

# Sister City Student Exchange Program

Central Highlands Regional Council and Ichinoseki Council

## ----- APPLICATION FORM







For further information on the Exchange Program please contact the Program Coordinator on:  
E: [youth@chrc.qld.gov.au](mailto:youth@chrc.qld.gov.au)  
P: 1300 242 686

**Disclaimer:**

All images within this document have been approved for use. Information gathered through this document will be subject to councils document management policies. All information contained is relevant as of the date of its 2019 publication.





NOMINATIONS FOR THE NEXT STUDENT EXCHANGE  
ARE DUE TO A CENTRAL HIGHLANDS REGIONAL  
COUNCIL OFFICE BY:

**Friday 24 November 2023**

Applications can also be emailed to [youth@chrc.qld.gov.au](mailto:youth@chrc.qld.gov.au)





# The Sister City program

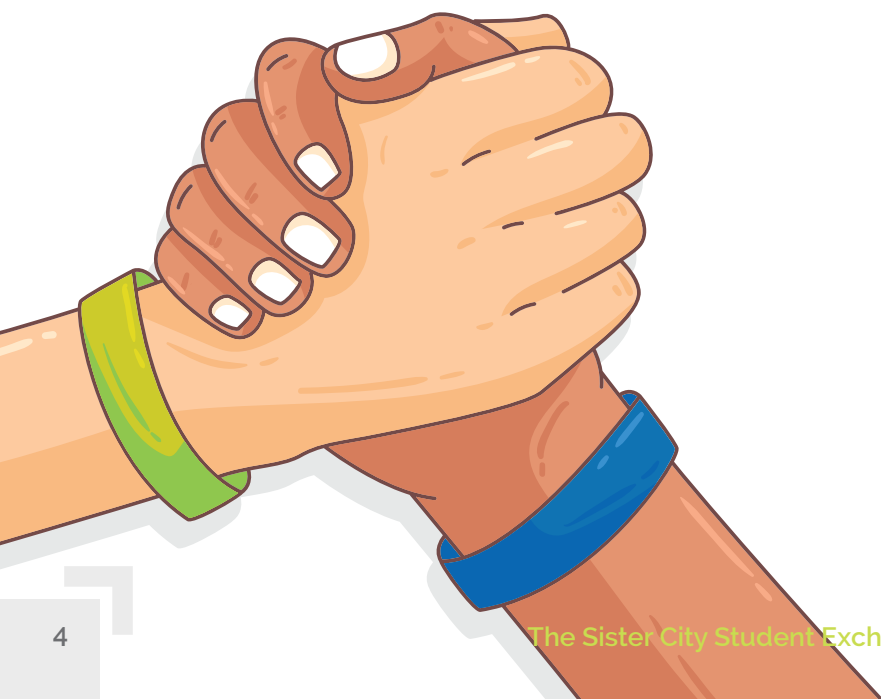
---

THE SISTER CITY PROGRAM WAS ESTABLISHED IN 1991 TO FOSTER MUTUAL UNDERSTANDING AND GOODWILL BETWEEN THE TWO SHIRES OF DUARINGA AND FUJISAWA.

Since then it has grown to incorporate the relationship of both the Central Highlands and Ichinoseki City and includes a student exchange program and deeper relationships between schools and local industry.

Globally the program aims to contribute to world peace and prosperity. The Sister Regions endeavor to attain this goal through their exchange and also by continually cementing their bonds of friendship between councils.

The Sister City Student Exchange is one of councils leading international programs with over 500 people involved to date.









# Application form

## PERSONAL INFORMATION

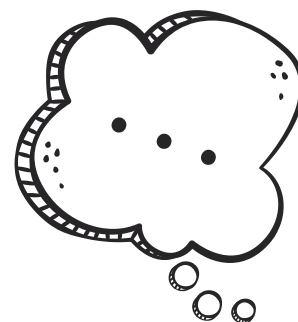
NAME	Family Name:		Given Name:				
ADDRESS						<b>GENDER</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> A-gendered/non-gendered <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <small>Please Specify _____</small>
EMAIL							
PHONE							
DATE OF BIRTH	Day:	Month:	Year:	Age:	School Grade:		
FAMILY	RELATIONSHIP	GIVEN NAME		AGE	OCCUPATION		
RELIGION			ATTENDANCE	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never			
Would you object to being placed in a home of a different faith? If yes, please state your preference.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
HEALTH CONDITION	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Not so good <input type="checkbox"/> Chronic Disease						
ARE YOU ALLERGIC TO ANIMALS?		<input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU LIKE PETS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU HAVE ANY OTHER ALLERGIES?		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No					
FOOD I CANNOT EAT							

SPEAKING JAPANESE	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Fluent				NUMBER OF YEARS IN JAPANESE STUDY	Years: _____	Months: _____																
LISTENING TO JAPANESE	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Fluent				SUBJECTS I LIKE AND THEIR GRADES																		
READING JAPANESE	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Fluent				SUBJECTS I DON'T LIKE AND THEIR GRADES																		
AS A STUDENT, HOW WOULD YOU RATE YOURSELF?																							
DETAILS OF ACADEMIC ACHIEVEMENTS					DETAILS OF SPORT INVOLVEMENT																		
DETAILS OF COMMUNITY INVOLVEMENT					DETAILS OF CULTURAL INVOLVEMENT																		
DESCRIBE YOUR PERSONALITY (tick all that suits you)	<table border="0"> <tr> <td><input type="checkbox"/> Outgoing</td> <td><input type="checkbox"/> Shy</td> <td><input type="checkbox"/> Independent</td> <td><input type="checkbox"/> Quiet</td> </tr> <tr> <td><input type="checkbox"/> Energetic</td> <td><input type="checkbox"/> Optimistic</td> <td><input type="checkbox"/> Cheerful</td> <td><input type="checkbox"/> Tidy</td> </tr> <tr> <td><input type="checkbox"/> Serious</td> <td><input type="checkbox"/> Talkative</td> <td><input type="checkbox"/> Cooperative</td> <td><input type="checkbox"/> Positive</td> </tr> <tr> <td><input type="checkbox"/> Sociable</td> <td><input type="checkbox"/> Adaptive</td> <td><input type="checkbox"/> Curious</td> <td><input type="checkbox"/> Studious</td> </tr> </table>							<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Independent	<input type="checkbox"/> Quiet	<input type="checkbox"/> Energetic	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Tidy	<input type="checkbox"/> Serious	<input type="checkbox"/> Talkative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Positive	<input type="checkbox"/> Sociable	<input type="checkbox"/> Adaptive	<input type="checkbox"/> Curious	<input type="checkbox"/> Studious
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Independent	<input type="checkbox"/> Quiet																				
<input type="checkbox"/> Energetic	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Tidy																				
<input type="checkbox"/> Serious	<input type="checkbox"/> Talkative	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Positive																				
<input type="checkbox"/> Sociable	<input type="checkbox"/> Adaptive	<input type="checkbox"/> Curious	<input type="checkbox"/> Studious																				
HOBBIES/ THINGS I LIKE (tick all that suits you)	<table border="0"> <tr> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Cooking</td> <td><input type="checkbox"/> Piano</td> <td><input type="checkbox"/> Guitar</td> </tr> <tr> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Drama</td> <td><input type="checkbox"/> Drawing</td> <td><input type="checkbox"/> Shopping</td> </tr> <tr> <td><input type="checkbox"/> Movies</td> <td><input type="checkbox"/> Dancing</td> <td><input type="checkbox"/> .....</td> <td><input type="checkbox"/> .....</td> </tr> </table>							<input type="checkbox"/> Reading	<input type="checkbox"/> Cooking	<input type="checkbox"/> Piano	<input type="checkbox"/> Guitar	<input type="checkbox"/> Music	<input type="checkbox"/> Drama	<input type="checkbox"/> Drawing	<input type="checkbox"/> Shopping	<input type="checkbox"/> Movies	<input type="checkbox"/> Dancing	<input type="checkbox"/> .....	<input type="checkbox"/> .....				
<input type="checkbox"/> Reading	<input type="checkbox"/> Cooking	<input type="checkbox"/> Piano	<input type="checkbox"/> Guitar																				
<input type="checkbox"/> Music	<input type="checkbox"/> Drama	<input type="checkbox"/> Drawing	<input type="checkbox"/> Shopping																				
<input type="checkbox"/> Movies	<input type="checkbox"/> Dancing	<input type="checkbox"/> .....	<input type="checkbox"/> .....																				
SPORTS I LIKE (tick all that suits you)	<table border="0"> <tr> <td><input type="checkbox"/> Joggin</td> <td><input type="checkbox"/> Tennis</td> <td><input type="checkbox"/> Swimming</td> <td><input type="checkbox"/> Softball</td> </tr> <tr> <td><input type="checkbox"/> Volley Ball</td> <td><input type="checkbox"/> Basketball</td> <td><input type="checkbox"/> Snow skiing</td> <td><input type="checkbox"/> Judo</td> </tr> <tr> <td><input type="checkbox"/> Kendo</td> <td><input type="checkbox"/> Table Tennis</td> <td><input type="checkbox"/> Soccer</td> <td><input type="checkbox"/> Squash</td> </tr> </table>							<input type="checkbox"/> Joggin	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming	<input type="checkbox"/> Softball	<input type="checkbox"/> Volley Ball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Snow skiing	<input type="checkbox"/> Judo	<input type="checkbox"/> Kendo	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Soccer	<input type="checkbox"/> Squash				
<input type="checkbox"/> Joggin	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming	<input type="checkbox"/> Softball																				
<input type="checkbox"/> Volley Ball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Snow skiing	<input type="checkbox"/> Judo																				
<input type="checkbox"/> Kendo	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Soccer	<input type="checkbox"/> Squash																				
DO YOU HAVE A PART-TIME JOB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		WHERE DO YOU WORK? HOW MANY HOURS PER WEEK?																				
FUTURE	I want to be a _____																						
WOULD YOU PREFER TO BE PAIRED WITH A JAPANESE	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> No Preference																						
MESSAGE TO HOST FAMILY																							

TELL OTHERS ABOUT YOU (USE AN ADDITIONAL SHEET IF MORE SPACE IS REQUIRED)

Cover the points listed over the page and give anything else that you feel is important to others. Remember, no-one knows anything about you so the more information that you give about yourself, the easier it will be to make correct pairings. It is only correct information that is useful.

- Describe your relationship with members of your family and friends.
- Comment on things that are important to you as an individual, your likes and dislikes.
- Describe your responsibilities at home and also outside your family (e.g. in school, community involvement and any employment you may have).

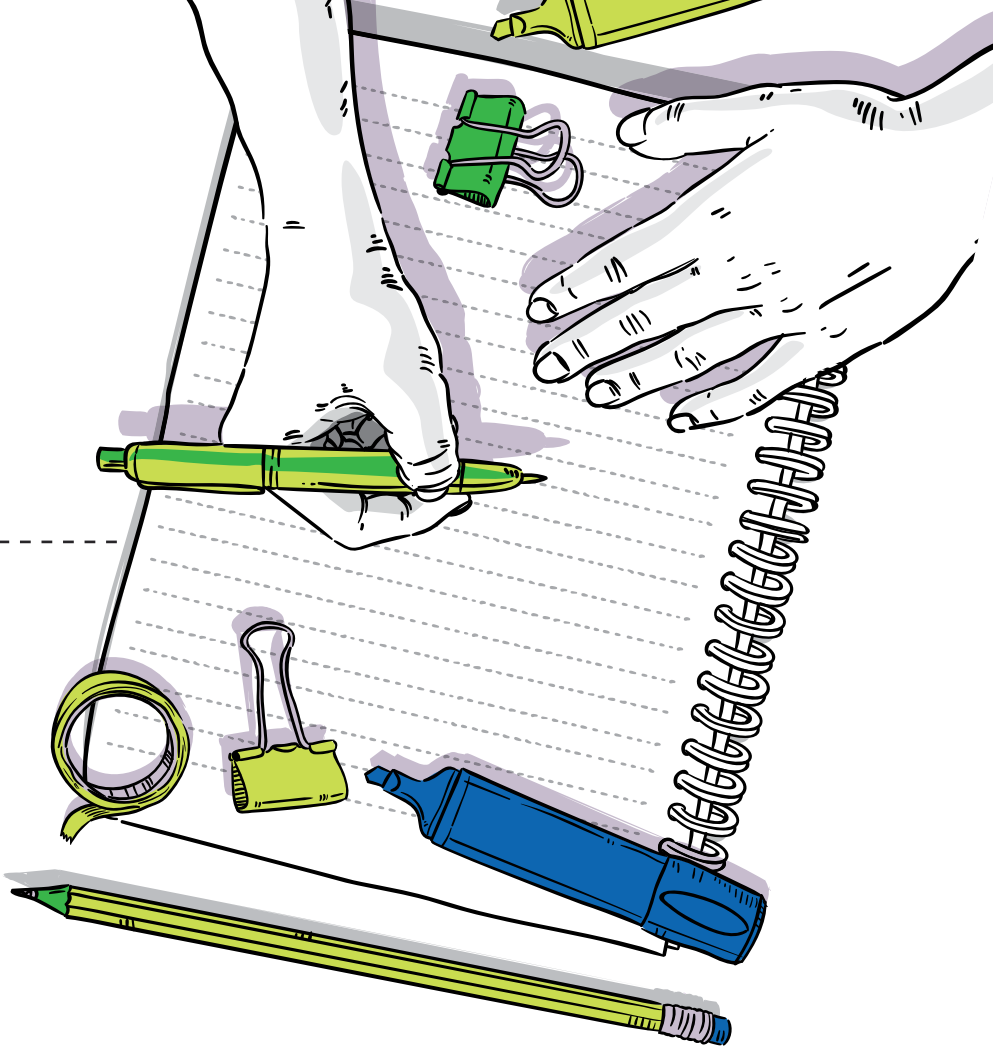




# Tell us more

## PLEASE REPLY TO THE FOLLOWING QUESTION:

- What are your reasons for applying for this exchange program?







# References

---

Please provide 3 people including teachers at your school who can provide a good character reference for your application

NAME	POSITION	CONTACT

## ADDITIONAL REQUIREMENTS:

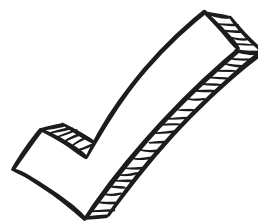
- 1. Enclose copies of your last two school reports
- 2. Student and Parent signature under "Terms of Understanding"





# Terms of understanding

---



I understand that the Sister City Exchange program will require personal time and commitment to fulfil the obligations of my participation. This includes active participation and involvement in exchange committee meetings and fundraising initiatives.

## For Students:

1. I acknowledge that my participation will require after school and weekend commitments including cultural lessons, meetings and fundraising initiatives.
2. I agree to ensure my schooling and work commitments are met and managed and that my participation in the exchange program activities are seen as a high priority.
3. I will ensure to meet 80% attendance of all Sister City requirements.
4. I can effectively manage and communicate my priorities with my parents, council chaperones and program coordinators to meet my obligations.
5. I am dedicated to exemplifying positive behavior and nurturing personal growth for myself and all other participants.

## For Parents:

1. I agree for my child to participate in the Sister City Student Exchange Program.
2. I am aware of the expectations of my child's involvement and will ensure that all requirements of their participation are met.
3. I will provide active involvement in the exchange committee meetings and fundraising requirements to meet the programs financial obligations.
4. I am aware that two council appointed chaperones are responsible for my child's supervision and safety during the exchange.
5. I will maintain good communication of all relevant issues and concerns with the chaperones and program coordinator.

I acknowledge that during my participation I represent both Central Highlands Regional Council and Ichinoseki Council and my behavior and attitude towards others should be consistent with a high standard and compliance of the code of conduct.

I consent of any photos taken before and during the exchange and at various events can be used by Council for various media and other requirements.

---

Signature of Applicant

---

Date

---

Signature of Parent/Guardian

---

Date





**Central Highlands**  
Regional Council

65 Egerton Street, Emerald, QLD T. 1300 242 686

[centralhighlands.qld.gov.au](http://centralhighlands.qld.gov.au)