JCE 2027

How to Apply

1: Download this pdf form, save it to your computer. (It doesn't matter where you save it)

2: Fill in the form as best you can with as much information as you can

3: Sign the form using a digital method or print the form out and sign by hand.

4: Attach the form to an email addressed to outbound@nzstudytours.co.nz and subject "JCE 2027 Application for [your name]"

Note: If you printed the form out to sign you must scan the form to an image or pdf file and attach to the email.

5: To the same email attach the following

- Copy of your current passport *(if your passport has expired apply for a new one straight away!)*
- A portrait image of your head and shoulders (we will attach this to your application)
- A family photo (this will also be sent with your application)

6: Pay the program deposit to the following bank account

NZ Study Tours, ANZ, 06-0491-0284705-00
Code: [JCE2027]
Reference: [your initial and surname]

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Once we have received your application,
we will be in touch with more information.
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NZ Study Tours

Japan Cultural Experience 2027
Hitachi and Tokyo Application Form

Hitachi & Tauranga
Proud to be
SISTER CITIES
姉妹都市 日立＆タウランガ

Full Name *(as on Passport):* _____

Preferred Name: _____

Passport Number: _____ Expiry Date: _____

Age: _____ Date of Birth: _____ Gender: M ◯ F ◯

School: _____

Portrait photo

(A clear photo must be attached here or you may send photos as email attachments)

Address

Street: _____ Suburb: _____

Town/City: _____ Postal Code: _____

Home Phone: _____ Mobile: _____

Email Address: _____

(This email address will be used for all correspondence)

Family Information

Father's Name: _____ Occupation: _____ Mobile: _____

Mother's Name: _____ Occupation: _____ Mobile: _____

Emergency contact number if different from above _____

Home Phone (if different from above): _____

Parents Email Address (if different from above):

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

Health ***(Note: You must complete the attached Medical Form)***

Explain any allergies, dietary restrictions, or other health conditions or problems:

_____

Hobbies and Interests

What are your hobbies and interests? _____

What is your favourite subject? _____

Do you speak any Japanese? ◯ Yes ◯ No

If yes what level? ◯ Beginner ◯ Intermediate ◯ Advanced

T shirt size

◯ Men's style size (please check) XXL ◯ XL ◯ L ◯ M ◯ S ◯ XS ◯ XXS ◯

◯ Lady's style

In approximately 300 words tell us what why you wish to go on this trip, what your expectations are and what you hope to gain or learn:

Medical Form

Participant's Name: _____

DOB:_____**Age**: _____

Medical and Travel Authorisation

This is to authorize the representative of NZ Study Tours or any other authorised representative (including the parents of the host family with whom my child/ward will be staying) to make decisions regarding the well-being of my child while engaged in this exchange program, including any medical or surgical care needed for my child's welfare. In addition, the NZ Study Tours representative or any authorised representative, is authorised to make any necessary travel plans or arrangements for my child in case of an emergency.

Signature of parent/guardian: _____Date: _____

Medical Information

Fill in the blanks with checks and/or necessary information.

A. Have you ever had, or been inoculated for any of the following?

	Contracted (はい)	Contracted (いいえ)	Inoculated (はい)	Inoculated (いいえ)	Month & Year of Last Injection: Month (月)	Year (年)
Diphtheria (ジフテリア)	Yes ◯	No ◯	Yes ◯	No ◯		
Polio（ポリオ）	Yes ◯	No ◯	Yes ◯	No ◯		
Typhus（チフス）	Yes ◯	No ◯	Yes ◯	No ◯		
German Measles（風疹）	Yes ◯	No ◯	Yes ◯	No ◯		
Measles (はしか)	Yes ◯	No ◯	Yes ◯	No ◯		
Whooping Cough（百日咳	Yes ◯	No ◯	Yes ◯	No ◯		
Chicken Pox (水ぼうそう)	Yes ◯	No ◯	Yes ◯	No ◯		
Mumps (おたふくかぜ)	Yes ◯	No ◯	Yes ◯	No ◯		
Covid19 Vaccine	Yes ◯	No ◯	Yes/Howmany? 5	o ☐		

Tetanus Inoculations: Preventive Injection Yes ◯ No ◯ Date of last Inj._____

Serum Injection Yes ◯ No ◯ Date of last Inj._____

B. Do you have or are you subject to any of the following? If "yes", please explain condition and frequency.

			Condition/Frequency
Asthma	Yes ◯	No ◯	
Diabetes	Yes ◯	No ◯	
Heart Trouble	Yes ◯	No ◯	
Lung Trouble	Yes ◯	No ◯	
Fainting spells	Yes ◯	No ◯	
Convulsions	Yes ◯	No ◯	
Epilepsy	Yes ◯	No ◯	
Any other disorder			

C. Do you have any allergies or reactions to drugs or non-drug items?

Medicine:	Penicillin or related medicine	Yes ◯	No ◯
	Aminophyrine or sulpyrine type medicine	Yes ◯	No ◯
	Others (list)		

Non-drug items such as dust, pollen, cat-hair, etc.:

If you are carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.

Name of Medicine	For what illness symptoms?	Dosage & Times Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are OK or staff to issue you with over-the-counter medicine such as paracetamol or ibuprofen when necessary? Yes ◯ No ◯

D. Do you have any difficulties with any of the following?

Eyes	Yes ◯ No ◯	Remarks	_____
Ears	Yes ◯ No ◯	Remarks	_____
Nose	Yes ◯ No ◯	Remarks	_____
Throat	Yes ◯ No ◯	Remarks	_____
Digestion	Yes ◯ No ◯	Remarks	_____
Sleepwalking	Yes ◯ No ◯	Remarks	_____
Bed-wetting	Yes ◯ No ◯	Remarks	_____
Menstrual Problems	Yes ◯ No ◯	Remarks	_____

Any other difficulties

F. Blood Type *(only if you know)*

G. Are there any physical activities that you are restricted from doing?

H. Do you have any learning or behavioural problems we should be aware of?

I. Are you on a special diet, or have any eating disorders? If so, please explain;

J. Any additional information the host parents should be aware of:

Participant Agreement

AS A PARTICIPANT IN THE NZ STUDY TOURS JAPAN CULTURAL EXPERIENCE

I recognise the opportunity this trip offers to me. I am aware that my behaviour will reflect on my family, home, community and country and that many people will base their opinions of New Zealand youth on me and my actions.
Therefore, I pledge to cooperate in every way to make this trip a rewarding and positive experience.

I AGREE TO:

1. Follow schedules and attend all planned activities.
2. Remain in assigned areas at all times.
3. Show courtesy at all times, especially in restaurants, hotels and public places.
4. Leave sites and public areas neat and clean.
5. Respect the suggestions of all adults connected to this program, even if they are not my assigned leaders or teachers, and even if they are from other countries or organisations.
6. Dress appropriately at all times while in public.
7. Participate in the life of my host family, and in meetings and other planned activities.
8. Show respect to my host family and others I meet in Japan.
9. Abide by the laws of Japan and my home country.

I AGREE TO REFRAIN FROM:

1. Inappropriate sexual behaviour or public display of affection.
2. Profane, obscene or discriminatory language.
3. Accepting, carrying or using alcohol, tobacco, or illegal drugs. (the legal age for smoking and drinking in Japan is 20yrs)
4. Operating a motor vehicle of any kind.

I UNDERSTAND that while in Japan I am under the jurisdiction of NZ Study Tours

I UNDERSTAND that misconduct on my part may result in my being sent home. If I am sent home due to misconduct on my part, or if I elect to return home before completion of the program for any reason, additional travel and related expenses will be the responsibility of my parents or legal guardian, and fees will not be refunded. If damage to property occurs, I can be assessed for the cost of replacement or repairs.

MY PARENTS AND I or legal guardian agree to indemnify and hold harmless all organisations involved in this exchange program against any claims, losses, expenses or payments resulting from any misbehaviour on my part or any act, or failure to act, by me.

I HAVE READ, AND WILL ABIDE BY THIS AGREEMENT:

Student _____ Date _____

Parent or Legal Guardian _____ Date _____