



Dear Applicant,

Thank you for applying for a professional training program in Israel. In order for us to consider your application, please make sure that all the required information has been provided in detail.

Only candidates who are accepted will be notified by the Israeli representative.
Thank you for your cooperation.

AICAT- Arava Int. Center for Agricultural Training
Terms and Conditions Internship Program

**Passport
Photo**

1. Personal Data

Surname _____ Given Names _____
Country _____ Citizenship _____
Religion _____ Passport No. _____

Date of Birth _____ Gender: Male / Female

Home address _____

2. General

Financial arrangements:

Flight ticket will be paid by _____

Study Tuition and accommodation will be covered by _____

Telephone (country code _____) (area code _____) Number _____

Cell phone (country code _____) (area code _____) Number _____

Fax _____ e-mail _____



Goals of AICAT

AICAT's goal is to impart professional, theoretical and practical knowhow and skills in advanced agricultural studies, based on "**Learning by Doing**".

The program takes place in the Arava region, in the south of Israel, in the desert.

Agriculture in the Arava is the spearhead of modern and sophisticated agriculture in Israel, using modern high technologies in the most inhospitable conditions of the desert.

We invite students from diverse countries, multitude of nationalities, cultures, religions or beliefs.

By doing so we truly practice "**AGRICULTURE WITHOUT BORDERS**".

Terms and Conditions of the program:

1. The program's duration is maximum 11 months, during the agricultural season in the Arava, from August to June.

2. All the students **must leave** Israel at the end of the program.

3. About the program:

3.1 AICAT will allocate the students to well- founded, modern farms in the communities in the Arava, and monitor their integration during the program.

3.2 The students will do their practicum in the farms under the supervision of the farmers who will be their mentors.

3.3 One to two days per week will be dedicated to frontal studies at AICAT's college under qualified teachers, lecturers and instructors.

3.4 The main topics of the studies will be: agriculture; farm management; food safety & security.

3.5 Each student will have to conduct a monitored research and present it at the end of the program.

3.6 The farmers will enable the students to conduct the research on the farm; using equipment and materials of the farm for that purpose.

3.7 AICAT will conduct at least 3 trips in Israel, thus enabling the students to learn more about the country and the people.

- 1 day trip to Jerusalem
- 2 days trip to the North of Israel
- 1 day trip to the Dead Sea

4. Students' wages:

- 4.1. The farmers will pay the students a salary according to the Israeli law.
- 4.2. From the wages **the farmers will deduct the following:**
 - 10% income tax.
 - 530 NIS. Per month for accommodation, inc. electricity, water & gas
 - 270 NIS. Per month for tuition and instruction and for benefitting the students from their knowledge, experience, & enabling them to use farm materials for their research.

5. Tuition fee & flight tickets

- 5.1 Tuition fee is 10,500 NIS **Including vat.**
- 5.2 Fee will be paid in 5 monthly installments starting from September to January.
- 5.3 Return flight tickets will be paid by the students in two installments in February and March. (According to price at that time).
- 5.4 AICAT agrees that tuition fee & return flight tickets will not be paid in advance, but will be given to the students as a loan, to be paid by the students in installments, as specified above, and will be returned by deduction by the farmers from the students' wages.

6. Health insurance:

- 6.1 During their stay in Israel the students will enjoy health insurance covering clinic appointments, medicines and hospitalization, excluding teeth treatment.
- 6.2 All students must be in good health upon arrival in Israel, and must provide a medical certificate of their health condition, issued by a recognized hospital or medical institute.

7. Students' obligation:

- 7.1 Attending **all** classes, all tours and **all** activities is obligatory!!
- 7.2 Student who will miss 2 times will be called for a hearing. Unjustified absence might result in sending the student home.
- 7.3 Students' stay in Israel is limited for agricultural education in the Arava. Any other occupation, without any limitation, including during vacations, is absolutely forbidden. Anyone who will violate this rule will be expelled & sent home immediately.
- 7.4 Noncompliance with program's rules, including any kind of violence, gambling, being drunk, use of drugs- the student will be expelled from the program.
- 7.5 In such events the student will pay AICAT the balance of tuition fee & return flight ticket & will exit Israel immediately.

7.6 A student who will choose to end his training and go back home, without a justified cause – will still pay the full tuition fee and the flight back home.

By signing this document I declare that I understand & accept all the terms and conditions specified above.

My signature constitutes an irrevocable unconditional instruction to the farmer, with whom I will be positioned, to deduct the amounts due to AICAT specified above.

Name_____

Passport no._____

Date _____

Witness_____

Declaration of State of Health

This form is designed for men and women alike.
Please fill out this form accurately and completely.



First name: Last name:

Passport no. Date of birth:

Please answer the following questions by marking the appropriate box.

| A Health Statement | yes | no |
|--|-----|----|
| Have you been referred during the last two years for medical and/or diagnostic tests that have not yet been completed and regarding which no final diagnosis has been made , involving any of the following procedures: catheterization, scanning, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal monitoring), biopsy, occult blood, colonoscopy, gastroscopy, blood tests, urine tests? | | |
| Have you been diagnosed with a disease, condition, or disorder associated with one or more of the following: | | |
| Nervous system (neurology) and brain: nervous system, CVA (cerebrovascular accident), multiple sclerosis, muscular dystrophy | | |
| Renal failure | | |
| Respiratory system: COPD (chronic obstructive pulmonary disease), cystic fibrosis | | |
| Malignant disease or tumor (cancer) | | |
| Disease of the immune system: Lupus | | |
| Heart disease | | |
| Sexually-transmitted disease (including AIDS and/or HIV carrier) | | |
| Infectious diseases: | | |
| Tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Hepatitis B virus <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Hepatitis C virus <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Have you been diagnosed as suffering a mental disease | | |
| For women only - Are you pregnant | | |
| Signature of Applicant: Date: | | |

| B Declaration of the Insurance Applicant |
|---|
| <p>1. The information included in this document is essential in order to insure you under the policies and for all other matters related to policies and their handling. The Company and other companies in the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf will use it, including processing, storing, and using it for any matter related to the policies and other legitimate purposes, including the provision of the information to third parties acting on behalf of and in the name of the Harel Group.</p> <p>2. I/we hereby declare that all the answers are correct and full and have been provided of my/our own free will.</p> <p>3. The answers specified in the Health Declaration and any other information provided to the company, as well as the accepted terms of the company regarding this matter shall serve as fundamental terms of the insurance contract between you and the company and shall constitute an integral part therefore.</p> <p>4. The company is permitted to decide whether to accept or deny your application. For your information, the insurance contract will become effective only after the company issues written confirmation of acceptance of all the applicants for insurance.</p> <p>5. Waiver of medical confidentiality: I, the undersigned, hereby give permission to the HMO (kupat holim) and/or its medical institutions and/or the all other physicians and psychiatrists, medical institutions and hospitals, and/or any other insurance company and/or any institution and other party, insofar as necessary in order to examine the rights and obligations according to the policy and/or for the purpose of the procedure of examining of my acceptance for the insurance requested, to provide Harel with all the information and details held by the company, without exception, in the form requested by the Requester/s, regarding my health condition, including any disease that I suffered from in the past and/or that I suffer now and/or that I will suffer in the future, and I relieve you from the duty of maintaining medical confidentiality and waive confidentiality in favor of the "Requester". This waiver is binding of my/our estate and my legal representatives and anyone substituting for me.</p> |
| Signature of Applicant: Date: |