

PENRITH INTERNATIONAL FRIENDSHIP COMMITTEE AND PENRITH CITY COUNCIL

Student Exchange Ambassador Application Form 2019

STUDENT'S DETAILS			
First Name:	Surname:		
Address:			
			Postcode:
Phone:	Mobile:		
Fax:	Date of Birth:	Age:	
Email: <small>(Please ensure that this email address is checked regularly)</small>			
School:			Year:

FAMILY DETAILS			
Guardian 1			
Father/ Guardian's Name:			
Father/ Guardian's Address:			
Father/ Guardian's Occupation:			
Contact Phone No:			
Email Address:			
Guardian 2			
Mother/ Guardian's Name:			
Mother/ Guardian's Address:			
Mother/ Guardian's Occupation:			
Contact Phone No:			
Email Address:			
Details of people who reside with the applicant at the applicant's above address:			
Name	Age	Relationship to Applicant	Occupation

Is there any other person whose consent may be required to authorise the student to travel overseas?

Yes

No

If yes, and your application is successful, their signature will also be required.

Do you have any pets? If yes please specify.

APPLICANTS WITH SPECIAL NEEDS

Do you have special needs which the Committee should be aware of to ensure support will be available overseas?

If yes, please specify hearing vision mobility learning psychological/mental health

medical (eg Asperger's; Diabetes; etc) allergies, please list

Other, please specify

Please attach supporting documentation to ensure that the Fujieda International Friendship Society/host family can meet your requirements

SPORT AND RECREATIONAL INTERESTS

DETAILS OF PREVIOUS OVERSEAS TRAVEL (INCLUDE DESTINATION AND YEAR AND LENGTH OF VISIT)

HOW DID YOU HEAR ABOUT THE STUDENT EXCHANGE AMBASSADOR PROGRAM?

IS THERE ANY REASON YOUR FAMILY IS UNABLE TO HOST A FUJIEDA STUDENT FOR THREE WEEKS?

Yes	No
If yes, please detail:	

REFEREES

Please list referees and attach reports and a reference as follows:

- Name of three (3) people who know you well. One of these must be your school year supervisor/university lecturer. **DO NOT INCLUDE RELATIVES.**

1.

2.

3.

- Photocopies of your last two school reports. **DO NOT SEND ORIGINAL SCHOOL REPORTS.**
- Reference and/or telephone contact number from a teacher/lecturer who is currently teaching you or taught you during 2016/2017.

TELL US WHY YOU ARE APPLYING FOR THIS PROGRAM

What are your reasons for applying for this ambassador program? Please use as much space as you like in answering this question (extra pages may be attached).

IMPORTANT INFORMATION

Please read the following criteria when applying to be a member of the Penrith 2019 Student Exchange Ambassador delegation for a three week visit to Fujieda City, Shizuoka, Japan, during September/October 2019:

- Student members of the delegation must be aged 15 to 19 years as at 30 June 2019 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 2020 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 2019.
- 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
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 2019 Student Exchange Ambassador delegation on page 5 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 2020 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.
- I will forward my application to Penrith City Council, PO Box 60, Penrith NSW 2751 or in person to Penrith City Council, 601 High Street, Penrith, marked to the attention of Stephanie Loobeek Wood, Partnerships and Marketing Officer, 02 4732 8258, fax 4732 7958, stephanie.wood@penrith.city by 4pm Friday 19 April.