



Global Youth Ambassador Project  
Student China Trip

CANDIDATE APPLICATION  
GYAP CHINA TRIP PROGRAM

Attach photo here

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First Name Middle Name Last Name

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Address Home Country

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Date of Birth Birth Place

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Visiting Country

## 1. Basic Personal Information

1 CANDIDATE'S NAME			
First Name	Middle Name	Last Name	Title (if applicable)
2 ADDRESS FOR MAILING PURPOSES			
Street:			
City:		Postal Code:	
Telephone:		Fax:	
E-mail address:		Date of Birth (day/month/year)	
3 FOR VISA PURPOSES			
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Residence:	
Passport Number:		Passport Issue Date:	
Place/Office of Passport Issue:			
Passport Expiration Date:			
4 INFORMATION ABOUT THE PEOPLE WITH WHOM I LIVE			
I live with: ( ) Spouse ( ) Alone ( ) Other:			
Detail of person with whom you live:			
First Name		Last Name:	
Date of Birth	Country of Birth	Occupation	
Business and/or Mobile Phone		Email	
5 EMERGENCT CONTACT			
If the person with whom you live cannot be reached, please indicate someone else in your community whom we can contact			
First name	Last Name	Relationship	Telephone Number (home, work, mobile)

## 2. Personal Statement

You should connect together different working experiences you have had, to give a big picture of what you have done and their relevance to what you want to do in the future.

The personal statement is your only piece of creative writing in your application packet. You should cover the following topics:

*Your education background.*

*Your teaching experience.*

*Your expectations of this program.*

*What are your strong points?*

*What are your weak points?*

*Why you apply for this program.*

### 3. Placement Information

#### 1 CANDIDATE'S NAME

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Candidate's name                      City                      State/Province/Region

#### 2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTION

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and / or school activities  Yes  No If yes, please explain:

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Can you live with: **Cats:**  Indoors?  Outdoors? **Dogs:**  Indoors?  Outdoors? **Other pets:**  Indoors?  Outdoors? If not, please explain: \_\_\_\_\_

#### 3 DIETARY REQUIREMENTS

Do you have dietary restrictions, including for medical, religious or self-imposed reasons?

Yes  No If yes, please explain: \_\_\_\_\_

If you are a vegetarian, are you willing to eat:  Fish  Poultry  Dairy products

#### 4 RELIGION

What is your religious affiliation, if any? (Optional): \_\_\_\_\_

How often do you participate in structured religious services?

Weekly  Monthly  Occasionally  Never

Bearing in mind that it is likely that your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?

Required  Not necessary

#### 5 SMOKING

Do you smoke cigarettes?  Yes  No

In some cultures it is more difficult to find placement for cigarette smokers. Given this, smokers should please choose one of the following:  I will not smoke in my host family house  I will smoke in my host family house

#### 6 INTERESTS AND ACTIVITIES

Identify your major interests and activities and indicate how often you pursue them:

#### 7 LANGUAGES

Native language: \_\_\_\_\_

Language proficiency (for languages other than your native language):

Language \_\_\_\_\_ Years studies \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language \_\_\_\_\_ Years studies \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language \_\_\_\_\_ Years studies \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

#### 8 COMPLETED EDUCATION

Please indicate your highest level of completed education \_\_\_\_\_

#### DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the GYAP program is not a guarantee that these preferences can be honoured.

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Candidates Signature

Date

## 4a Health Certificate

To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered with a detailed explanation included or attached in a separate report for "YES" responses to question 3-9, 11-13. GYAP reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent/guardian must also sign.

\_\_\_\_\_  
 (Ms.) (Mr.) Candidate Name (First/Last) Home Country Date of Birth

1 Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

2 Do you note any abnormalities concerning height, weight(including substantial loss or gain in the past six months), blood pressure, pulse or respiration?  Yes  No

If yes, explain \_\_\_\_\_

3 CHECK YES OR NO. HAS THE CANDIDATE HAD THE DISEASES/CONDITIONS LISTED BELOW:

		YES NO IF KNOWN:				YES NO	
a) Measles	<input type="checkbox"/> <input type="checkbox"/>	Titer: _____	Date: _____	h) Rheumatic Fever	<input type="checkbox"/> <input type="checkbox"/>		
b) Mumps	<input type="checkbox"/> <input type="checkbox"/>	Titer: _____	Date: _____	i) Cough(persistent, recurring)	<input type="checkbox"/> <input type="checkbox"/>		
c) Rubella	<input type="checkbox"/> <input type="checkbox"/>	Titer: _____	Date: _____	j) Headaches (persistent, recurring)	<input type="checkbox"/> <input type="checkbox"/>		
d) Chicken Pox	<input type="checkbox"/> <input type="checkbox"/>			k) Sleepwalking	<input type="checkbox"/> <input type="checkbox"/>		
e) Poliomyelitis	<input type="checkbox"/> <input type="checkbox"/>			l) Enuresis	<input type="checkbox"/> <input type="checkbox"/>		
f) Hepatitis	<input type="checkbox"/> <input type="checkbox"/>			m) Appendicitis	<input type="checkbox"/> <input type="checkbox"/>		
g) Tuberculosis	<input type="checkbox"/> <input type="checkbox"/>			n) Parasites(internal)	<input type="checkbox"/> <input type="checkbox"/>		

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

4 ACNE  Yes  No

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

5 ALLERGIES  Yes  No

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

6 ASTHMA  Yes  No

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

7 DIABETES  Yes  No

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

8 SEIZURE DISORDER  Yes  No

If yes, identify type, severity, any medication taken, name, dosage & frequency: \_\_\_\_\_

9 HAS THE CANDIDATE EVER HAD ANY DISEASS, IMPAIRMENT OR ABNORMALITY OF:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils nose or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, ear/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain(use extra pages, if necessary) \_\_\_\_\_

10 HAS THE CANDIDATE BEEN HOSPITALIZED?

Yes  No If yes, give dates, diagnosis and outcome for each incident:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 4b Health Certificate

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Candidate Name (First/Middle/Last) Home Country

**11** Is the candidate currently taking medication or injections (other than those mentioned previously)?  Yes  No  
 If yes, identify the medication, reason for usage, dosage and frequency: \_\_\_\_\_

**12** Has the candidate EVER consulted a neurologist, psychologist or any other specialist for nervous, emotional or eating disorder?  Yes  No

**13** Is there a history of, or present evidence of, an emotional, nervous or eating disorder?  
 Yes  No

If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involved emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the GYAP program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

**14** Are there any health limitations or restrictions on the candidate's activities and / or sports participation or any medical information which should be considered for a home/school placement?  Yes  No If yes, please describe: \_\_\_\_\_

**15** Does the candidate wear glasses or contact lenses?  Yes  No

**16** What was the date of the candidate's last dental check up? \_\_\_\_\_  
 Does the candidate wear dental braces?  Yes  No  
 If yes, will orthodontic care be needed while on the program?  Yes  No Frequency? \_\_\_\_\_

**17** CANDIDATE HAS HAD THE FOLLOWING IMMUNISATIONS,  
 PLEASE SPECIFY EXACT DAY, MONTH AND YEAR:

	Yes	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR
Measles	<input type="checkbox"/>	_____	_____	_____	_____	_____
Mumps	<input type="checkbox"/>	_____	_____	_____	_____	_____
Rubella	<input type="checkbox"/>	_____	_____	_____	_____	_____
Diphtheria	<input type="checkbox"/>	_____	_____	_____	_____	_____
Pertussis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tetanus	<input type="checkbox"/>	_____	_____	_____	_____	_____
Poliomyelitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
BCG	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hepatitis B	<input type="checkbox"/>	_____	_____	_____	_____	_____
Other	<input type="checkbox"/>	_____	_____	_____	_____	_____

TB Test Which type (circle one) Mantoux or Tine Date: \_\_\_\_\_ Result(+/-)  
 If positive, was chest x-ray done?  Yes  No Date: \_\_\_\_\_ Result(+/-)



## 5. School Information

CANDIDATE'S NAME

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Candidate's name	City	State/Province/Region
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### PHOTO PAGE

To help introduce yourself to your new school and host family, assemble a small collection of photos showing you, your family and friends. Place the photos on a single piece of paper and print your name and country of origin. If possible, make this a colour copy.

### TEACHING DETAILS

Information about the following subjects will be helpful in determining your school placement.

Please fill in using the following codes:

**1.** Teacher education specialisation (liniefag)    **2.** Teaching experience    **3.** Teaching preference

_____ Music	_____ Arts/painting	_____ Mathematics
_____ Religion	_____ Social studies	_____ Geography
_____ Biology	_____ Home economics	_____ History
_____ Danish	_____ English	_____ Sports
_____ Film/media	_____ Other (please specify) _____	

Please indicate age group of your students: \_\_\_\_\_

### YOUR PROFESSIONAL BACKGROUND

Work experience

Type of work	Place	From	To

What specific skills do you bring and what do you hope to gain personally and professionally?

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What is your educational background?

Title	Year

Are you comfortable with being placed in a host family? Do you have any hesitations in connection with staying in a family setting? Please elaborate:

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### SCHOOL DESCRIPTION

To give GYAP Interkultur and your GYAP exchange teacher an idea of your school, please submit a general description of your school in English together with your application. You are welcome to use material already published on the internet or in other materials.



## 6. Self Permission Form

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 Name of participant

Date

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 GYAP Program of participation

### PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

I understand that photographs and film and video footage(the "images") of current and former participants are occasionally used by GYAP in promotional materials. By signing this Agreement, I grant to GYAP the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of me taken during my involvement with GYAP and to use my name in this connection. I understand that if I do not wish my images to be so used, I must mark the following box and initial the space beside it. By leaving this box blank, I understand that I will be deemed to have consented to such use.

Initial here if you DO NOT give permission for GYAP to use such letters, images & audio recording or yourself.

### AUTHORISATION FOR EMERGENCY MEDICAL TREATMENT

Should any medical emergency arise, if time permits, GYAP will communicate with the person(s) I have designated below as the emergency contact(s) through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of GYAP, time and circumstances do not permit communication with them, I authorise GYAP to consent to medical treatment, the administration of X-ray examination, aesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

I am aware that some local government may require certain vaccinations in order for myself to participate in community responsibilities. I understand that I am responsible for any costs related to these requirements.

### AUTHORISATION FOR RELEASE OF MEDICAL TREATMENT

I hereby authorise GYAP, and/or its duly authorised medical consultant, to obtain all medical records relating to examinations or treatments for me while I am on the program and any other information concerning such examinations or treatments.

### AGREED AND ACCEPTED:

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 Signature of participant

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 Name of emergency contact

Relationship

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 Work phone

Home phone

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 Address