**Application Form for Participating Youth of the**

**28th Ship for World Youth Programme**

**2016**



**This application consists of two parts;**

1. General information about applicant
2. Specific short-answer questions to be completed by applicant

 *All questions must be answered*

**Submitting your application**

If printing and posting this application, please print clearly and in block letters and return to the following address, note that all posted applications must be post-marked 14 August 2015, or before:

*Return to:*

SWY Alumni - SWY28
c/- Darryl Bretherton
1/1 Stanley Rd
Glenfield
Auckland 0629

If completing this application electronically, please email to swynzinfo@gmail.com

**Deadline for applications to be received is 5.00pm Friday, 14 August 2015.**

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**28th Ship for World Youth Programme**

**2016**

**PART 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Write exactly the same as shown in your passport) | Family name  | First name | Middle name |
| Nationality |  | Photograph4.5 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
* Digital photos are accepted if submitting electronic application
 |
| Position for application | A. Participating Youth　 |  |
| Gender | [ ] Male [ ]  Female |  |
| Spouse | [ ]  Yes [ ]  No |  |
| Date of birth (YYYY/MM/DD) |  　  | Age:(as of April 1, 2015) |  |
| Current address |  |
|  |  Phone: | Fax: |
|  |  E-mail: |
| Nearest international airport |  |
| Emergency contact | Name (Relationship):Address: |
|  | Phone: | Fax: |
|  | E-mail: |
| Occupation | 1. Teacher 2. Government Official　3. Employee (private company) 　4. Employee (NGO/NPO)5. Self-employed - specify: 6. Student7. Other - specify: 　　　  |
| Name of workplace/school and position/title |  |
| Address of the workplace/school |  |
|  | 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 | [ ]  Yes [ ]  No |
| Experience in SWY or GLDP program | [ ]  Yes ( year)　 [ ]  No |
| Ability of English | Hearing | 　[ ]  N.A　　　　[ ]  Daily 　　 　[ ]  Discussion　　　　　　　　　 Conversation |
|  | Speaking | 　[ ]  N.A　　　　[ ]  Daily 　　 　[ ]  Discussion　　　　　　　　　 Conversation |
| Ability of Japanese | Hearing | 　[ ]  N.A　　　　[ ]  Daily 　　 　[ ]  Discussion　　　　　　　　　 Conversation |
|  | Speaking | 　[ ]  N.A　　　　[ ]  Daily 　　 　[ ]  Discussion　　　　　　　　　 Conversation |
| Special abilities |  |
| Interests about Japan |  |
| Previous experience in Japan |  |

**PART 2:** **Short-answer questions**

1. Explain how your experience of working with people from different nationalities / cultures / backgrounds would enable you to be an effective Participant (provide examples) (150 words).
2. Discuss your understanding of the goals of the Ship for World Youth and how you would achieve these during and after the programme (200 words).
3. Briefly outline what you can contribute to the New Zealand delegation and the overall ship for The Ship for World Youth Programme (150 words).
4. How will your experience contribute to your personal development, community and other young people in New Zealand? Please describe your intended follow up actions after your participation in this programme (150 words).