



## **1. Project Visit Policy**

### ***Section 1a: Protocol***

All required forms must be filled out, signed, and submitted at least eight weeks in advance of the dates you plan on being in Israel. Please note that due to holidays and summer vacation, some projects are not available on specific dates. The CHW Israel Project Visit Request Form must be submitted before CHW can process the request.

All requests for project visits must be submitted to the National Office. Once you have filled out all the required forms, please return them to the National Office by email at: [info@chw.ca](mailto:info@chw.ca) or by mail:

CHW National Office, 638A Sheppard Ave W Suite 209 Toronto, ON M3H 2S1 | 416-477-5964

Upon receipt, a staff member at the CHW National Office will forward your request to the CHW Israel Office. You will be contacted within one work week to confirm that your application has been received.

The CHW Director, Israel Office works with CHW projects to try to accommodate your project visit request. Upon confirmation of your project visit, you will receive the following documents:

- Project Visit Confirmation Form, which includes the dates and location of your project visit, arrival instructions and other relevant information
- A document providing details to and from your chosen CHW project, including driving instructions, and public transportation instructions, where applicable

Upon completion of your CHW project visit, you will receive a special Project Visit Certificate.

Upon returning from the project visit, CHW Centre leadership should follow up with the visitor.

### ***Section 1b: Accommodation and Transportation***

CHW does not provide accommodation or transportation to and from the project but will be happy to provide suggested routes via public transportation to and from the CHW Project.

**Section 1c: Israel Project Visit Request Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CHW Centre (if applicable): \_\_\_\_\_

Please indicate which project(s) you would like to visit:

**Education:**

CHW Neri Bloomfield Academy of Design

CHW Netanya Technological High School

Jerusalem Multidisciplinary College

**Healthcare:**

Shamir Medical Center (Assaf Harofeh)

Hadassah Hospital – Ein Kerem

Hadassah Hospital – Mount Scopus (Gandel Rehabilitation)

**Social Services:**

WIZO Services for Domestic Violence Victims

CHW Nahalal Youth Village

CHW Hadassim Children and Youth Village

Michal Sela Forum

Her Academy

Your contact information while in Israel:

When will you be in Israel? From \_\_\_\_\_ To \_\_\_\_\_

(dd/mm/yyyy)

(dd/mm/yyyy)

Dates you are available to visit: From \_\_\_\_\_ To \_\_\_\_\_

(dd/mm/yyyy)

(dd/mm/yyyy)

Address: \_\_\_\_\_

Hotel (if applicable): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Israel Phone: \_\_\_\_\_

Email (if different from above): \_\_\_\_\_

Number of people accompanying you on the visit: \_\_\_\_\_

Do you need help with public transportation: YES NO