



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.