

**ROTARY CLUB OF TOOWOOMBA STUDENT EXCHANGE PROGRAM
WITH THE ROTARY CLUB OF MITSUKAIDO, JAPAN**

APPLICATION FOR MITSUKAIDO STUDENT EXCHANGE PROGRAM

HISTORY

The Rotary Club of Toowoomba's Student Exchange with the Rotary Club of Mitsuikaido commenced in 1986 and has occurred nearly every year since then. Over a hundred and twenty-five students from Mitsuikaido and Toowoomba have been involved. More than thirty Rotarians and family members have also visited either Mitsuikaido or Toowoomba over the years, and long-term friendships have resulted.

The Rotary Club of Mitsuikaido arranges board and lodging with approved host families for the duration of the exchange.

Students will, as a general rule, depart from Australia in the first week of January. The period of exchange will be between 7 and 10 days.

OBJECTIVES

- To further international goodwill and understanding by enabling students to experience at first hand some of the culture of Japan.
- To broaden a students' own outlook by learning to live with and meet people of a different culture to their own and by having to cope with day to day problems in an environment completely different to the one they have experienced at home.
- To enable students to act as Ambassadors for Australia by addressing the Rotary Club of Mitsuikaido and by imparting knowledge of their own country and its culture to the people they meet.

WHO IS ELIGIBLE?

- The preferred age of applicants is between 15 and 22 years of age at the time of departure. This is always in January of the year following application.
- Applicants must be of good character and reputation.
- Students must hold a current Australian passport on departure.

OBLIGATIONS

- Students are required to obey the laws of the host country at all times.
- Students are required to adapt to the home environment of the host families - Host families are under no obligation to adapt themselves to the student.
- Parents are required to provide the cost of transporting the student to and from Japan. This travel is arranged by the Rotary Club of Toowoomba.
- A Travel Insurance Policy, which covers the student for the duration of their exchange, is highly recommended.
- Applications for an exchange must be lodged in writing using the *Application Form* attached.
- Applications should be lodged with the Rotary Club of Toowoomba before **OCTOBER 31st** in the year prior to departure.
- A local committee appointed by the Rotary Club of Toowoomba will interview students during **NOVEMBER** and will select suitable students.
- The *Medical History & Consent Form* (attached) for successful students must be completed and forwarded to the Youth Services Director of the Rotary Club of Toowoomba by early **DECEMBER** (date to be advised).

Students interested in participating in this program are invited to complete this preliminary application form and lodge it with the Youth Services Director of the Rotary Club of Toowoomba, before 31st October.

To: The Youth Services Director, Rotary Club of Toowoomba, PO Box 113, Toowoomba 4350.

I am interested in participating in the Rotary Mitsuikaido Exchange Program.

My personal details are as follows -

Given Name:

Surname:

Address:

Telephone: Email:

Date of Birth: Age at Last Birthday:

School: Year Level:

My interests are:

Student's Signature:

Parent's/Guardian's' Signature/s



Rotary Club of Toowoomba Inc

PO Box 113 Toowoomba Q 4350

MEDICAL HISTORY & CONSENT FORM

Student Surname (please print)	First name
Date of birth	School year
	Sex (F . M)
Home Address	Family details
Telephone	
Email	

Private health fund Able to swim (Y . N)

Emergency contact name, address, phone

Please state briefly any ALLERGIES (eg. Bee stings, drugs, peanuts) and the MANAGEMENT of which the Rotary Clubs of Toowoomba and Mitsukaido should be aware –

Please state briefly any SPECIAL NEEDS, MEDICATIONS, HEALTH ISSUES, MEDICAL ALERTS (eg severe asthma, diabetes, epilepsy) and the MANAGEMENT of which the Rotary Clubs of Toowoomba and Mitsukaido should be aware -

MEDICAL CONSENT

I/We

Being the parents/guardians of

In the event that a parent of guardian of a student cannot be contacted – I HEREBY AUTHORISE the Youth Services Director of the Rotary Club of Toowoomba or Representative to obtain EMERGENCY MEDICAL ATTENTION as may be deemed necessary and I understand that I/we are responsible for the costs involved. I further authorise qualified practitioners to perform surgery, administer drugs, general anaesthetic and blood transfusions if the necessity arises.

Parent/Guardian Signature/s Date