**Application Form for the Participants of Ship for World Youth Program 2025**

Please **type** directly in this form and do not handwrite.

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

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| Name | First 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 * Colour |
| Position for application | National Leader  Participating Youth | |
| Sex | Male 　Female | |
| Date of birth | **/　　 /**  (DD /MM/YYYY) | |
| Contact Information | Address: | | |
| Cell Phone (Whats App): Country Code ( ) | | |
| Phone: | | |
| E-mail: | | |
| Nearest international airport | Nearest international airport from your current address in your country  e.g. Heathrow Airport  \***Please attach a copy of your passport.** \*The Japanese Government shall arrange the flight tickets via travel agency | | |
| Emergency contact | Name:  (Relationship):  Address: | | |
| Cell Phone (Whats App): Country Code( ) | | |
| Phone: | | |
| E-mail: | | |
| Occupation | Government Official  Employee (private company)  Self employed  Student  Other ( ) | | |
| Name of workplace/school  and position/title |  | | |
| Address of the workplace/school |  | | |
| Phone: | | |
| E-mail: | | |
| Academic background  (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: | |
| Health Issues | Case history:  Prescription (medication, injection, etc.):  Allergy: | | |
| Your statement of present health | Good  Other  Please write down your health concern in the brackets below if you have any.  ( )  You may be requested 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 | | |
| Special skills/talent |  | | |
| Interests about Japan |  | | |
| Previous experience in Japan |  | | |

The information you provide here will be used for apploval of the participation and the preparation of the program.

As for the selected participants, 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 participants and those who are involved in the program for the purpose of 1), and to associations 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 Japanese law (the Act for Protection of Personal Data of Administrative Organs).

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| **[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.**   1. I meet the requirements of the qualification stipulated in each recruitment guidelines. 2. I will cooperate with the necessary measures (wearing masks, hand sanitization, inspection, isolation measures, etc.) required by the Japanese Government regarding measures against infectious diseases such as COVID-19 and influenza. If the quarantine measures at the time of entry into Japan are strengthened, I will cooperate with the additional measures. 3. I understand that the Japanese government may disqualify a participant if I am considered inappropriate as a participant, or I become unable to continue participation due to my own illness or other unavoidable reason, or I withdraw from participation. In addition, I understand if I am disqualified after my arrival in Japan, I will immediately return to my country. 4. If I have faced any health concerns after applying for the program or during the program, I will promptly report them to the Japanese Government. In the event of a health problem that disrupt my participation in the program, I will also promptly report them to the Japanese Government and I follow decisions made by a ship’s doctor. In addition, I understand that those health problems would be a reason for disqualification of participation. 5. I understand that there may be occasions to take measures such as changing the schedule of or canceling the program for various reasons. 6. I agree on the following items on the handling of personal information:   ・ The information I provide here will be used for apploval of the participation and the preparation of the program.  ・ As for the selected participants, necessary information may be used for 1) the execution of the program and 2) the establishment and maintenance of the network of ex-participants.  ・ My information may be provided to other participants and those who are involved in the program for the purpose of 1), and to associations for post-program activities (i.e. International Youth Exchange Organization of Japan (IYEO) and SWYAA) to execute the purpose of 2).  ・This program will be recorded (video, and photo shoot) by the Japanese Government and the contractor. These videos and Photographs may be used on the websites, SNS, and other publicity for the Japanese Government and of related organizations.  ・ All data is securely held in accordance with Japanese law (the Act for Protection of Personal Data of Administrative Organs).  (Please **check the box (☐)** and **handwrite country, name and date** to show your agreement on all the items indicated above).  **I agree on all the items above.**  **Country: Name: Date; \_** |