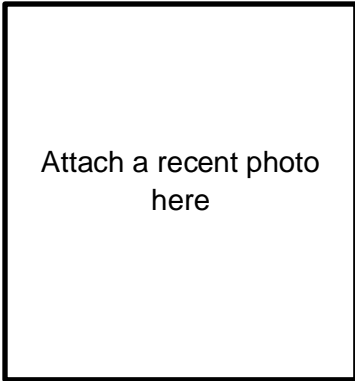


HOBSONS BAY INTERNATIONAL FRIENDSHIP ASSOCIATION

STUDENT APPLICATION



Full Name of student

Gender

Address

Telephone Mobile

Telephone Home

Email

Date of Birth

Place of Birth (City, State, Country)

Australian Citizen (Yes/No)

Current Passport Holder (Yes/No)

Dietary Requirements/Allergies

Yes/No

If yes, please list

Parent/Legal Guardian

Father/Guardian Name

Mother/Guardian Name

Address (If different)

Address (if different)

Mobile Telephone

Mobile Telephone

Home Telephone

Home Telephone

Email

Email

Parent/Guardian to complete

Do you give permission for the HBIFA to use your child's name and images in printed and digital media for promotion of the Association?

Yes/No

Name

Signed

Date

List all persons living in the home

First Name	Gender	Age	Relationship to you	Occupation

1. What benefits do you think you would gain from participating in the program:

2. What experiences, if any, have you had with international food and customs etc?

3. How would you try to communicate with your host family if they are unable to speak English?

4. Explain in no more than 200 words how you would describe Hobsons Bay to a group in Anjo. Please attach a separate sheet to this application.

5. While hosting your Japanese guest what places of interest would you like to show them?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6. What type of activities/interests would you like to share with your Japanese guest?

7. What organisations/groups/part-time jobs are you involved with at the moment and how much time do you dedicate to them?

8. When in Japan what would you like to see and do?

9. Favourite foods

10. Foods you dislike

11. List any other information that will enable a better assessment to be made of your potential as an "Ambassador" for your country (e.g. achievements, awards, talents, involvement in the community of Hobsons Bay etc.)

12. If you are selected you will be required to host a student (male or female) from our sister city, Anjo. Is your family agreeable to this and is accommodation a problem?

I have read the information sheet and guidelines for this position and understand and accept the obligations and costs associated with this position.

Signature of Student

Date

Parent/Guardian

I have read the information sheet and guidelines for this position and understand and accept the obligations and all costs associated with this program.

Signature of Parent/Guardian

Date

Applicant School Information

Name of School

Address of School

Current Year Level

13. Responsibilities you have had at school (Clubs, positions, etc.)

14. Sporting and/or cultural activities

15. Recommendation by School Principal or Year Level Co-Ordinator

Signature of Principal/Year Level Co-Ordinator

Date

Referees

Please provide details of two confidential referees

Referee 1

_____	_____
Name	Relationship to Student

Email	

Telephone	

Referee Comments	_____

Referee 2

_____	_____
Name	Relationship to Student

Email	

Telephone	

Referee Comments	_____

Please scan and email your application to:

hbifa_secretary@outlook.com

OR post to:

Hobsons Bay City Council
Hobsons Bay International Friendship Association
C/-Sue Gauci
PO Box 21
Altona VIC 3018
Australia

APPLICATIONS CLOSE 31 OCTOBER