



**APPLICATION FORM FOR:**

(PLEASE ✓ IN THE GROUP THAT YOU ARE APPLYING FOR)

- GROUP 1 (10 SEP – 6 OCT 2017) THAILAND - SINGAPORE
- GROUP 2 (10 SEP – 6 OCT 2017) VIETNAM - SINGAPORE
- GROUP 3 (11 MAR – 6 APR 2018) INDONESIA - SINGAPORE
- GROUP 4 (11 MAR – 6 APR 2018) PHILIPPINES - SINGAPORE



Affix recent photo

**A: PERSONAL PARTICULARS**

Name (as in identity card/passport):

Gender:	Date of Birth:	Country of Birth:
Nationality:	Race:	Religion:
Home Tel:	Mobile phone no:	Email address:

Address:

Name of Institution:	Course of Study and Year:	GPA (based on 4 pts):
----------------------	---------------------------	-----------------------

Language(s) Written:  
Language(s) Spoken:

Passport no: <i>*Please attach photo/scan of information page of passport.</i>	Date of issue:	Date of expiry: <i>*Passport must be more than 6 months valid from date of travel</i>
---	----------------	--

T-shirt size:	Dietary preference: Vegetarian / Halal / No preference
---------------	--

**B: MEDICAL AND HEALTH RECORDS**

Blood type : \_\_\_\_\_

It is particularly important that any pulmonary, nervous or mental trouble, asthma related respiratory disorder, cardiovascular problem, previous prolonged ill-health, allergy, etc. should be stated.

Description of any drug allergy:

**C: EMERGENCY CONTACTS****1<sup>st</sup> Emergency Contact Point:**Full Name:  
(Please underline Surname)

Relationship:

Mobile:

Office:

Email:

Language(s) Spoken:

**2<sup>nd</sup> Emergency Contact Point:**Name:  
(Please underline Surname)

Relationship:

Mobile:

Office:

Email:

Language(s) Spoken:

**D: DECLARATION**

I declare that the above statements and those on the attached sheets are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact. I allow the organiser to use this information in any way deemed necessary for the purpose of facilitating my application for the ASEAN Youth in Action Programme.

\_\_\_\_\_  
Signature of Applicant and Date

**E: PARENT'S/GUARDIAN'S CONSENT**

I, \_\_\_\_\_, \_\_\_\_\_ give consent to the  
(Name in Capital letters as in your identity document) (Identity document No)

participation of my child/ward\* \_\_\_\_\_ in the ASEAN Youth in  
(Full name of child/ward)

Action – Learning Express in:

- [ ] Group 1 (\*10 Sep – 6 Oct 2017) Thailand - Singapore  
 [ ] Group 2 (\*10 Sep – 6 Oct 2017) Vietnam - Singapore  
 [ ] Group 3 (\*11 Mar – 6 Apr 2018) Indonesia - Singapore  
 [ ] Group 4 (\*11 Mar – 6 Apr 2018) Philippines - Singapore

\*The dates of the programme include travelling.

\_\_\_\_\_  
Signature of Parent/ Guardian\* and Date

\*delete accordingly



**F: ESSAY (NOT MORE THAN 250 WORDS)**

Why I would like to join ASEAN Youth in Action Programme and how I would contribute to the programme?

**Photo/scan of information page of passport.**