|  |  |  |  |
| --- | --- | --- | --- |
| **C:\Users\user\Downloads\download.png** | **INTERNATIONAL YOUTH EXCHANGE**  **APPLICATION FORM 2018** | **Road to** | |
|  |  |

1. **Personal Information** \*Fill in all columns and sections. Blank columns are not accepted

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Photo (taken within 3 months)  Please write your name on the back of your photo. | **Name** | | **Full Name (Exactly the same as your passport)** | | | |
|  | | | |
| **Nickname**  (The name you like to be called) | | | | | |
|  | | | | | |
| **Date of Birth** | Day/Month/Year | | | **Age** |  | |
| **Nationality** |  | | | **Sex** | M F | |
| **Marital Status** | □ Single □ Married □ Widowed □ Divorced | | | | | |
| **Religion** | □ Muslim □ Protestantism □ Catholicism  □ Hinduism □ Buddhism □ Confucianism | | | | | |
| **Mother Tongue** |  | | | | | |
| **Passport** | **Number** | | | **Type of Passport** | | |
|  | | | □ Private □ Diplomat □ Official | | |
| **Date of Issue** | | | **Date of Expiry** | | |
| Day/Month/Year | | | Day/Month/Year | | |
| **Social Media User Account(s)** | **Facebook** | **Twitter** | | **Instagram** | | **Others** |
|  |  | |  | |  |
| The Ministry of Youth and Sports RI may use your postings related to the program through SNS | | | | | |
| **Current Address** |  | | | | | |
| **Telephone:** | | | | | |
| **Mobile:** | | | **E-mail:** | | |
| **Contact Person in case of Emergency**  \*It should be your parents. | **Full Name** | | |  | | |
| **Relationship:** □ Mother □ Father □ Other ( ) | | | | | |
| **Address:** | | | | | |
| **Telephone:** | | | | | |
| **Mobile:** | | | **E-mail:** | | |

1. **Health Condition** \*Fill in all columns and sections. Blank columns are not accepted

|  |  |  |
| --- | --- | --- |
| **Health Condition** | □ **Good (Nothing to declare below)** | |
| □ **I have been diagnosed (Serious disease)**  Name of disease: | →□ Fully recovered / □ Under treatment |
| □ Having Chronic Disease | |
| → □ Chronic lung disease (asthma, chronic obstructive lung disease, etc.)  □ Immunodeficiency state (T cell immunodeficiency, etc.)  □ Chronic heart disease (congenital heart disease, coronary artery disease, etc.)  □ Metabolic disease (diabetes) □ Renal dysfunction □ Obesity □ Myasthenia gravis  □ Others ( ) | |
| **Medicine** | □ Not taking any medicine  □ Taking medicine regularly → Name of medicine: ( ) | |
| **Pregnancy** | □ Yes □ No | |
| **Physical Difficulty** | □ Yes □ No  → If yes, what difficulty? ( ) | |
| **Food Allergies** | □ No  □ Pork □ Beef □Chicken □Mutton/Lamb □ Shrimp □ Crab □Shellfish  □ Fish □ Egg □ Others ( ) | |
| **Other Allergies of Restrictions** | □ None  Physical Reason: □ Dogs □ Cat □ House dust □ Others ( )  Religious or custom reason: □ Dog □ Cats □ House dust □ Others ( ) | |
| **Smoking habit** | □ Yes □ No | |

1. **Academic Details/Organization**

|  |  |  |
| --- | --- | --- |
| **School / University** | Name of School/University | Location (City, Province) |
| Field of Study or Department | |
| Grade/School Year | **Tel:** |
|  |
| **Organization** | Name of Organization | Location (City, Province) |
| Department/Division/Office | |
| Year: | Tel: |
| **Language** | Official English Test □TOEFL (score: ) □TOEIC (score: )  □IELTS (score: ) □Other ( ) (score: ) | |
| **Level of English** | **Level of Other Language** |
| Speaking: □Good □Fair □Poor | Speaking: □Good □Fair □Poor |
| Writing: □Good □Fair □Poor | Writing: □Good □Fair □Poor |
| Reading: □Good □Fair □Poor | Reading: □Good □Fair □Poor |

1. **Personal Activities**

|  |  |
| --- | --- |
| Sports/Clubs | → How many years? ( year(s)) |
| Hobbies/Favorites |  |
| Prizes/Awards (in Sports or Academic if any) | → When? ( ) |

1. **Social Contribution/Community Development**

|  |
| --- |
| Describe your 3 most recent activities and please attach 1 photo in hardcopy for every activity along with this form. Leave it blank if you don’t have any. (*max. 100 words for each activity*) |
| Activity 1 |
| Activity 2 |
| Activity 3 |

1. **Essay**

|  |
| --- |
| What do you expect in this program? (*max. 100 words*) |
| Please describe about yourself and the reason(s) why you want to join this program. (*max. 250 words*) |
| Describe how you define “The Greatest You” in your life. (*max. 200 words*) |
| Describe the reason(s) why we should select you as a candidate for PPAN Riau 2018 and member of PCMI Riau. (*max. 300 words*) |

1. **Exchange Program Experiences** \*Fill in all columns and sections. Blank columns are not accepted

|  |  |  |
| --- | --- | --- |
| **Have you ever joined any youth/student exchange program?** | □ Yes ↓ □No → no need to fill in below | |
| **If yes, what program and who provided the finance?** | Name of the Program:  Financed by: | |
| **If yes, when and where was the program?** | When: ( ) | Where : ( ) |
| **If yes, length of stay** |  | |

**Declaration**

I hereby certify that the filling in and statements by myself in this form are true and correct. I am fully aware of my responsibilities as a participant. I will follow the guidelines given for this activity and will not hold the facilitators or the organization responsible for any untoward incident that I have caused or incurred.

**Name and signature: Date: / / (Day/Month/Year)**