THE BELGIAN-AMERICAN CHAMBER OF COMMERCE
IN THE UNITED STATES

INTERNATIONAL EXCHANGE PROGRAM

Trainee/ Intern Questionnaire and Statement Form

Important:

1 COMPLETE ALL ITEMS FULLY. YOU MAY BE ASKED TO PROVIDE PROOF OF THIS INFORMATION. ANSWER ALL ITEMS IN ENGLISH.
2 TRAINEE/INTERN MUST CLEARLY PRINT OR TYPE ALL RESPONSES ON THE ORIGINAL FORM AND SIGN WITH THE TRAINEE'S SIGNATURE.
3 INCLUDE TWO (2) LETTERS OF REFERENCE, IN ENGLISH, FROM PREVIOUS EMPLOYERS OR FROM YOUR LAST SCHOOL OF ATTENDANCE.
4 ANY FEES PAID BY CHECK MUST BE U.S. ELECTRONICALLY CODED AND MADE OUT TO THE BELGIAN-AMERICAN CHAMBER OF COMMERCE IN THE UNITED STATES.
5 IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH ADDITIONAL SHEETS. WRITE YOUR NAME ON EACH SHEET AND IDENTIFY THE QUESTION ANSWERED.

Mr./ Ms. _____
(Circle one) *Last Name (Family Name)* *First Name* *Other Names*

Permanent Address: (as it should appear on the envelope) _____

_____

Current mailing address for receiving the Belgian-American Chamber of Commerce in the United States ("BACC") documents: (as it should appear on an envelope)

_____

_____

Current Telephone Number: _____ Current Fax Number: _____

E-mail Address: _____

Marital Status: _____

Date of Birth: Month _____ Day _____ Year _____ City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residence (if applicable): _____

Current Occupation: (if a student, please state name of school and major field of study. If employed, we must have name of employer, address including country, and dates of employment. If you are not currently working, provide the same information for your most recent employer and include dates of employment)

_____

Have you previously visited the United States on a J-1 Visa? Yes _____ No _____
If yes, give sponsor's name, program number, purpose of visit and exit and entry dates (including month and year):

_____

_____

_____

In the last 12 months, have you visited the United States? Yes _____ No _____

If yes, please complete:

Type of Visa Held: _____

Purpose of Visit: _____

Date of Entry: _____ Expiration Date of I-94 Form: _____

Date you actually exited the United States: _____

EDUCATION (Start with last school attended and list backwards to age 16)

Name of School and Location	Dates of Study Month & Year	Major Field(s) of Study	Degrees or Certificates

Knowledge of English: Fluent _____ Above Average _____ Good _____ Fair ____

PREVIOUS WORK EXPERIENCE (Start with current occupation listed on first page)

Name and Address of Employer	Dates of Work Month & Year	Job Title or Position

HEALTH

Are you medically fit? Yes _____ No _____ If "No," give details on separate sheet.

Do you have a physical handicap? Yes _____ No _____ If "Yes," give details below.

_____

_____

_____

Please list any other biographical information you wish about yourself, such as hobbies or special interests, membership in professional societies, dietary restrictions, travel in other countries, etc:

_____

_____

_____

Please give name, address and telephone number of a relative or other person (cite relationship) who should be contacted in the event of an emergency.

_____

_____

_____

HOST COMPANY INFORMATION Please attach your photo:

_____
Name

_____
Address

_____
Telephone Number (include area code)

_____
Name & Title of Host Company Contact

DEPENDENTS

If your spouse and/or children will accompany you during your stay in the United States, the BACC will provide you with the documents needed to apply for a J-2 Visa for them.

Please provide the following information for your spouse and/or children who will join you in the United States:

Spouse:

Full name as it appears on passport (including wife's maiden name)

_____

Relationship to you:

_____

Date of birth (mm/dd/yy):

_____

City and country of birth:

_____

Country of Citizenship:

_____

Dependent:

Full name as it appears on passport:

_____

Date of birth (mm/dd/yy):

_____

City and country of birth:

_____

Country of Citizenship:

_____

Will these dependents come with you? Yes _____ No _____

Will these dependents join you at a later date? Yes _____ No _____

If your dependents will join you at a later date, you must contact the BACC so that the proper documents can be issued.

IMPORTANT INFORMATION ABOUT INSURANCE

United States Federal Regulations state that all trainees/interns (and accompanying dependents) who enter the United States under the auspices of the BACC must be covered by health and accident insurance for the entire duration of their program.

- If you choose to purchase insurance through the BACC, payment in full is required before the final documentation is issued.

- If the trainee/intern fails to maintain insurance coverage or makes a willful misrepresentation of coverage, the BACC will terminate the sponsorship.

- If the trainee/intern chooses to obtain J-1 Visa status by applying in the United States for a change in visa category, the trainee is not eligible for the group insurance plan offered by the BACC.

- If the trainee/intern terminates training early, insurance coverage will end. Insurance coverage is contingent upon participation in the BACC's program.

All insurance coverage must meet or exceed these coverage limits set by U.S. Federal Regulations:

Medical and accident	$50,000 per illness/accident
	$500 maximum deductible per illness/accident
Medical evacuation	$10,000
Repatriation	$7,500

U.S. regulations require that all insurance policies secured to meet the above coverage requirements must be underwritten by an insurance corporation having one or more of the following ratings:

- A.M. Best rating of "A-" or above;
- Insurance Solvency International, LTF (ISI) rating of "A-" or above;
- Standard & Poor's Claim-paying Ability rating of "A-" of above;
- Weiss Research, Inc. rating of "B+" or above;
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Be covered by one of the following: health benefits program offered on a group basis to employees; a federally qualified health maintenance organization; or an eligible competitive medical plan as determined by the Health Care Finance Administration.

IMPORTANT INFORMATION ABOUT THE BACC SPONSORSHIP OF YOUR TRAINING IN THE UNITED STATES

The BACC is a non-profit, international education exchange organization authorized by the United States Department of State to sponsor program participants under the Exchange Visitor (or type "J") Visa. This authorization allows a trainee a maximum of 18 months and interns a maximum of 12 months in the United States for practical training/ internship.

Individuals with a J-1 Visa have only 30 days beyond the training/internship program termination date to remain in the United States. You and your dependents will then be expected to exit the United States. However, the BACC can withdraw sponsorship if any of the conditions of your training/internship are changed without the BACC's written permission in advance. If sponsorship is withdrawn, you must return your DS-2019 and exit the country immediately.

The BACC is your legal sponsor throughout the duration of your program. Your training entity is not your sponsor. It is imperative that you discuss any intended changes in your training program with the BACC. All communication must come directly from you and not via any third party.

Please read the following statement carefully before signing below:

(1) I understand that the time allowed for practical training employment is limited to a maximum of 18 months and to a maximum of 12 months for practical internship.

(2) It is not my intention to abandon my permanent residence in another country.

(3) I understand that the BACC is my legal sponsor, and I agree to consult directly with the BACC before attempting to change any aspect of my status.

(4) I certify that I will follow any instructions from the BACC before and during my stay in the United States, and I will comply with applicable laws, regulations, and/or instructions of appropriate government agencies in the United States.

(5) I understand that I may be subject to a two-year home-country residence requirement if my course of training is contained in the State Department's list of needed knowledge or skills in my home country.

(6) I certify that the information given in this form is complete and accurate.

Signature	*Printed Name*
City of Completion	*Country of Completion*
Date of Completion	