

SWAP PROFESSIONAL CAREER TRAINING USA PROFILE FORM



INSTRUCTIONS

Print and complete the SWAP USA profile form in full, accepting the Terms and Conditions, not forgetting to sign and date the form.

Submit your **profile and a copy of your resume** to SWAP by email to internships@swap.ca

SWAP will review your profile form and will respond within *2 business days* with:

- SWAP PCT USA Welcome Pack, which will include your full visa application and instructions on how to complete the form, provide proof of academic status and the supplementary documents required
- Sponsor Welcome notice with the link for your traineeship supervisor to begin completing the electronic DS-7002 Training Plan

Once you have completed your visa documents and your Host Organization supervisor has completed the DS-7002 Training Plan, and your application is submitted to the US Visa Sponsor, application processing will take a minimum of **4 weeks**. *Expedited processing is not available.*

If you have any questions or inquiries about the SWAP PCT USA Profile Form please contact [**internships@swap.ca**](mailto:internships@swap.ca)



PERSONAL DETAILS

LAST NAME

FIRST NAME

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY OF CITIZENSHIP

COUNTRY OF LEGAL PERMANENT RESIDENCE

PASSPORT EXPIRATION DATE (MM/DD/YYYY)

CONTACT INFORMATION

EMAIL

CURRENT ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

PHONE NUMBER

If your permanent address is the same as your current address, leave the below section blank.

PERMANENT ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

DEPARTURE AND RETURN DATES

DATE OF **DEPARTURE** TO THE US (MM/DD/YYYY)

TRAINEESHIP **START** DATE (MM/DD/YYYY)

TRAINEESHIP **END** DATE (MM/DD/YYYY)

DATE OF **RETURN** TO CANADA (MM/DD/YYYY)

ACADEMIC STATUS

Please check the statement that applies to you:

- I graduated from a degree granting post-secondary academic institution outside of the US and have 12 or more months of full-time work experience in my field.
- I do NOT have a degree, but I have at least **5 years** of full-time work experience in my field.

Complete the following section **only** if you selected the **first statement** in the above question.

NAME OF ACADEMIC INSTITUTION

TYPE OF DEGREE

FIELD OF STUDY

DATE OF ENROLLMENT

DATE OF GRADUATION

HOST ORGANIZATION INFORMATION

NAME OF YOUR HOST ORGANIZATION

US ADDRESS

CITY

STATE

SUPERVISOR NAME

SUPERVISOR'S TITLE

EMAIL

PHONE NUMBER

YOUR JOB TITLE

HOW DID YOU FIND THE ROLE? (ONLINE, SCHOOL, PEERS ETC)

Please check the statements below and ensure they apply to you:

- My traineeship is in the same field as my academic degree program
- My traineeship is at least **32 hours** per week
- My traineeship's host organization has an **Employer Identification Number**
- My traineeship's host organization has **Workers Compensation Insurance**
- The host organization will be covering me under its Workers Compensation Insurance

Please provide a description of your traineeship (what is your role? What skills will you learn? How does this directly relate to your professional field?)

PROGRAM CONDITIONS



PCT USA TERMS AND CONDITIONS

I, being the person applying for SWAP Working Holidays' PCT USA program, hereby agree that my application to, and participation in, a SWAP program as operated by SWAP, shall be governed by the following Terms and Conditions:

1. I agree that I have a Canadian passport that is, and will continue to be, valid for the length of time of SWAP PCT USA program.
2. I meet all of the eligibility requirements and conditions for the PCT USA program.
3. I am required to submit all requested profile and application documentation in a timely manner, as advised by SWAP. I understand that once applications are submitted to the US visa sponsor for processing, delays can occur. SWAP will not be held responsible, financially or otherwise, for any problems caused by delays that are out of SWAP's control.
4. SWAP has no control over the decision of the US visa sponsor to issue a DS-2019 visa enabling document,
5. SWAP reserves the right to deny participation on any program at SWAP's discretion.
6. SWAP reserves the right to alter or terminate a program at any time. Affected participants are entitled to an immediate refund of some or all monies paid for services not rendered.
7. I agree that if I have any dependants, have been denied a visa previously, have been convicted of a crime, have a criminal record, or have any charges pending, I will divulge all of this information to SWAP prior to application, I understand that this may make me ineligible to participate on a SWAP program.
8. Information related to the application to a SWAP program is privileged and will not be divulged to third-parties, including but not limited to, family members and friends,
9. I agree that SWAP is not responsible for my health and safety before, during and after the program. Furthermore, SWAP is not responsible for any outstanding financial obligations such as, but not limited to, telephone bills, loans, or rent accrued during my time as a SWAP program participant,
10. I will be responsible for all travel. All travels before, during and after my SWAP program will be at my own risk and expense.
11. I agree to abide by the Program Conditions as set by the US visa sponsor.
12. I agree to abide by all general and local laws of the United States of America while I am participating on a SWAP program . Unlawful behaviour may result in expulsion from the SWAP program with no refunds given.
13. SWAP will not be held responsible for any damages, injuries or loss incurred to myself or to other parties by my actions, howsoever or when caused, while participating on a SWAP program,
14. I accept that SWAP is not responsible for delays or failure to provide programs due to causes beyond its control.

CANCELLATION AND REFUND POLICY

Once the program fees have been paid, there will be penalties for cancellation. If the participant wishes to cancel on the program prior to a DS-2019 being issued, the program fee will be refunded minus a \$200 administrative fee (plus an additional \$400 if a site visit has already occurred). If the participant wishes to cancel on the program once a DS-2019 has been issued, there will be no refund offered.

PARTICIPANT DECLARATION

I agree to act ethically and lawfully at all times while I am a participant on the SWAP PCT USA program. I know of no reason why I may be refused a work authorization or entry into the United States of America. I declare that the statements on my application are true and that any false declaration on my part may result in forfeiture of my place on SWAP programs with no entitlement to any refund of program price or any consequent expenditure. I have read and understood the aforementioned Program Conditions and Cancellation and Refund Policy and I agree to be bound by them.

NAME

DATE (MM/DD/YYYY)

PARTICIPANT SIGNATURE