

## Application Form for the Participating Youth of The Next Generation Global Leaders Program 2016 “The Ship for World Youth Leaders”

Please write clearly in ENGLISH (block letters, print or type) and make 1 copy

<b>Name</b> <small>(Write exactly the same as shown in your passport)</small>	Family name	First name	Middle name
<b>Nationality</b>			<b>Photograph</b> 4.5 cm x 3.5 cm  - Must be upper half of your body - Do not wear a hat - Must be taken within the past six months
<b>Position for application</b>	a. National Delegation Leader b. Participating Youth		
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Spouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date of birth (YYYY/MM/DD)</b>		Age: <small>(as of April 1, 2016)</small>	
<b>Current address</b>			
	Cell Phone: Country Code(            )		
	Phone:	FAX:	
	E-mail:		
<b>Nearest international airport</b>			
<b>Emergency contact</b>	Name (Relationship):		
	Address:		
	Cell Phone: Country Code(            )		
	Phone:	Fax:	
<b>Occupation</b>	1. Teacher		
	2. Government Official		
	3. Employee (private company)		
	4. Employee (NGO/NPO)		
	5. Self-employed - specify:		
	6. Student		
	7. Others - specify:		
<b>Name of workplace/school and position/title</b>			
<b>Address of the workplace/school</b>			
	Phone:	Fax:	
	E-mail:		

Highest qualification attained		Major/field:
Experience in youth activities		
Experience in international exchange programs (Name of the visited/hosting countries, activity details)		
Mother tongue and other languages	Mother tongue:	Other languages:
Religion (denomination)	( )	
Restricted food, drink, allergy etc.	Religious reason:	
	Allergy/other:	
Medical history/prescription drugs	Medical history:	Prescription drugs:
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Experience in SWY or GLDP program	<input type="checkbox"/> Yes (      year) <input type="checkbox"/> No	
Ability of English	Hearing	<input type="checkbox"/> N.A <input type="checkbox"/> Daily Conversation <input type="checkbox"/> Discussion
	Speaking	<input type="checkbox"/> N.A <input type="checkbox"/> Daily Conversation <input type="checkbox"/> Discussion
Ability of Japanese	Hearing	<input type="checkbox"/> N.A <input type="checkbox"/> Daily Conversation <input type="checkbox"/> Discussion
	Speaking	<input type="checkbox"/> N.A <input type="checkbox"/> Daily Conversation <input type="checkbox"/> Discussion
Special abilities		
Interests about Japan		
Previous experience in Japan		

The information that you provided will be used for the selection and determination of the invitees.

As for the selected invitees, necessary information may be used for 1) the execution of the program and 2) the establishment and maintenance of the network of ex-participants. Further, your information may be provided to other invitees and those who are involved in the program for the purpose of 1), and to organizations for post-program activities (i.e. International Youth Exchange Organization of Japan (IYEO) and SWYAA) to execute the purpose of 2).

All data is securely held in accordance with 'Act for Protection of Personal Data Held by Administrative Organs'.