



JAPAN

**STUDENT APPLICATION FORM**
**Kizuna Project : Pacific - Japan Youth Connection**
**Instructions**

1. Please write the following information **clearly**. You can either post your application form to c/o Kizuna Project Coordinator, Office of the Deputy Vice-Chancellor (Administration & Regional Campuses), University of the South Pacific, Laucala Campus, Fiji; or email to vadapareti\_s@usp.ac.fj; or deliver to a USP campus near you.
2. If this form is incomplete, inaccurate or not signed, it will not be considered;
3. The deadline to submit applications is **July 31, 2012**.

Photo (taken within 3 months).

Please write your name on the back of your photo.

H:4.5×W:3.5cm

**1. Personal Information**

\* Please fill in the form in BLOCK LETTERS.

Name	Full Name (Exactly the same as your passport)		
	English		
	Given Name	Family Name	Middle Name (if any)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	<input type="text"/> Day/Month/Year	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
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Country of Citizenship	<input type="checkbox"/> Cook Islands	<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> Fiji	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Marshall Is	<input type="checkbox"/> Nauru	<input type="checkbox"/> Niue
	<input type="checkbox"/> Palau	<input type="checkbox"/> PNG	<input type="checkbox"/> Samoa	<input type="checkbox"/> Solomon Is	<input type="checkbox"/> Tonga	<input type="checkbox"/> Tuvalu	<input type="checkbox"/> Vanuatu
Country Currently Residing and Studying in	<input type="checkbox"/> Cook Islands	<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> Fiji	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Marshall Is	<input type="checkbox"/> Nauru	<input type="checkbox"/> Niue
	<input type="checkbox"/> Palau	<input type="checkbox"/> PNG	<input type="checkbox"/> Samoa	<input type="checkbox"/> Solomon Is	<input type="checkbox"/> Tonga	<input type="checkbox"/> Tuvalu	<input type="checkbox"/> Vanuatu

Passport	Passport Number	Date of Expiry
	<input type="text"/>	<input type="text"/> Day/Month/Year

\*\* You must have a valid passport to be eligible to apply, or obtain a passport by August 2012.

Current Address	Address	Tel:	Fax:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile:	Email:	
	<input type="text"/>	<input type="text"/>	

Parent or Contact Person in Emergency <small>*If you live with him/her, please leave address blank.</small>	Full Name	Relationship
	<input type="text"/>	<input type="text"/>
	Address	Tel:
	<input type="text"/>	<input type="text"/>
	Mobile:	Email:
	<input type="text"/>	<input type="text"/>
	Profession/Occupation	
	<input type="text"/>	

Consent	Do you have your parents'/guardians' consent to travel to Japan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have your school's consent to travel to Japan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you traveled outside your country before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2. Academic Details**

Information of Your School/University	Name of Your School/University	Location: (city, province)
	<input type="text"/>	<input type="text"/>
	Grade/School Year:	Tel:
	<input type="text"/>	<input type="text"/>
		Fax:
		<input type="text"/>

Language

Level of English

**Fluent**    **Moderate**    **Basic**

### 3. Health Condition

Current Medical Conditions (if any)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Metabolic Disease (diabetes)  |  |
| <input type="checkbox"/> Blood disorder   | <input type="checkbox"/> Mental illness                |  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Obesity                       |  |
| <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> HIV Infection, including AIDS |  |
| <input type="checkbox"/> Chronic Lung Disease (asthma, chronic obstructive lung disease etc.)           | <input type="checkbox"/> Infectious Diseases           | <input type="text" value="Specified"/> |
| <input type="checkbox"/> Respiratory Disease (requires hospital admission or oxygen therapy)            | <input type="checkbox"/> Other medication condition    | <input type="text" value="Specified"/> |
| <input type="checkbox"/> Chronic Heart Disease (congenital heart disease, coronary artery disease etc.) |  |  |

Medicine

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not taking any medicines | <input type="checkbox"/> Taking medicines regularly | <input type="text" value="Specified"/> |
|---|---|--|

Dietary Requirements

- |                               |                                     |   |                                      |                                |
|-------------------------------|-------------------------------------|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Non-Vegetarian | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Halal |
|-------------------------------|-------------------------------------|---|--------------------------------------|--------------------------------|
- Food Allergies
- |                                |  |                               |                                  |                                      |                                    |                              |
|--------------------------------|--|-------------------------------|----------------------------------|--------------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> None  | <input type="checkbox"/> Pork          | <input type="checkbox"/> Beef | <input type="checkbox"/> Chicken | <input type="checkbox"/> Mutton/Lamb | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Egg |
| <input type="checkbox"/> Other | <input type="text" value="Specified"/> |                               |                                  |                                      |                                    |                              |

### 4. Essay

Please answer the two questions in 250 - 300 words. You may attach additional pages as needed.

What do you know about Japan and why do you want to travel to Japan?


#### Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

#### Agreement of the Use of Personal Information

I agree that my personal information in the Application Form provided to the University of the South Pacific will be used only for the purpose of the operation of the Kizuna Project : Pacific - Japan Youth Connection.

Signature:

Date: