





Medical Information		
<i>Please provide details about any medical and dietary requirements:</i>		
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:
<i>Please provide information about of any prescription medications that would be carried with the student and details about dosage(s) and administration (you will need to provide a medical management/action):</i>		
Details of any medical treatment in the past year:		
Do you authorise chaperones to administer medication as per student's medical management plan? <input type="checkbox"/> Y <input type="checkbox"/> N		
Parent Signature:		
Emergency medical contact details:	Name:	Phone:
Family doctor contact:	Name:	Phone:
Medical Specialist contact:	Name:	Phone:
School Endorsement		
_____ (school name) submits for the consideration of Mackay Regional Council for the Youth Ambassador Cultural Exchange Tour to Matsuura, Japan the application of _____ (student name). The school considers this student to be a worthy ambassador for the school and Mackay Regional Council and supports their application to participate in a Youth Ambassador Cultural Exchange Tour to Japan.		
Name of School Representative:		
Position:	Address:	
Phone:	Email:	
Signature:	Date:	
Report Card – Essential		
Please supply a copy of your latest report card.		

**\*All persons over the age of 18 years living at home require a Working with Children Blue Card to meet reciprocal hosting requirements**

**Applicant's Family**

**Parents or Legal Guardians**

**Father's Details:**

Surname:	First name:	Middle name:
Address:		
Telephone:(H)	(W)	(M)
Email:		
Name as it appears on Blue Card:		
Blue card registration number:	Blue Card expiry date:	

**Mother's Details:**

Surname:	First name:	Middle name:
Address:		
Telephone: (H)	(W)	(M)
Email:		
Name as it appears on Blue Card:		
Blue card registration number:	Blue Card expiry date:	

**Other family members**

**\*All persons over the age of 18 years living at home require a Working with Children Blue Card to meet reciprocal hosting requirements**

Full Name	Gender	Age	Living at Home	Blue Card Registration Number	Expiry
1.	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N		
2.	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N		
3.	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N		
4.	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N		

**Parental Obligation**

*We, the parents of the above named applicant, understand that we will be responsible for meeting all the obligations of the Mackay Matsuura Sister City Youth Ambassador Cultural Exchange as outlined in the Code of Conduct.*

Father's name:	Father's signature:	Date:
Mother's name	Mother's signature:	Date:

**Student Declaration**

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 made.

I have read and agree to abide by the Code of Conduct for the Mackay Matsuura Youth Ambassador Exchange to Matsuura, Japan.

Signature of applicant:	Date:
Signature of parent if student is under 18 years old:	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.