1 Acknowledgement and Permission

By signing these application forms, you acknowledge that you have read paragraph 5 below and agree that the Jewish Agency for Israel and its partners may process and/or transfer to a third party for processing in accordance with paragraphs 2, 3 and 4 below, the data which you/your child have disclosed in this application form.

2 Medical Data

You agree that we may process the medical information provided by you.

- 2.1 for the purpose of our insurance cover in respect of you/your child's trip with us to Israel which may include disclosing the Medical Data to our insurance company in Israel; and/or
- 2.2 for the purposes of providing assistance to emergency services in Israel in case of emergency during your/the Minor's visit to Israel; and/or
- 2.3 for the purpose of participation in programmes that require a minimum level of personal fitness and health

3 Religious Information

You agree that we may process the religious information provided by you to ensure you're your child is accommodated in an appropriate programme structure

4 Personal Data

- 4.1 If the need should arise for emergency contact with the persons named in **Section 1** of the Application Forms
- 4.2 To assess you/your child's suitability to the programme being applied for and all its components.
- 4.3 Statistical analysis

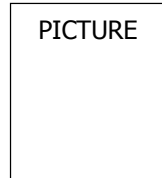
5 Transfer of Data to Israel

The processing and/or transfer of this information is however for your benefit as it will help ensure a safe and comfortable stay in Israel.

SECTION 1 PERSONAL DETAILS

PLEASE PRINT ALL INFORMATION IN CLEAR BLOCK CAPITALS AND INCLUDE A PASSPORT PICTURE WITH THE COMPLETED FORM.

PICTURE



First Name _____ Surname _____ Sex M / F

D.O.B. ____/____/____ Birthplace _____ Citizenship* _____

Home Address _____

_____ Post Code _____

Home Phone No _____ Home Fax No _____

Mobile Phone No _____ E-mail Address _____

Passport No _____ Place of Issue _____

Date of Issue _____ Expiry Date _____

Nationality _____

***If applicant or either parent has an Israeli citizenship, please let us know.**

Father's Name _____	D.O.B _____
Religion _____	
Birthplace _____	Citizenship _____
Home Address (if different from applicant) _____	
_____ Post Code _____	
Home phone No _____	Work No _____
Mobile Phone No _____	E-mail Address _____

Mother's Name _____	D.O.B _____
Maiden name _____	Religion _____
Birthplace _____	Citizenship _____
Home Address (if different from applicant) _____	
_____ Post Code _____	
Home phone No _____	Work No _____
Mobile Phone No _____	E-mail Address _____

Legal Guardian (if not Father or Mother) _____	
Home Address (if different from applicant) _____	
_____ Post Code _____	
Home phone No _____	Work No _____
Mobile Phone No _____	E-mail Address _____

Do you have any relatives or friends in Israel? Yes / No

If 'Yes', please give the full details of one person/family in Israel who, if necessary, can be contacted in an emergency:

Name _____ Relationship _____

Home Address

Home phone No _____ Work No _____

Mobile Phone No _____ E-mail Address _____

Secondary school(s) attended

Name of School	Dates Attended	
	From	To

Matriculation exams _____ SAT _____

Other qualifications _____

Jewish Education (Not full-time education)

What Hebrew, Jewish or Sunday school(s) have you attended, if any?

Name of School	Dates Attended		Subjects Studied
	From	To	

Did you take Hebrew? Yes / No

Did you take Jewish Studies? Yes / No

Medical Certificates/Qualifications

What Medical Certifications or Qualifications do you hold? (i.e. courses of work/volunteer experience that may include CPR, aquatic lifesaving, or actual emergency medical work).

Hebrew & Other Languages

Are you Familiar with the Hebrew alphabet? Yes / No
 Are you able to read Hebrew with vowels? Yes / No

Have you ever studied Hebrew grammar formally? Yes / No
 (If 'Yes', for how long and in what framework?)

Please tick the box that correctly describes the amount of words in your Hebrew vocabulary:

- 10-50 words
- 100-200 words
- 200-300 words
- More than 300 words

Do you speak any other languages? Yes / No
 If 'Yes', please give details _____

Have you ever been involved in a Youth Movement/Youth Club/Organisation?

List any organisation(s) which you have belonged, or still belong to which you think would be useful for us to know about (e.g.: school, synagogue, club, committee) and in what position/capacity:

Organisation	Position/Capacity

List some of the major activities you have been involved within these organisations:

Activity	Year

Have you been to Israel before? Yes / No

If 'Yes' please give full details:

When? (month/year)	In what framework? (e.g. tour, school trip, holiday)	Duration

What are your plans concerning work or studies after your Year in Israel ?

How do you expect to *finance your participation during your Year in Israel ?

Part of your experience in Israel will be volunteering throughout the 10 months you are here (weekly volunteering for 2-3 hours each time).

In order to find for you the best volunteering placement, please write us your fields of interest {for example: helping music teacher in high school, helping in English classes in high school, volunteering with animals, soup kitchen (giving out food for needy people) and more}

How would you describe your religious affiliation?

Orthodox Reform Masorti Liberal

Comments _____

How would you describe your level of observance?

Observant Traditional Non practicing

Comments _____

Do you observe Shabbat?

Yes No *If 'Yes' to what level e.g. strictly, don't use electricity, don't travel etc*

Comments _____

Do you observe Kashrut?

Yes No *If 'Yes' to what level e.g. strictly kosher, eat non kosher meat but don't eat pig products or shellfish, kosher at home but not out, etc.*

Comments _____

Please mark one of the boxes below, regarding your diet:

Meat Eater Vegetarian (eat fish) Vegetarian (don't eat fish) Vegan

Any other special dietary needs:

Section 2 MEDICAL EXAMINATION FORM

This section includes two parts to be completed, and has explanatory notes to help you.

1. Notes to the Examining Doctor and Applicant/Guardian
2. Physical Examination Form **(to be completed by the Doctor)**

For singers You must add to this section a letter from an E.N.T (Ear Nose Throat Doctor- autoringolaringologos) approving that your vocal cords are intact and undamaged and that your respiratory passages are clear and not blocked.

3. Personal Health History **(to be completed by the Applicant)**

Please note that the Doctor, the Applicant and his/her legal guardian must sign the form in the specified places for it to be valid and acceptable.

1 NOTES TO THE EXAMINING DOCTOR AND THE APPLICANT/LEGAL GUARDIAN

- I The new and strenuous environment, each participant will face, will tax his/her physical and mental capabilities to the fullest. It is imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible.
- II Participants will be touring and working in a sub-tropical climate, with temperatures reaching 100 degrees Fahrenheit in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.
- III Most participants will be living in a communal environment. They will be sleeping in a dormitory or sharing living quarters with other people and eating in communal dining facilities.
- IV The participant's activities will include physical activity in the sun (mainly sports) Participants will also be carrying out voluntary work in a development town, and living in self-catering student flats. They will also be expected to participate in a number of tours of the country, which will involve hiking long distances, climbing and other strenuous activities.
- V You should also bear in mind that medical facilities available for participants would only cover acute illness and accidents. There are no facilities available within the framework for the treatment of chronic disturbances. Medical care will very often be entrusted to fully trained para-medical personnel, although a doctor will always be available and on call as will the local hospital(s). When necessary, the patient may be transferred to Jerusalem for specialised medical treatment and where indicated

- may later be returned to the country of origin for further treatment. Dental, optical or gynaecological treatments are not included and will be arranged at the participant's expense.
- VI a) This form should be filled out by a doctor who has known the applicant for at least 18 months prior to the filling out of the form. In addition, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker etc.) must submit a written detailed report from the specialist giving complete diagnosis, prognosis and evaluation.
- b) If an applicant requires therapy, treatment, or to continue receiving medicines and drugs while under the auspices of the programme, s/he should have a medical letter giving full details. Since very often, medicine is not available under the same trade name as in the country of origin; the full pharmacological name of all medicines and drugs used by the patient should be given. However, such medication will be the responsibility of the applicant.
- c) If any changes take place in the applicant's health following submission of the form, the applicant must submit a full, explanatory medical letter detailing diagnosis, prognosis, and treatment. Failure to submit such letter may result in expulsion of the applicant from his/her programme without any refund.
- VII The Israel Experience LTD. will rely on this completed form and any supplementary letters in making determinations of acceptance for or continuation of the applicant in the programme. Omissions or mis-statements are at the risk of the applicant and his/her doctor, surgeon, psychiatrist, psychologist, or social worker.
- VIII The information on this report form, and all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by the as strictly confidential by the Israel Experience LTD.
- IX Should any participant upon arrival in Israel, or during his/her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in any accompanying letter from a qualified professional, then she/he may, at the absolute discretion of the Israel Experience LTD. and MASA, be returned to his/her place of origin at the participant's own expense, and there shall be no refund of money paid for the programme. Israel Experience LTD. and its representatives are thereby released of all liability of any kind whatsoever arising out of any aspect of such participant's medical history and mental or physical condition.**

- X The medical insurance provided by Israel Experience LTD. And MASA will not cover any treatment necessitated by the reoccurrence of any chronic affliction, or any illness or ailment suffered by the participant prior to arrival in Israel, except for a sudden and unforeseeable worsening of such condition. The Israel Experience LTD. and its representatives will bear no liability for costs incurred as a result of such chronic condition or pre-existing illness or ailment.**

- XI The medical insurance provided by Israel Experience LTD. will not cover pre-existing medical condition and the Applicant will be required to take out independent medical insurance cover for the duration of the programme.**

Part 1 - PHYSICAL EXAMINATION: (To be completed by your DOCTOR)

Name of patient _____

	Normal	Abnormal	Describe abnormality
Head			
General Build			
Neck			
Ears			
Eyes			
Teeth			
Mouth, Throat			
Chest, Lungs			
Heart			
Vascular System BP			
Abdomen and Viscera			
Hernia			
G.I. System			
G.U. System			
Upper Extremities			
Lower Extremities			
Spine			
Skin, Lymphatic			
Nervous System			

Height _____ Weight _____

Urinalysis _____ Albumen _____

Sugar _____ VDRL _____

Vision:

Right – Without Correction	Left – Without Correction
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Corrected to	Corrected to
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Hearing:

Right	Left
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Menstrual history:

Regular or irregular	Date of Last Menstrual Period
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Any Gynaecological disturbances?

Any other relevant information:

Is full physical activity possible?

Any special restrictions:

Special dietary requirements:



Any Specific Recommendations

DOCTOR'S STATEMENT

I have read the 'Notes to the Examining Doctor' and thereafter have examined Mr/Miss _____ and have recorded the results above, which represent to the best of my knowledge, the applicant's entire medical history and my findings on examination. In my opinion the applicant is **CAPABLE / INCAPABLE** of participating in the programme (including a 5-8 km hike) as outlined in the Notes. I have known the applicant for _____ years. I understand that the Israel Experience Department and its representatives in Israel will rely on my above report and findings.

Address _____

_____ Post code _____

Tel. No. _____

Fax No. _____

Doctor's
Signature _____ Date: _____

Surgery Stamp

Part 2 - PERSONAL HEALTH HISTORY (To be completed by the APPLICANT)

Applicant's Details

Full Name _____

Date of Birth _____ Male/Female _____

Address _____

_____ Post code _____

Tel No _____ Fax No _____

Mobile No _____ E-mail _____

Name of Parent/Guardian _____

Address
(if different from above) _____

_____ Post code _____

Tel No (home) _____ Tel No (work) _____

Mobile No _____ E-mail address _____

In case of emergency, if a parent/guardian is not available the following should be contacted:

Name _____ Relationship _____

Address _____

_____ Post code _____

Tel No (home) _____ Tel No (work) _____

Mobile No _____ E-mail address _____

HEALTH HISTORY

A) Have you ever suffered from any of the following chronic or recurring illnesses or conditions?

Condition	Yes/No	Date	Condition	Yes/No	Date
Asthma			Heart problems		
Bronchitis			Hyperactivity		
Bursitis			Kidney Problems		
Cancer			Manic/Depressive psychoses		
Chicken Pox			Measles		
Convulsions			Mononucleosis (glandular fever)		
Diabetes			Mumps		
Dizziness			Pneumonia		
Ear Infections			Poliomyelitis		
Eating disorders			Rheumatic fever		
Epilepsy			Scarlet fever		
Eye problems			Sleep walking		
Fainting			Thyroid disorder		
Frequent colds			Tuberculosis		
German Measles			Ulcers		
Headaches					

****If 'Yes' please give full details including names and addresses of the relevant doctors, hospitals and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.***

Condition	Details

B) Has anyone in your immediate family (parents and siblings) ever suffered from any of the conditions specified above?

C) Do you suffer from any allergies?

Allergies	Yes/No	Degree of sensitivity, nature and severity of reaction
Aspirin		
Hay Fever		
Insect bites/stings		
Penicillin		
Other		
Other		

D) Do you have any special dietary requirements (including Vegetarian/Vegan)?

	Details

E) Have you received the following vaccinations?

Vaccinations	Yes/No	Date of vaccination
Polio		
*Tetanus		
Tuberculosis		
**Meningitis		
Whooping Cough		
Other (e.g. Hepatitis)		

**You must have received an anti tetanus primary course or booster within the last ten years*

***This vaccination is recommended*

F) Have you undergone any operations or sustained any serious injuries*?

Operation/injury	Date	Details

**(See Note VI)*

G) Are you currently taking any medication*?

Name	Details of condition

**(See Note VI)*

H) Have you ever consulted a psychiatrist, psychologist, social worker or counsellor?

If 'Yes' please give full details including names and addresses of the relevant consultant and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.

I) Have you ever undergone psychoanalysis or received psychotherapy or other psychological treatment or advice? If 'Yes' please give full details including dates, names and addresses of the relevant consultant and specialists (see Note VI) in the space provided below. A letter from a consultant/specialist should also accompany this.

ALL ABOVE INFORMATION MUST BE FILLED OUT COMPLETELY AND WILL BE TREATED CONFIDENTIALLY.

APPLICANT'S STATEMENT

I have read the "Notes to the Examining Doctor" and particularly items (VI), (VII), (VIII) and (IX) and (X). I hereby certify that, to the best of my knowledge, the above medical form is complete in all its details and fully realise that any condition, mental or physical, that I am found to have, originating prior to my arrival in Israel, and which is not described in full on this form or in any accompanying letter, will be due cause for my return to my country of origin or treatment in Israel, solely at my expense. In addition, I am fully aware that the Israel Experience LTD. and MASA have neither responsibility or liability arising out of such condition.

I also realise that medical coverage does not include dental, gynaecological, psychiatric, psychological or optical treatment of any form whatsoever, nor does it cover any treatment necessitated by any chronic illness from which I am suffering, or treatment necessitated by any illness or ailment suffered prior to my arrival in Israel (except for a sudden deterioration of a disclosed chronic illness). All medications that I take regularly are at my own expense, and have been detailed in this form or in letters.

I also give my full permission for all treatment of any nature deemed necessary by doctors in Israel to be extended to me within the framework of the Medical Services nominated by the Israel Experience Department's representatives in Israel.

I also acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics or any other anti-social behaviour may be cause for immediate dismissal from the programme, and I will be returned to my country of residence at my own expense.

Applicant's name _____
Applicant's
Signature _____ Date: _____

PARENT / GUARDIAN STATEMENT

I submit that the information supplied is a full medical history and I am unable to add any further relevant details. I fully accept the terms and conditions of the Applicant's Statement as it applies to the applicant.

Name _____
Signature _____ Date: _____

PLEASE KEEP THIS SECTION FOR YOUR RECORDS

Section 3 STATEMENT ON STANDARDS AND RESPONSIBILITIES

"WE ARE REASONABLE, YOU ARE SENSIBLE"

Introduction:

As a participant on an Israel Experience programme you are required to take responsibility for yourself and your actions. The Israel Experience Department's expectations are high, and set out certain minimum standards of behaviour and personal example. This Statement serves as guidance for you whilst allowing us to deal with irresponsible behaviour in a manner that has been mutually agreed. To this end, all participants on an Israel Experience programme must read, fully understand and conform to the standards set out in this document.

This Statement emphasises respect for and tolerance of others as its main concern, though you will also find that in part it is also for your own protection. Please remember that you should be capable of exercising self-discipline, but if members of the staff team need to enforce measures they should be treated with respect. In return, participants have a right to expect that the above will be reciprocated in so far as you will be treated with respect, tolerance and, of course, we are always open to discussion.

The Statement is fairly extensive so as to cover most eventualities - you are required to sign it at the end to confirm that you both understand and accept it.

Notes

1. You should also be aware of authorities that supersede our relationship with you - most particularly the laws of the State of Israel and the rules of institutions whose services we use.
2. You attend the programme as representatives of your organisations, movements and communities – remember that at all times.

Jurisdiction

During your time in Israel you will come under the jurisdiction of the Israel Experience LTD. and MASA. You will be required to adhere to directions given from time to time by their personnel. In certain areas parental/guardian involvement may be relevant and necessary and this is a course of action that remains at our discretion.

Mutual Respect

You will be living within a community, while you are in Israel. During some parts of the programme you may be based at an educational campus, or an absorption centre, or in your own apartments. Wherever you are there will always be other people around you, who may be families with children of all ages trying to live their daily lives, or participants on other programmes. With this in mind we expect that participants will conduct themselves and their behaviour in a manner that is respectful of others

Participants are treated as individuals and also as part of a group. You will be sharing rooms, corridors and facilities with other members of your programme and maybe other groups. Mutual respect and tolerance are a must. For example, noise should be kept to a minimum after a reasonable hour (23.00) and keeping other people awake by showing a lack of consideration for others, will be treated as a serious matter. Another issue is that of personal behaviour, including your sexual behaviour and infringing on other people's lifestyles and space. Again, our insistence is that your public life is led with respect and consideration for those around you.

Illegal Drugs

Anyone who is determined to have purchased, sold, possessed or used any illegal drugs, or even to have abused legal drugs (or to have been in the presence of others while they purchased, sold, possessed or used illegal drugs or abused legal drugs) will immediately be expelled from the programme and will be sent home. The Israel Experience LTD. may well involve the Israeli Police in cases of drug usage or suspicion of drug usage. This includes the use of urine or blood tests to confirm it.

Please note - the Israeli Police usually deal with the matter of drug abuse in a very severe manner including an extended ban from re-entering Israel and a copy of your criminal record being forwarded to the police in your home country.

Alcohol

Drinking alcohol in public places is strictly forbidden if you are underage. This is a legitimate demand in view of the accommodation that you will be staying in through the year and the other people and families you may share with. Sensible, moderate drinking in the privacy of your rooms or whilst out for social purposes is permitted provided you do not become drunk and disorderly and that the evidence of drink is removed immediately. Should you, as a result of alcohol consumption, reach a stage where you are unable to participate fully in the programme, and/or are not responsible for your own actions with regard to yourself or others, then we reserve the right to take disciplinary action.

Please note that at some bases, alcohol is not allowed on the premises.

Attendance

Our expectation is that, as a committed participant, you will fully participate and involve yourself in the programme. By signing up for the programme you commit your self to attend and participate in all aspects of it. This is particularly important when you are volunteering, and people are relying on you, and when you are studying, and lessons need to start on time. You should also take careful note of the schedule in order to ensure that they arrive at sessions on time! You will be responsible for getting your self out of bed in the mornings!

Lifestyle & Sickness

You need to look after your own health and physical condition and be in a fit state to attend, concentrate and contribute in all aspects of the programme. If you are ill we require that you receive immediate medical attention. Whatever the circumstances, you must inform a member of staff. If you miss any part of the programme due to illness then a staff must be informed.

TIREDNESS IS NOT AN ILLNESS!

Participants who become ill as a result of not looking after themselves properly, for example through too many late nights with a consequent inability to get up in the morning, *may* be asked to leave the programme. We expect mutual honesty and respect to prevail here.

Holiday Time (Chofesh)

During the course of the year you will be entitled to personal chofesh days. Each segment of your programme carries different guidelines as to when you can take chofesh. There are also some specific days or periods of time when chofesh cannot be taken at all - you will be told what these are during your orientation period. *All decisions regarding chofesh are the final responsibility of your programme co-ordinator (Racaz) and all chofesh time must be negotiated in advance*

Personal Security

At all times you must heed all instructions given to you by programme staff regarding personal security. This will include certain areas being off-limits, and modes of travel. All of these restrictions and all other Security arrangements will be explained to you before you leave for the programme, in detail upon arrival, and updated as and when necessary. It is vital that you treat these instructions with the utmost seriousness and follow them at all times.

Hitch-Hiking (known as "Tramping" in Hebrew) is **strictly forbidden** to programme participants anywhere in Israel.

Shabbat

There are some closed Shabbatot when there will be a programme running that weekend. Most Shabbatot are free, and participants are free to travel for the weekend as long as their arrangements are cleared through the security guidelines. Participants are also welcome to stay wherever they are based at the time.

Guests

Guests may visit in your place of accommodation according to the rules and regulations of the place you are going to be accommodated for the year.

These rules and regulations will be given to you upon your arrival.

Leaving Israel during the Programme

We strongly recommend that you do **not** leave the country during the duration of the programme. There are various reasons for this recommendation:

1. There is a security factor involved. The seriousness of this issue varies from place to place and from time to time.
2. You will not be covered by our medical policy.
3. We will not provide back up facilities of any kind should they be required whilst you are outside of Israel - it is simply beyond our capacity.
4. This type of departure from the programme can be disruptive to the programme both in terms of your individual educational continuity and for the group dynamic.
5. We feel that you should be looking to maximise your time in Israel in order to acquire the full value of your Israel experience.

Looking After Your Environment

Participants are responsible for maintaining their accommodation. Your accommodation is functionally adequate and are to be left in exactly the same condition as when you take occupation. Any damage, including graffiti and other supposed artwork' (even if added to graffiti already there), WILL result in a charge by the organisation. Damages (including graffiti) are considered to be a disciplinary matter. In addition, participants have an individual and collective responsibility to maintain all areas of the accommodation including washing facilities, corridors, classrooms and so on.

WARNINGS AND SANCTIONS:

The Israel Experience Department operates a two-stage warning system. Initial problems will be dealt with in discussion with staff but if they become persistent or are of a more serious nature, then a first or second warning may be issued. As already noted, certain actions can result in immediate expulsion.

A FIRST WARNING is from the Israel Experience LTD. Education. It is usually given by the programme coordinator in conjunction with the movement or organisation (i.e. the people responsible for the programme who you are in daily contact with) in the context of a thorough discussion of the matter.

A SECOND WARNING is from the Israel Experience LTD. A second warning is the last intervention prior to expulsion from the programme. A second warning may be communicated to the parents. Sanctions to accompany warnings or otherwise are at the discretion of the Israel Experience LTD. and may include:

- Expulsion from the programme
- Suspension from the programme

Please note

That we can insist that you are sent home. Also, if incidents occur while on Tiyul (hike/overnight visit), more immediate action may be taken including being returned to the base.

Obviously any damage or incidents involving additional cleaning will result in a charge (beyond the deposit) and will be treated as a disciplinary issue. All of the above will only be carried out after full discussion with the individual concerned.

When you have read the document 'Statement on Standards and Responsibilities', and you both fully understand and agree to abide by everything written there as a condition of being accepted on the programme, then sign the declaration.

PLEASE COMPLETE AND RETURN TO THE ISRAEL EXPERIENCE

Section 3: Statement on Standards And Responsibilities

I _____ have read the document:

'Statement on Standards and Responsibilities':

I understand it, and I am prepared to abide by it as a condition of my acceptance to the Israel Experience Department programme.

Signed _____ Date _____

SECTION 4 STATEMENT

TO BE SIGNED BY THE APPLICANT

I _____ (block capitals) do hereby submit my application for participation in the Israel Experience programme. I undertake to accept the discipline of the Institute upon arrival and while in Israel. I have read and understand all the above mentioned documents and agree to abide by everything written there as a condition of being accepted on the programme.

Signature _____ Date: _____

TO BE SIGNED BY THE PARENT/GUARDIAN OF PARTICIPANT

I _____ (block capitals) do hereby certify that I am the Parent/Guardian of the above mentioned participant and that I have read the Statement of Standards and Responsibilities and that I believe that they and the scheme as a whole are for the benefit of the participant, and that I consent to the participant participating in the scheme on the terms and conditions applicable to him/her. I further understand that if, as a result of my daughter/son's non-compliance with the above-mentioned conditions, she/he will be forced to leave Israel prematurely and that his/her group fare (if applicable) will become null and void.

Signature _____ Date: _____

Section 5

APPLICATION FEE AND ENROLMENT DEPOSIT

Enrollment Deposit

Each participant (that has passed the musical audition) is required to submit a deposit of \$500.00 (US) and this application form in order to reserve a place in the Rimon music experience program.

The deposit and the application Form should both be postmarked to the Israel experience on or before June the 1st.

The enrolment deposit is not refundable but will be reduced from the total program cost

SECTION 6

MASA GRANT/SCHOLARSHIP APPLICATION FORMS AND PAYMENT FOR THE PROGRAM

MASA is a new and innovative partnership between the Government of Israel and the Jewish Agency.

As the Gateway to long term programs in Israel, MASA enables thousands of Jewish young adults to spend a semester or a year in Israel in one of over 100 approved programs by providing information, scholarships and more.

MASA's aim is to help young Jews from around the world to build a life-long relationship with Israel and a firm commitment to Jewish life.

MASA is dedicated to developing new and exciting, quality programs which express the multi-faceted experience of Israel.

MASA is made possible by the support of the Government of Israel, the Jewish Agency for Israel and its partners, the United Jewish Communities of North America and the Keren Hayesod around the world.

For more information write masainfo@masaisrael.org

If you wish to apply to a MASA Grant / Scholarship, fill out all the relevant fields in the online application form you can find on the Masa website

<http://www.masaisrael.org/Masa/English/apply+for+Grant>

Please note: the online application can be filled out only from January 2009 when you see on the form that it is for the year 2009-10

Forms of the year 2008-9- will not be accepted

The Rimon Music Experience program cost 18,000\$ (US) and includes: Payment for the Rimon School, Accommodation, Hebrew Ulpan and educational trips and seminars throughout Israel along the year.

The Grant / Scholarship you will receive from Masa will be transferred automatically to the Israel Experience LTD only at the end of the program and only if you stay in the program throughout the year, fully participate in it and finish it. Therefore you need to send the Israel Experience LTD a **deposit check** for the amount of the Grant / Scholarship you received. We will deposit this check only if and when you leave the program before the end of it, and therefore according to Masa regulations you will not be eligible for it.

The rest of your payment (Costs minus the scholarship) should be transferred to the Israel Experience LTD either via check (to the order of the Israel Experience LTD or through a bank wire transfer- details will be given separately)

SECTION 7 ADDITIONAL DOCUMENTS

the full application pack must include the following documents:

- 4 recent passport pictures
- A photocopy of your passport
- 2 letters of recommendation
- 500\$ (US) enrolment deposit (non-refundable)



SECTION 8 CHECK LIST

Before sending off your application, please read the points below and tick the boxes accordingly to check that you have completed all sections.

Section 1: Application Form

I have completed the form and it is attached.

Section 2: Declaration of health

• I have completed the "Personal Health History" section and signed the Applicant's Statement.

• My Doctor has completed the "Physical Examination" section and signed and stamped the Doctor's Statement.

• If I am a singer I have an E.N.T doctors letter assuring my vocal cords and respiratory system

• My parent/guardian has signed the Parent/Guardian Statement on the Medical Form.

Section 3: Statement on Standards and Responsibilities and Your Commitment

I have read the document and will **keep it** to refer to, and I have signed the declarations.

Section 4: Statement

I have read, understood and signed this form.

Section 5: MASA Grant/scholarship Application Forms

I filled out all the documents for the MASA grant / Scholarship

Section 6: Addition Documents

Make sure you have all the additional documentation needed. Your application will not be processed without them.

500\$ (US) enrolment deposit (non refundable)

2 recent passport pictures

A photocopy of your passport

2 letters of recommendation

Section 7: Check List

All the boxes on this page are full. Time to send off my application!