



JCE 2025

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 2025 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: [JCE2025]

Reference: [your initial and surname]

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*Once we have received your application,  
we will be in touch with more information.*





## Japan Cultural Experience 2025 Hitachi and Tokyo Application Form



Full Name (as on Passport): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

School: \_\_\_\_\_

**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 |                     |     |    |   |   |   |    |     |

Please attach photo  
here

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

**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           |       | Inoculated   |       | Month & Year of Last Injection |          |
|-----------------------|----------------------|-------|--------------|-------|--------------------------------|----------|
|                       | (はい)                 | (いいえ) | (はい)         | (いいえ) | 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? |       | No                             |          |
| 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<br>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 \_\_\_\_\_