**別紙１　Attachment1**

**Application Form for the Participating Youth and National leader of Ship for World Youth Program 2020 <FY2019>**

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

**<Important>**

the rules and regulations of the shipping company do not allow pregnant passenger/s to board the ship:

therefore, those who are pregnant may not participate in this program.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Write exactly the same as shown in your passport)  | First name   | Middle name   | Family name   |
| Nationality  |  | Photograph 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
 |
| Position for application  | 1. National Leader

(Experience of SWY(if any) / ) 1. Participating Youth
 |
| Gender  |  Male/ Female  |
| Spouse  |  Yes / No  |
| Date of birth  |  **/ /**(DD /MM/YYYY) |
| Current address  | Address  |
| Cell Phone: Country Code ( )  |
| Phone:  |
| E-mail: \*Please write your E-mail address **clearly** |
| Nearest international airport  | Nearest international airport from your current address in your countrye.g.: Narita-Airport\***Please attach your 1 passport copy.** \*The Cabinet Office shall arrange the flight tickets via travel agency |
| Emergency contact  | Name: (Relationship): Address:   |
| Cell Phone: Country Code( )  |
| Phone:  |
| E-mail: \*Please write the E-mail address **clearly** |
| Occupation   | 1. Government Official
2. Employee (private company)
3. Student
4. Other ( )
 |
| Name of workplace/school and position/title  |  |
| Address of the workplace/school   |  |
| Phone:  |
| E-mail:  |
| Highest qualification attained  |   | Major/field:   |
| Experience in youth activities/ Coaching record |   |
| Experience in international exchange programs (Name of the visited/hosting countries, activity details)  |   |
| Mother tongue and other languages  | Mother tongue:   | Other languages:   |
| Religion (denomination)  |  |
|  Food Restrictions and Allergy | I consume (☐**Halal food /** ☐ **Vegetarian food**)OR☐ I **don’t have** any food restrictions.　 |
| I have food allergy. (☐**Yes** /☐**No**)If yes, please discribe which items.( ) |
| Health Issues | Case history:Prescription (drugs, injection, etc.):Allergy to medicine: Smoking (☐**Yes** / ☐**No**) |
| Your statement of present health | * Excellent
* Good
* Fair/Poor(Explain)

( ) |
| Do you have personal assistance in daily life? | * Yes (since when?)

( )* occasionally
* No
 |
| Are you able to walk by yourself? | * Yes(how far?)

( )* No
 |
| Do you need support in several occasions? e.g.: to eat, to take a shower etc. | * Yes(Explain)

( )* No
 |
| English level | Hearing: □None □Daily conversation □Discussion/Business |
| Speaking: □None □Daily conversation □Discussion/Business |
| Special abilities |  |
| Interests about Japan  |  |
| Previous experience in Japan  |  |

The information that you provide 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 the Act for Protection of Personal Data Held by Administrative Organs.