## HOBSONS BAY INTERNATIONAL FRIENDSHIP ASSOCIATION

# STUDENT EXCHANGE PROGRAM CHAPERONE APPLICATION FORM

Attach recent photo	

Full Name	Date of Birth	
Address		
Mobile Phone	Home Phone	
Email		
Current Occupation		
Employer		
Address		
Do you hold a current Australian Passport?		YES/NO
Do you have any dietary requirements/allergies?	(If yes, please list)	YES/NO

**Details of persons living with you**Please list. For example: Husband/wife/partner/children/mum/dad

Nam	Name		Relationship	Age	Telep	hone Number
	etc). A.	u undertaken any (Course Title)	courses in Internation		s (langu	age, history, culture,
	B.					
	C.					
2.		xperience (natior	nal and international)			
	Α.	(Destination)		(Dat	tes)	
	В.					
	C.					
F			adolescents eriences in accompany	/ing adoles	scents (	on any excursions or
	Excur	sion/Camp/Etc.				Date

4.	Hobbies/Other Interests				
	A				
	B				
	C				
5.	Explain in no more than 200 words how you would describe your attributes for the position of Chaperone. As Chaperone, you will be responsible for four young students who most likely will not know you or each other. Therefore what would you do to bring them together as a cohesive group and how would you gain the students and their family's respect and confidence. Please attach separately to this application.				
6.	Explain in no more than 200 words how you would describe Hobsons Bay to a group in Anjo. Please attach separately to this application.				
7.	What, if any, voluntary/community work have you been involved in?				
8.	Every three years a citizen delegation visits Hobsons Bay and you will be required to homestay one person for two nights. Do you agree to this:  YES/NO				
9.	When in Japan what would you like to see and do?				
10.	. Favourite foods				
	,				
11.	. Foods you dislike				

12	2. Do you give permission for the HBIFA to use images of you and your name <u>in printed</u> and digital media for promotion of the Association?				
	YES/ NO				
	Signed				
	Date				
13	. I have read the Guidelines and information sheet for this position and understand and accept the obligations associated with this position including completing a Working With Children Check which includes a police check if I am the successful applicant.				
	Signed				
	Dated				

## Referees

List 3 persons who can be contacted and are prepared to act as a Referee on your behalf.

Referee 1		
Name	Title	
Relationship to Chaperone	Telephone	
Email		
Referee 2		
Name	Title	
Relationship to Chaperone	Telephone	
Email	<del></del>	
Referee 3		
Name	Title	
Relationship to Chaperone	Telephone	
Email		

Please scan and email your application to <a href="mailto:hbifa\_secretary@outlook.com">hbifa\_secretary@outlook.com</a>

## OR POST TO:

Hobsons Bay City Council Hobsons Bay International Friendship Association C/-Sue Gauci

PO Box 21, Altona VIC 3018, Australia APPLICATIONS CLOSE 31 OCTOBER