



APPLICATION FORM FOR THE INTERNATIONAL YOUTH INTERSHIP PROGRAM 2018

1. Personal Information

*Fill in all columns and sections. Blank columns are not accepted

A 3x4 size photo (taken within 3 months)	Name	Full Name (as shown on your passport)		
	Nickname (The name you like to be called)			
Date of Birth	Day/Month/Year	Age		
Nationality		Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Religion	<input type="checkbox"/> Muslim <input type="checkbox"/> Protestantism <input type="checkbox"/> Catholicism <input type="checkbox"/> Hinduism <input type="checkbox"/> Buddhism <input type="checkbox"/> Confucianism			
Mother Tongue				
Passport	Number		Type of Passport	
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	Date of Issue		Date of Expiry	
	Day/Month/Year		Day/Month/Year	
Social Media User Account(s)	Facebook	Twitter	Instagram	Others
	The Ministry of Youth and Sports RI may use your postings related to the program through SNS			
Current Address	Telephone :			
	Mobile :		E-mail :	
Contact Person in case of Emergency <small>*It should be your parents.</small>	Full Name			
	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ()			
	Address :			
	Telephone :			
	Mobile :		E-mail :	
Divisions	<input type="checkbox"/> Marketing <input type="checkbox"/> Education <input type="checkbox"/> Tourism & Hospitality			



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*Fill in all columns and sections. Blank columns are not accepted

3. Academic Details/Organization

School/University	Name of School/University			Location (City, Province)		
	Field of Study or Department					
	Grade/School Year			Tel:		
Organization	Name of Organization			Location (City, Province)		
	Department/Division/Office					
	Year :			Tel :		
Language	Official English Test <input type="checkbox"/> TOEFL (score: _____)) <input type="checkbox"/> TOEIC (score: _____)) <input type="checkbox"/> IELTS (score: _____)) <input type="checkbox"/> Other (_____) (score: _____))					
	Level of English			Level of Other Language		
	Listening	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Listening	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Speaking	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Speaking	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Reading	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Reading	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Writing	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Writing	:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor



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4. Personal Activities

*Fill in all columns and sections. Blank columns are not accepted

Sports/Clubs	→ How many years? (year(s))
Hobbies/Favorites	
Prizes/Awards (Sports of Academic, If any)	→ When? ()

5. Social Contribution/Community Development

Describe your 3 most recent activities and please attach 1 photo in hardcopy for every activity along with this form. Leave it blank if you don't have any. (max. 100 words for each activity)

Activity 1

Activity 2

Activity 3

6. Essay

Write your experiences in one of the divisions that you have selected above! (max. 250 words)

7. Exchange Program Experiences

*Fill in all columns and sections. Blank columns are not accepted

Have you ever joined any youth/student exchange program?	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No → no need to fill in below	
If yes, what program and who provided the finance?	Name of the Program: Financed by:	
If yes, when and where was the program?	When: ()	Where : ()
If yes, length of stay		



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Declaration

I hereby certify that the filling in and statements by myself in this form are true and correct. I am fully aware of my responsibilities as a participant. I will follow the guidelines given for this activity and will not hold the facilitators or the organization responsible for any untoward incident that I have caused or incurred.

Name and signature:

Date: / / (Day/Month/Year)