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29th Asian-Pacific Children's Convention in Fukuoka –Japan 2017

Applicant's Name:
(First Name) (Middle Name) (Surname)

Address: **Suburb:** **Postcode:**

Date of Birth: **Height:** **cm** **Weight:** **kg**

Australian Passport: **Yes** **No** → **is the child eligible for one?** **Yes** **No**

Religion: **(necessary for possible cultural requirements)**

School

School's contact name and phone number:

Parent/s or Guardian:

Name/s:
.....

Contact Numbers: **(home)** **(business)** **(mobile)**

Email address

This email address will be used to acknowledge receipt of the application and notify the child of progress in the selection process – please ensure that it is an email address that is checked regularly (preferably a parental email address) and clearly written in block letters.

Does the child live with both parents? **Yes** **No**

If no, please include other parents' separate contact details including email and phone number

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If no, please confirm that both parents are in agreement to this application **Yes**
(you must provide both parents signatures at the end of this application)

Are you AJSV members? **Yes** **No**

Please specify whether your child has ever:

a. **Stayed away from home without other family members being present.**

No **Yes** → **If so, for how long, where and at what age?**

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b. Travelled overseas within the last five years, with or without family members travelling with them.

No Yes → If so, with whom, when, for how long, and where?

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c. Participated in school or other camps.

No Yes → If so, for how long, where and at what age?

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d. Has your child felt homesick in the past? If so, how did they cope with being away?

No Yes → details

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It is reasonable to expect children to experience some degree of homesickness. This does not preclude eligibility for this trip; rather, prior knowledge enables us to help the child develop ways of coping.

e. Does your child suffer/has suffered from any medical conditions (eg. asthma, migraines, travel sickness, diabetes, allergies, food allergies etc)?

No Yes → details

Date	Medical Condition	Severity	Medication

Parents or guardian's signatures:

Date:

Please feel free to write on an additional sheet if there is insufficient space on the form

Please legibly HAND WRITE all responses to the questions on this application. All responses must be completed by the applicant. Response should be scanned when being submitted (original not required)

Please limit your total response to no more than four (4) pages (single side only)

- 1. Introduce yourself - tell us about your family, hobbies and interests and anything else you would like us to know about you.**
- 2. Tell us what foods you like and dislike.**
- 3. Why do you want to become a Junior Ambassador? Why do you think you would be a good Junior Ambassador?**
- 4. How would you describe Australia to other children?**
- 5. When you meet someone from another country, what things about them do you want to know? How do you make friends with them?**
- 6. What do you think Japan is like and what would you like to do while you are there?**
- 7. What do you think are the differences between an Australian family and a Japanese family? What do you think you will do if you can't communicate with your host family?**
- 8. What problems or challenges (other than language) might you expect to encounter staying with a host family – how might you deal with them?**
- 9. How do you deal with spare time when there is nothing to do? What sort of things do you do?**
- 10. If you are selected, who would you share your experiences with when you return home from Japan?**

Please include your signature at the end of your application.