

Labo International Exchange - Manitoba

Outbound Application Instructions

Please make sure all items are checked off and included in your package before you submit your application

- Personal Information pages (2 pages) • On the top of the first page, check which program(s) you are applying for. Three signatures required. Remember that this form will be read by a Japanese family who may be unfamiliar with the English language. Please write clearly and avoid using slang.
- Medical History and Authorization (3 pages) • *Parent/guardian's signature required.*
- Self-Introduction Page (1 or more pages) Use photos, drawings, maps, and anything else you can think of to help introduce yourself, your family, and your community to your host family.
- Essay Page (1 page) You may attach essays on separate pages if desired.
- Participant Agreement (1 page) • *Parent/guardian's signature required.*
- Scholarship Form (if applicable)
- Travel Insurance Form (1 page) • *Parent/guardian's signature required.*
- Photo Copy of Parental Permission Form (1 page – keep original with your passport • *BOTH Parent/guardian's signatures required.*)
- \$300 cheque for deposit and orientation fee
- Please note:** The Confidential Reference Forms are to be mailed in under separate cover.
- Please mail your complete application to your Manitoba Provincial Coordinator. (*You may want to provide a stamped, addressed envelope for their convenience*)

Linda Gryte
Manitoba Provincial Coordinator
467 Brandon Avenue
Winnipeg, Manitoba R3L 0T7

The completed Application Package and a cheque for \$300 are due to your Manitoba Provincial Exchange Coordinator by February 15 (Nihongo) or March 15 (Month-long).

- Mailing address of the MB Provincial Coordinator:
Linda Gryte
467 Brandon Avenue
Winnipeg, Manitoba R3L 0T7

* Note: The Manitoba Program is separate from the Canadian/Japanese Exchange program.
- The Provincial Coordinator will check, approve and sign application and pass it on to the MB Outbound Coordinator.
- The cheque is a deposit on your air ticket/costs for MB orientations, and is not refundable after the reservation has been made. Only one cheque for \$300 is required if you are going on both the Nihongo and Month-Long programs.
- The cheque should be made out to:
Chozanne Gryte – Outbound Coordinator
- On the lower left of the cheque write:
Outbound Program – In Trust
- Around the beginning of June you will receive your Host Family Information Sheet, and travel and orientation information.

Full payment is due to the MB Outbound Coordinator by June 1:

Chozanne Gryte
467 Brandon Avenue
Winnipeg, Manitoba R3L 0T7
Tel (204) 232-4507
EM: chozanne@hotmail.com

- Your cooperation in meeting deadlines is greatly appreciated.
- Late applications will be accepted on a “space available” basis and may result in increased airfare and/or delayed host family assignment.
- Please keep the instruction pages and checklist for your reference.

HOST FAMILY REQUESTS

Any host family assigned to me will be acceptable

I request to be hosted by:

Name _____

Address _____

Phone _____ How do you know this family? _____

If your requested host is unable to host you:

Another family will be acceptable

Place me near my requested host so I can possibly visit them

I will not travel to Japan at this time

Other requests (location, etc.) _____

OTHER INFORMATION

T-Shirt Size (circle one): S M L XL (for group T-shirt)

What city will you be flying out of? _____

REFERENCES

Please list two people (not relatives) who can be contacted for a personal reference

Name _____ Name _____

Address _____ Address _____

Phone (____) _____ Phone (____) _____

Relationship _____ Relationship _____

***I understand the objectives of the Labo In-Japan Program
and agree to abide by the rules of the program***

Applicant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Coordinator Signature (if applicable) _____ Date _____

MEDICAL FORM

参加者名 (ローマ字) _____ 生年月
 Participant's Name: _____ Date of Birth: _____
 Month/Day/Year

I hereby authorize the representatives of the Labo International Exchange Foundation, the Labo Teaching Information Center, and the families assigned as my child's hosts, to make arrangements for his/her welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare (should he/she be incapacitated to make their own decision), while participating in this program.

Signature of parent or legal guardian: 署名 _____ Date: (Month/Day/Year) 日付 _____

In case of emergency notify: Name _____ Telephone: _____
 緊急連絡先 名前 電話

Relationship to participant: _____
 参加者との関係

1. Inoculation History

Vaccine 予防接種	Number 回数	Date of injection 接種 した年月日	Vaccinated by/at 接種した施設	Contracted or not? かかった有無	Date contracted (M/D/Y) かかった年月日
Measles はしか	1st			Yes / No	
	2nd				
Mumps おたふくかぜ	1st			Yes / No	
	2nd				
Rubella 風疹	1st			Yes / No	
	2nd				
Chickenpox 水ぼうそう				Yes / No	
Polio (OPV) 小児麻痺	1st			Yes / No	
	2nd				
	3rd				
	4th				
DPT (三種混合) Diphtheria ジフテリア Pertussis 百日咳 Tetanus 破傷風	1st			Yes / No	
	2nd				
	3rd				
	4th				
	5th				
Tuberculosis ツベルクリン反応の検査	Yes No				
Vaccine type for TB (BCG 接種の有無)	Yes No				
Hepatitis B B型肝炎	1st				
	2nd				
	3rd				
Others その他					

2. Are you subject to any of the following? If YES, please explain condition and/or frequency.

下記の病気や症状がありますか？

	Condition/Frequency	症状/頻度
Asthma/Respiratory Problems 喘息 / 呼吸器系障害	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Diabetes/Hypoglycemia 糖尿病 / 低血糖症	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Heart Trouble 心臓疾患	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Lung Trouble 肺疾患	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Fainting Spells 失神	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Convulsions けいれん発作	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Epilepsy てんかん	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Skin Disease 皮膚疾患	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Kidney/Gall Bladder/Liver Disease 腎臓 / たんのう / 肝臓疾患	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Muscular/Skeletal Problem 筋肉/骨格の障害	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Emotional or Mental Disorder 情緒/精神的な障害	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Stomach/Intestinal Problem 胃腸障害	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Any Other Disorder (Please list and explain) その他の疾患及び障害		_____

3. Do you have any allergies or reactions to drugs or non-drug items?

アレルギー、薬品の副作用について

• **Medicines:** 薬品に関するアレルギー

Penicillin or Related Drugs: (ペニシリン系薬品) Yes No

Aminopyrine or Sulpyrine Type Drug: (ビリン系薬品) Yes No

Others: その他の薬品 : _____

• **Non-Drug Items:** 薬品以外のアレルギー

Bees Pollen Dogs Cats Small Animals
 蜂 花粉 犬の毛 ネコの毛 小動物の毛

Food 食品 : _____

4. Do you have difficulties with any of the following?

下記の障害や、健康上注意を要する点がありますか？あれば、注意書きも書き添えて下さい。

Eyes (視力等、目の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Uses Contact Lenses (コンタクトレンズ使用)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Ears (聴力等、耳の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Nose (鼻の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Throat (咽喉障害)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Digestion (消化障害)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Sleepwalking (夢遊病) Yes No _____
 Bed-Wetting (夜尿症) Yes No _____
 Menstrual Problems (生理障害) Yes No _____
 Any other medical difficulties: (Please list) _____
 その他の障害

• Any surgical operations, accidents, or injuries, which required hospitalization in the past?
 Yes No Explain: _____
 過去に手術、事故、怪我などで入院したことがありますか。あれば病名、症状をお知らせ下さい。

• Any recent exposure to a contagious disease?
 Yes No Explain: _____
 最近感染症にかかりましたか。あれば病名、症状をお知らせください。

• If you are carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.
 携帯する薬をお知らせ下さい。(医師から処方されたものには'P'と書き添えてください)

Name of medicine 薬品名	For what illness/symptoms 病名・症状	Dosage/Times taken 服用量・回数
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Are there any physical activities that you are restricted from doing? If YES, please list.
 Yes No If so, what kind? _____
 健康上制限されている行動がありますか。ある場合お知らせ下さい。

• Any additional information Labo and your host families should be aware of?
 Yes No Explain: _____
 ラボやホストが知っておいた方がよい健康上の問題がありますか？

• Are you currently under a doctor's care?
 Yes No Explain: _____
 現在通院していますか。いる場合、何の症状で通院されているかお知らせください。

I certify that all medical information has been included and that the above information is complete and accurate: 記載した情報に相違ありません。

 Signature of parent or legal guardian 署名

 Date 日付

 Signature of participant 署名

 Date 日付

SELF-INTRODUCTION

Use this page to introduce yourself, your family, and your community to your Japanese host family.

You may use photos, drawings, maps and so on to make this 'self-introduction' page interesting.

ESSAY

Remember that this form will be read by a Japanese family who may be unfamiliar with the English language. Please write clearly and avoid using slang.

1. What kinds of things would you like to do while you are in Japan?

Explain any goals you have for your trip to Japan.

2. How do you plan to prepare for your trip to Japan?

PARTICIPANT AGREEMENT

I recognize the opportunity this exchange trip offers to me. I am aware that my behavior will reflect on my family, home, community and country and that many people will base their opinions of North American youth on me and my actions. Therefore, I pledge to cooperate in every way to make this trip a rewarding and positive experience.

- **I AGREE TO:**
 1. Follow schedules and attend all planned meetings.
 2. Remain in assigned areas at all times.
 3. Show courtesy at all times, especially in restaurants, hotels and public places.
 4. Leave sites and public areas neat and clean.
 5. Respect the suggestions of all adults connected to this program, even if they are not my assigned chaperone, and even if they are from other countries or organizations.
 6. Dress appropriately at all times while in public.
 7. Participate in the life of my host family, in camp activities, and in meetings and other planned activities.
 8. Show respect to my host family and others I meet in Japan.
 9. Abide by the laws of Japan and my country.

- **I AGREE TO REFRAIN FROM:**
 1. Inappropriate sexual behavior or public display of affection.
 2. Profane, obscene or discriminatory language.
 3. Accepting, carrying or using alcohol, tobacco, or illegal drugs.
 4. Operating a motor vehicle of any kind.
 5. Bringing any device (ex: international cell phone) which will allow me to call the US/Canada

- **I UNDERSTAND** that while in Japan I am under the jurisdiction of my chaperone and of Labo.

- **I UNDERSTAND** that misconduct on my part may result in my being sent home. If I am sent home due to misconduct on my part, or if I elect to return home before completion of the program for any reason, additional travel and related expenses will be the responsibility of my parents or legal guardian, and fees will not be refunded. If damage to property occurs, I can be assessed for the cost of replacement or repairs.

- **I AND MY PARENTS** or legal guardian agree to indemnify and hold harmless all organizations involved in this exchange program against any claims, losses, expenses or payments resulting from any misbehavior on my part or any act, or failure to act, by me.

I HAVE READ, AND WILL ABIDE BY THIS AGREEMENT:

Student: _____ Date _____

Parent or Legal Guardian: _____ Date _____

Labo International Exchange - Manitoba

LABO IN-JAPAN SCHOLARSHIP PROGRAM

MONTH-LONG HOSTING SCHOLARSHIP

- For every Labo member or chaperon your family has hosted on the Month-Long summer exchange, you may deduct \$150 from the Summer Homestay fee or the NIHONGO fee.
- There is a maximum deduction of \$450 (i.e. if your family has hosted three members.)
- This scholarship may be claimed only one time for each Labo member hosted.

YEAR-LONG HOSTING SCHOLARSHIP

- If your family has hosted a Labo student on the Year-Long High School Program and the high school CHARGED TUITION, you may waive either the Summer Homestay fee or the NIHONGO fee.

YEAR LONG SCHOOL SCHOLARSHIP

- If your family has hosted a Labo student on the Year-Long High School Program and the high school DID NOT CHARGE TUITION, you are eligible for a full scholarship (all fees and airfare) from Labo.

Labo International Exchange - Manitoba

IN-JAPAN SCHOLARSHIP APPLICATION

See the previous page for an explanation of the scholarship program

Name: _____ Province _____

MONTH-LONG SCHOLARSHIP

1. **Name of Labo student hosted:** _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

2. **Name of Labo student hosted:** _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

3. **Name of Labo student hosted:** _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

YEAR-LONG SCHOLARSHIP

Name of Labo student hosted: _____

Year Hosted: _____

Name of Host parents _____

OTHER INFORMATION

Verified by Provincial Co-ordinator: _____ Date _____

Labo International Exchange - Manitoba

Labo In-Japan Program

Travel Insurance Form

Check the program(s) in which you are participating

____ Nihongo Exchange

____ Month-long Exchange

Parents of students traveling on these exchanges are responsible for all medical expenses incurred during the exchange trip. Therefore it is a requirement that the student has out-of country hospital/medical insurance during the exchange.

I, the parent/guardian of _____
accept full responsibility for all medical expenses incurred by my child/ward during the Canadian/Japanese exchange program.

Parent's signature

Date

Do you wish to purchase medical insurance with your airline ticket? ____yes ____no

If you do not purchase this insurance through the travel agent, indicate the agency where you have medical insurance coverage and the student's insurance number below.

Medical Insurance Company

Student's Insurance Number

Cancellation insurance is recommended by the travel agent.

Do you wish to purchase cancellation insurance from the travel agent? __yes__no

Labo International Exchange - Manitoba

Canadian/Japanese Exchange

**PARENTAL PERMISSION FORM
for
TRAVEL OUTSIDE CANADA**

We, the parents of _____ give our permission for our child to travel to Japan as part of the Labo-Manitoba Exchange Program. While in Japan our child will be staying with a host family under the auspices of:

LABO INTERNATIONAL EXCHANGE FOUNDATION

Nishi-Shinjuku Mitsui Bldg 16F
6-24-1 Nishi-Shinjuku, Shinjuku-ku
Tokyo 160-0023 Japan
Telephone: 03-5324-3430

Father 's Signature: _____ Date: _____

Mother 's Signature: _____ Date: _____

***Send photocopy with application and
keep original form with your passport***

Labo International Exchange - Manitoba

Return to: (Your Exchange Coordinator's name and address)

**CONFIDENTIAL
REFERENCE**

Applicant's Name: _____

The individual named above has applied for participation in the Labo In-Japan Summer Homestay Program (1 or 2 months in Japan). Your thoughtful evaluation of the applicant's ability to assume this role will be appreciated. You may write a letter if you prefer. Please send the completed form (or letter) and any other materials to the Exchange Coordinator listed in the upper right-hand corner. Please use the back of this page for additional comments. All information is confidential. *Thank you for providing this reference*

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:

			Comments
Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accepts Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Respectful	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Outgoing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Positive Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flexible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

How does the applicant react to:

Physical discomfort: _____
Stress/Pressure: _____
Sudden changes in schedule: _____
Awkward and embarrassing situations: _____

In comparison with others, how would you rate the applicant in the following areas:

	Below Average	Average	Above Average	Top 10%
Emotional maturity	()	()	()	()
Leadership	()	()	()	()
Enthusiam/Energy	()	()	()	()
Self-Confidence	()	()	()	()
Sense of Humor	()	()	()	()
Handling Emergencies	()	()	()	()

How long have you known this applicant? _____

Do you recommend this applicant for participation? Yes No

Signature _____ Date _____

Title _____ Telephone (____) _____

Connection to Applicant _____

Outbound Application Check List

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