





## IPA INTERNATIONAL YOUTH HOLIDAY PROGRAMME

### APPLICATION FORM – HOST FAMILY

3 – HOSTING FAMILY INFORMATION				
1	From Section/Country <b>SPAIN</b>			
2	Family Name <b>PEREZ</b>	First Name <b>Francisco Miguel</b>		
3	Age <b>42 Years Old</b>	4	Age of Children (if applicable) <b>15yo and 13yo</b>	
5	Full Address <b>AVENIDA MUGARTEA 21BIS 3D C.P. 31592 MUTILVA (PAMPLONA- NAVARRA – SPAIN)</b>			
6	Tel: (Home) <b>(+34)679336594</b>	(Work)	(E-mail) <b>franperezp@hotmail.com</b>	
7	Our Language Is <b>Spanish</b>			
8	Other Language Spoken: French <input checked="" type="checkbox"/>	English <input checked="" type="checkbox"/>	German <input type="checkbox"/>	Spanish <input type="checkbox"/>
9	Other Language Spoken: Other <input type="checkbox"/>			
9	Our Home is Located In: Large City <input type="checkbox"/>	Town <input checked="" type="checkbox"/>	Village <input type="checkbox"/>	In the countryside <input type="checkbox"/>
10	We Live In a: Flat/Apartment <input checked="" type="checkbox"/>	House <input type="checkbox"/>		
11	We Have: Animals <input type="checkbox"/>	No Animals <input checked="" type="checkbox"/>		
	Type of Animal(s)			
12	Photo of Hosting Family Attached <input checked="" type="checkbox"/>			
13	Other Information About Hosting Family (in English) <b>We are a close-knit family with two daughters who will soon be 15 and 13 years old. We are polite and responsible in every way. We live in a new residential area near the city of Pamplona, and we plan to travel around Spain to make the visit as interesting and enriching as possible. We warmly welcome the opportunity to host a student, regardless of her country of origin. It would be a joy to share our culture, traditions, and daily life with a young girl from anywhere in the world. Our family is eager to offer her a safe and caring environment, help her discover all that our country has to offer, and ensure she has her own space: she will have a private bedroom, so she can enjoy her privacy and feel comfortable at all times. At home, we speak Spanish and English, and a little bit of French.</b>			
14	Smokers <input type="checkbox"/>	Non-Smokers <input checked="" type="checkbox"/>		
15	Signature of IPA Membership Card Holder		16	Date: <b>October 19, 2025</b>
4 – REQUIREMENTS				
1	Desire to Host a Young Person From: (Country) <b>ALL</b>			
2	Boy <input type="checkbox"/>	Girl <input checked="" type="checkbox"/>	3	Age <b>12-16</b>
4	Most Suitable Time for Hosting: (Month) <b>JULY/ AUGUST</b>			
5	Other Information About the Request (in English) <b>Since it will be during the holiday season, we'll have the opportunity to travel around different regions of Spain and visit places the student would like to discover. We'd be happy to tailor our trips to her interests to make the experience even more enriching and personal.</b>			
FOR OFFICIAL USE				
MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:				
1. International Youth Holiday Programme Co-Ordinator, Antonio Alvarado Solé <a href="mailto:intercambiosjuveniles@ipaespana.org">intercambiosjuveniles@ipaespana.org</a>				
2. The requested National Section, Secretary General (where appropriate).				
I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistance				
Signed	José Miguel Prieto de la Fuente	Position	Secretario General IPA España	
Section	ESPAÑOLA	Dated	23 October 2025	



## IPA INTERNATIONAL YOUTH HOLIDAY PROGRAMME

### APPLICATION FORM – YOUTH APPLICANT

1 – INFORMATION ABOUT YOUTH				
1	From Section/Country <b>SPAIN</b>			
2	Family Name <b>Almagro</b>	3	First Name <b>Helena</b>	
4	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	5	Date of Birth <b>March 30, 2011</b>	
6	Full Address <b>AVENIDA MUGARTEA 21BIS 3D C.P. 31592 MUTILVA (NAVARRA – SPAIN)</b>			
7	Tel: (Home) <b>(+34) 679336594</b>		(E-Mail) <b>franperezp@hotmail.com</b>	
8	Mother's Name: <b>Raquel</b> Father's Name: <b>Francisco M.</b>			
9	IPA Membership No. <b>E-38885</b>			
10	Copy of IPA membership card both sides: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, state reason _____			
11	Our family size is: <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input checked="" type="checkbox"/> Sister .			
12	My Language is: <b>Spanish</b>			
13	Other Languages: French <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>			
14	Photo of Applicant Attached <input checked="" type="checkbox"/>	15	Smoker <input type="checkbox"/>	Non-Smoker <input checked="" type="checkbox"/>
16	Hobbies: <b>I'm a cheerful and active person who enjoys spending time with friends and exploring new experiences. I like reading, listening to music, going out with my friends, shopping, traveling, and doing CrossFit.</b>			
17	Other information about the applicant (in English) <b>I'm a friendly and curious 15-year-old girl who loves meeting new people and learning about different cultures. I'm excited about the idea of living in another country, improving my English, and experiencing everyday life in a new place. I'm easygoing, open to new things, and I adapt quickly. I think this exchange will be a great adventure and a chance to grow, learn, and make amazing memories.</b>			
18	Signature of IPA membership cardholder	19	Date: <b>October 18, 2025</b>	
2 – REQUIREMENTS OF YOUTH				
1	To Visit (Country): <b>Germany</b>			
2	Duration of Visit: 1 Week <input type="checkbox"/> 2 Weeks <input checked="" type="checkbox"/> 3 Weeks <input checked="" type="checkbox"/> 4 Weeks <input checked="" type="checkbox"/>			
3	Period during which visit is required (indicate month): <b>July or August</b>			
4	If possible, I would like to stay in: Large City <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> Countryside <input checked="" type="checkbox"/>			
5	If possible: A family with animals <input type="checkbox"/> A family without animals <input type="checkbox"/>			
6	Do you have any Special Medical Conditions? <b>NO</b>			
7	Other information about the request or the applicant (English)			
FOR OFFICIAL USE				

**MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:**

1. International Youth Holiday Programme Co-Ordinator, Antonio Alvarado Solé  
[intercambiosjuveniles@ipaespana.org](mailto:intercambiosjuveniles@ipaespana.org)
2. The requested National Section, Secretary General (where appropriate).

I certify that the Youth Applicant is the child of an IPA member. Please communicate direct with the Applicant in the event of a placement. I have acknowledged receipt of this Application Form. Thank you for your assistance

Signed      José Miguel Prieto de la Fuente      Position      Secretario General IPA España  
Section      ESPAÑOLA      Dated    23 October 2025