northern beaches council

Odawara Student Exchange Application Form

If you need help lodging your form, contact us	
Email	jessica.groves@northernbeaches.nsw.gov.au
Phone	9970 1629
Customer Service Centre	**Manly** Townhall, 1 Belgrave Street Manly NSW 2095
Delivery Address	PO Box 82 Manly NSW 1655

Office use only	
Form ID	0000
TRIM Ref	
Last Updated	7 March 2019
Business Unit	Community Arts & Culture
Application No.	
Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Dates of Exchange
Odawara students arrive **25 July and depart 3 August 2019** Northern Beaches students depart **Sydney 29 September and return 11 October 2019**

Part 1: Selection Criteria

Please tick the appropriate boxes below:				
I am in Year 8 or above as at the date of this application.	Yes	◯	No	◯
I am studying Japanese Language at High School.	Yes	◯	No	◯
I hold a current Australian passport or am eligible to apply for a passport.	Yes	◯	No	◯
I am a resident of the Northern Beaches Local Government Area	Yes	◯	No	◯

Application forms are to be submitted to Japanese Teachers for assessment prior to being forwarded by the teacher to Northern Beaches Council. Applications close **Tuesday 7 May 2019.**

Students will be advised if they have been selected for an interview, to be held on **Saturday 18 May 2019.**

An Interview Panel will select students to participate in the Exchange Program. The Panel's decision is final.

Glue (do not staple)
a recent passport size
COLOUR PHOTO

Part 2: Applicant Details

2.1 STUDENT DETAILS			
School:		**Grade:**	
Name in full: (as shown on passport)			
Age:		**Date of Birth:**	
Address:			
Telephone Home:		**Mobile:**	
Email:			

2.2 PARENT/GUARDIAN DETAILS			
Name:			
Address:			
Telephone Home:		**Mobile:**	
Email:			

2.3 PARENT/GUARDIAN DETAILS			
Name:			
Address:			
Telephone Home:		**Mobile:**	
Email:			

2.4 PLEASE LIST BELOW EVERY PERSON LIVING IN YOUR HOME			
Name	**Relationship**	**Gender (M/F/Other)**	**Age** (excluding parents)

Part 3: Complete the Following

3.1 Please provide details of your Japanese studies:
3.2 Please provide details of your interests and hobbies both in and outside of school; including any sports clubs, community or youth organisations that you may be apart of?
3.3 Please tell us what you hope to gain out of being a Northern Beaches Council Youth Ambassador?
3.4 Why do you think you would make a good Youth Ambassador of the Northern Beaches?

3.5 Every student is expected to participate in a farewell party concert in Odawara and on the Northern Beaches. Would you be prepared to help with a musical performance, skit, comedy performance etc? Please elaborate.

Applicant's signature:		Date:	

Part 4: Parent/Guardian Statement

Parent/Guardians understand and/or agree to the following:
• **Payment of $2,200.00** which covers return airfares, airport transfers, group travel insurance, uniform top, accommodation (home-stay), most meals, activities and sightseeing in Japan, and some activities on the itinerary during the return visit. • Host a male or female student from Odawara in your home from 25 July to 3 August 2019. • In view of changes in law made to the Child Protection Act I/we know of no reason why a member of my/our household would be excluded from providing accommodation for Japanese students in my/our home. • That my/our child's participation in the Student Exchange Program may be terminated at the discretion of the Chaperones and the Northern Beaches Council and sent home from Japan at his/her expense if he/she does not adhere to the adopted rules, standards and instructions. • Ensure my/our child understands the importance of respecting the Japanese culture. • All members of my / our household over 18 years of age will need to complete volunteer working with children's check.

Name and signature of parent(s) or guardian(s):			
Name: (please print)		**Date:**	
Signature:			

Name and signature of parent(s) or guardian(s):			
Name: (please print)		**Date:**	
Signature:			

Name and signature of School Principal or Japanese Language Teacher:			
Name: (please print)		**Date:**	
Signature:			