PENRITH INTERNATIONAL FRIENDSHIP COMMITTEE AND PENRITH CITY COUNCIL

Student Exchange Ambassador Application Form 2020

STUDENT'S DETAILS

| First Name: | | Surname: | | |
|--|--------------|------------------------|----------|------------------|
| Address: | | | | |
| | | F | ostco | de: |
| Phone: | | Mobile: | | |
| Fax: | | Date of Birth: | | Age: |
| Email: | | | | · |
| (Please ensure that this email address is checked regularly) | | | | |
| School: | | | Year: | |
| | | | | |
| FAMILY DETAILS | | | | |
| Guardian 1 | | | | |
| Father/ Guardian's Name | : | | | |
| Father/ Guardian's Addre | ess: | | | |
| Father/ Guardian's Occup | pation: | | | |
| Contact Phone No: | | | | |
| Email Address: | | | | |
| Guardian 2 | | | | |
| Mother/ Guardian's Name | e : | | | |
| Mother/ Guardian's Addre | ess: | | | |
| Mother/ Guardian's Occu | pation: | | | |
| Contact Phone No: | | | | |
| Email Address: | | | | |
| Details of people who res | side with th | ne applicant at the ap | plicant' | s above address: |
| Name | Age | Relationship to App | licant | Occupation |
| | | | | |
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| Is there any other person we student to travel overseas? | | ay be required to authorise | the |
|--|--|--|-------|
| | Yes | No | |
| If yes, and your application required. | ı is successful, t | heir signature will also be | |
| Do you have any pets? If y | es please specif | V. | |
| , , , | <u> </u> | | |
| APPLICANTS WITH SPECIA | N NEEDS | | |
| | s which the Com | mittee should be aware of to |) |
| If yes, please specify heari | ng Vision I mol | bility learning psychological/m | ental |
| medical (eg Asperger's; Diabetes; | etc) allergies, ple | ease list | |
| Other, please specify | | | |
| Please note if medical condimpact your participation in | ociety/host family ditions arise befor the program yo cer, who will see | y can meet your requirement ore travel/ hosting that could ou will be required to inform ok you permission to share the | |
| | | | |
| SPORT AND RECREATION | AL INTERESTS | | |
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| DETAILS OF PREVIOUS ON AND LENGTH OF VISIT) | /ERSEAS TRAVE | EL (INCLUDE DESTINATION AND \ | YEAR |
| | | | |
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| | V DID YOU HEAR ABOUT THE STUDENT GRAM? | EXCHANGE AMBASSADOR |
|--------|---|---------------------------|
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| | | |
| | HERE ANY REASON YOUR FAMILY IS UI DENT FOR THREE WEEKS? | NABLE TO HOST A FUJIEDA |
| | Yes | No |
| If yes | s, please detail: | |
| | | |
| | | |
| | | |
| REFE | EREES | |
| Pleas | se list referees and attach reports and a | reference as follows: |
| • | Name of three (3) people who know you school year supervisor/university lecture | |
| 1. | | |
| 2. | | |
| 3. | | |
| • | Photocopies of your last two school repo SCHOOL REPORTS. | rts. DO NOT SEND ORIGINAL |
| • | Reference and/or telephone contact num currently teaching you or taught you duri | |
| | | |
| TELL | LUS WHY YOU ARE APPLYING FOR THI | S PROGRAM |
| | t are your reasons for applying for this amb n space as you like in answering this quest | |
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IMPORTANT INFORMATION

Please read the following criteria when applying to be a member of the Penrith 2020 Student Exchange Ambassador delegation for a three week visit to Fujieda City, Shizuoka, Japan, during September/October 2020:

- Student members of the delegation must be aged 15 to 19 years as at 30 June 2020 and be a full time high school or university student who resides in and/or attends a recognised high school/university in the Penrith Local Government Area.
- All members of the Penrith Student Exchange Ambassador delegation are required to attend meetings prior to their visit to Fujieda to prepare them for the visit and their role as a student exchange ambassador as well as attending the 2021 Student Information Evening.
- All persons over the age of 18 years who are living in the home where a Japanese student is being hosted must complete a volunteer Working With Children Check.
- All members of the Penrith Student Exchange Ambassador delegation and a parent/guardian are required to sign indemnity forms and agree to the conditions set out by the Penrith International Friendship Committee and Penrith City Council.
- In most circumstances the families of the Penrith Student Exchange Ambassador delegation are requested to host a Fujieda student when they visit Penrith in July/August 2020.
- All host families are required to agree to the conditions set out by the Penrith International Friendship Committee and Penrith City Council.
- All members of the Penrith Student Exchange Ambassador delegation and host families are required to be financial members of the Penrith International Friendship Committee.
- All information provided on this application form, including medical information, must be accurate. The Committee reserves the right to request the applicant attend a medical examination (at the Committee's expense). If the applicant refuses the request, then the Committee reserves the right to exclude the applicant from consideration of the Ambassador program on this basis.
- Signing this form gives Penrith International Friendship Committee and Penrith City Council permission to photograph your child for use in future promotional publications and local media.

| SIGNATURE |
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| |
| Signature of Applicant: |
| I have read the completed application form and agree that all information provided is complete and accurate |
| Name of Parent/Guardian (1) |
| Signature of Parent/Guardian (1) Date: |
| Name of Parent/Guardian (2) |
| Signature of Parent/Guardian (2) Date: |

Checklist

| | I have read the IMPORTANT information on the details for the 2020 Student Exchange Ambassador delegation on page 5 of this document. |
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| | Exchange Ambassador delegation on page 3 of this document. |
| | I, and all persons over the age of 18 living in the home hosting a Japanese student agree to apply for a Working With Children Check if my application is successful. |
| | I agree to sign the indemnity form and abide by the conditions set out by the Penrith International Friendship Committee and Penrith City Council. |
| | I agree to attend all appropriate meetings in preparation for my visit to Fujieda, Japan as well as the 2021 Student Information Evening. |
| | I have completed the application form. |
| | I have attached appropriate references or provided contact details for teacher/lecturer. |
| | I have attached two recent passport size photographs. |
| Stepha | I will forward my application to Penrith City Council, PO Box 60, Penrith NSW 2751 erson to Penrith City Council, 601 High Street, Penrith, marked to the attention of anie Loobeek Wood, Partnerships and Marketing Officer, 02 4732 8258, fax 4732 stephanie.wood@penrith.city by 4pm Thursday 9 April. |