

YOUTH AMBASSADOR PROGRAM - Matsuura, Japan

Expression of Interest: Chaperone

Please use this form to indicate an expression of interest to participate as a chaperone in the Mackay Regional Council's Matsuura Sister City Youth Ambassador Cultural Exchange Tour to Matsuura during the September school holidays.

To apply applicants must be 18 years or over, have travel experience, have Japanese language skills, have a blue card or be a registered teacher.

Applicants should read the *Mackay Matsuura Youth Ambassador Exchange Information Booklet for Chaperones* prior to completing this form.

Applications to be submitted by email to mackaysistercities@mackay.qld.gov.au no later than midnight Friday 25 January 2019.

Applicant					
Surname:		First name:		Middle name:	
Address:					
Telephone: (H)		(W)		Mobile:	
Email:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of birth:			Place of birth:		
Nationality (Citizenship):					
Do you have a Working with Children Blue Card? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, must obtain prior to the trip)					
Name as it appears on your Blue Card:					
Blue Card Registration Number:			Expiry date:		
Do you have a First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, must obtain prior to the trip)					
If yes, expiry date:					
Passport Details					
<i>To be completed only if you have a current passport with at least six months validity following conclusion of visit. If the current passport expires prior to this date, a renewal will be required.</i>					
Do you hold a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Passport number:			Date of issue:		
Place of issue:			Date of expiry:		
Japanese Language Skills					
Please indicate your level of Japanese Language skills in the following areas:					
Written:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Verbal:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Interpreting:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Applicant's Personal Background					
Place of employment:			Years of service:		
Please indicate why you would like to participate as a chaperone in the Youth Ambassador Program?					

Do you have any experience in similar roles? (please provide details)

Please provide details of relevant living/working/business/holiday experience in overseas countries and/or dealings with people from other countries:

What current and/or past involvement have you had in your local community? (volunteering, club membership, etc)

What other information can you give to enable a better assessment to be made of your potential as a chaperone to the participants in the Mackay Matsuura Sister City Youth Ambassador Program?

Information for the Host Family in Matsuura

What hobbies do you enjoy:

Food likes:

Food dislikes:

Would you prefer to have pets at your homestay in Matsuura? Prefer Pets Prefer No Pets Either

Medical Information

Please provide details about any medical and dietary requirements:

Dietary restrictions:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Allergies:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Asthma:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Blood Pressure:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Diabetes:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Drug Reaction:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Epilepsy:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Heart Problems:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Operations:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Phobias:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Respiratory Problems:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Travel Sickness:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:

Details of any medical treatment in the past year:

Emergency medical contact details:	Name:	Phone:
Family doctor contact:	Name:	Phone:
Medical specialist contact:	Name:	Phone:
	Specialty:	

Referees

Please provide contact details of three referees (who are of no relation) who can attest to your qualities, experience and ability to act as a chaperone for the Mackay Matsuura Sister City Youth Ambassador Program?

Name	Position	Telephone
1.		
2.		
3.		

Declaration of Applicant

I, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with Mackay Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise Mackay Regional Council in writing prior to any such change being implemented.

I understand, that if selected as a chaperone, I am responsible for meeting all the obligations of the Mackay Matsuura Sister City Youth Ambassador Program.

Signature of applicant: _____ Date: _____

Privacy
Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with council's privacy policy.

Please tick to give your agreement:
 Pursuant to Section 33 of the *Information Privacy Act 2009*, I hereby authorise Mackay Regional Council to provide my son/daughter's personal information to the Chaperones, the Matsuura City Council staff working on the program and the Matsuura Home Host Families.