**Reference 1**

**Application Form for the Participating Youth and National Leader of Ship for World Youth Program FY2023**

Please type directly in this form and do not handwrite.

1. Online exchange schedule:

Online exchange group is divided into the following 2 groups

Please refer to the following schedule of online exchange part within the entire program.

(Please note that the online exchange will be held in Japan time)

|  |  |
| --- | --- |
| Time & Date | Group |
| November 4, 11 and 25, 2023 (Saturdays)Total of 3 days 5:00-8:00 p.m. (JST)  | Group Western Hemisphere(Ethiopia, France, India, Ireland, Jordan, Kenya, Turkey, U.A.E., Zambia and Japan ) |
| November 5, 12 and 26, 2023 (Sundays)Total of 3 days 8:00-11:00 a.m. (JST) | Group Eastern Hemisphere(Argentina, Mexico, New Zealand, Solomon Islands, and Japan) |

1. Personal Information (Please fill in with the information exactly the same as shown in your passport or ID)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | First name  | Middle name  | Family name  |
| Nationality |  | Photograph data * Must be upper half of your body
* Do not wear a hat
* Must be taken within the past six months
 |
| Position for application |  |
| Sex | □Male 　□FemalePlease choose sex as indicated on your passport. |
| Date of birth |  **/　　 /**(DD /MM/YYYY) |
| Religion |  |
| Current address **\*Please type All clearly** | Address   |
| Cell Phone: Country Code ( ) |
| Phone:  |
| E-mail:  |
| Nearest international airport  | Nearest international airport from your current address in your countrye.g. Heathrow Airport\***Please attach a copy of your passport.** \*The Cabinet Office shall arrange the flight tickets via travel agency |
| Emergency contact \*Please write All clearly | Name: (Relationship): Address:  |
| Cell Phone: Country Code( )  |
| Phone:  |
| E-mail:  |
| 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) – yes to both.**  |
| I have food allergy. (☐**Yes** ☐**No**)If yes, please describe which items.(e.g. I do not eat meat or chicken or food cooked with alcohol, etc. ) |
| Health Issues | Case history: Prescription (drugs, injection, etc.): Allergy to medicine: Smoking (☐**Yes** ☐**No**) |
| Your statement of present health | * Good
* Other

Please write down your health concern in the brackets below if you have any.( )The Cabinet Office may request you to see a doctor or submit a medical certificate as needed. |
| Do you have personal assistance in daily life? | * Yes (what kind of support?)

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

( )* No
 |
| English level | Listening: ☐None ☐Daily conversation ☐Discussion/Business |
| Speaking: ☐None ☐Daily conversation ☐Discussion/Business |
| Special skills/talent |  |
| Interests about Japan |  |
| Previous experience in Japan |  |

The information you provide here 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.

**Reference 1-2**

|  |
| --- |
| **[Consent form] \*Make sure you read them before filling out the form****You need to agree on the following items to apply for the participation of the program (Please check the box (☐) to show your agreement on the items).****☐I meet the requirements of the qualification stipulated in each recruitment guidelines.****□I will follow the rules regarding the COVID-19 countermeasures that stipulated by the Japanese government such as wearing face mask, sanitizing fingers and hands, taking temperature, and having vaccinated with the number of dose required as requested by the Cabinet Office.****☐** **I understand that the cases such as being considered as “inappropriate as a participating youth” because of the absence in the program without proper reasons such as death or critical condition of immediate family, and being unable to continue participating the program because of own illness will be reasons for disqualification of participation and the certificate of the completion of the program will not be granted.****☐If I have faced any health concerns after applying for the position or during the program, I will promptly report them to the Cabinet Office. In the event of a health problem that disrupt my participation in the program, I will also promptly report them to the Cabinet Office and**  **I understand that those health problems would be a reason for disqualification of participation as “inappropriate as a participating youth”.****☐I understand that there may be occasions to take measures such as changing the schedule of or canceling the program for various reasons.****☐I agree on the following items on the handling of personal information** **・The information you provided in the application form will be used for the selection and determination of the participating youths.****・As for the selected participating youths, necessary information may be used for the execution of the program. The information may be provided to other participating youths, contractor, governments of participating countries, and alumni associations of the program for the execution of the program.****・This program will be recorded (video voice record, and photo shoot) by the Cabinet Office and the contractor.****・The collected information will be handled only for the stated purpose.****Country: Name: Date:DD/MM/YYYY** |

**Reference1-3**

**This section is for NL use only.**

Discussion Themes:

Please indicate your top 4 choices from the following themes by entering numbers in the blank boxes below.

|  |  |  |
| --- | --- | --- |
|  | **1** | Gender Equality (promotion of respectful society and employment regardless of gender) SDGs 5, 8 |
|  | **2** | Realization of Cohesive Society (society where every person can play an active role) SDGs 1, 3, 8, 10 |
|  | **3** | Quality Education (society where educational opportunities and quality education are secured and provided) SDG 4 |
|  | **4** | Youth Empowerment (unlock youth potential) SDGs 4, 8, 16 |
|  | **5** | Succession of Local Traditions and Histories (protection and succession of local traditions, histories and cultures) SDG 12 |
|  | **6** | Development of Attractive Communities (increase life satisfaction so that people would like to continue living in the area) SDG 9 |
|  | **7** | Disaster Prevention Education and Tourism (awareness-raising activities and initiatives toward disaster prevention) SDGs 4, 8, 12, 13 |
|  | **8** | Disaster Prevention Measures (development of disaster prevention infrastructure) SDG 13 |
|  | **9** | Environmental Conservation and Tourism (balancing of environmental conservation and tourism) SDGs8, 12, 14, 15 |
|  | **10** | Living Close to Nature (coexistence between human and nature) SDGs 6, 7, 12 |