

Centralian Middle School Campus 56 Milner Road, Alice Springs

PO Box 9045 Alice Springs NT 0871

08 8955 2366 www.alicespringslanguagcentre.com

## **APPLICATION FOR JAPAN STUDY TOUR**

All students who wish to participate in a study tour through the Alice Springs Language Centre are required to complete an application form and go through a selection process. Successful applications will be based on school attendance, behaviour and motivation.

As part of the process, we will contact the student's school to collect information about the student's attendance, academic achievement, behaviour and any other information we consider relevant to the application.

## Eligibility

- ▶ Be in Year 9, 10, 11 or 12 in 2020. There are limited spaces available for Year 9 students
- ▶ Demonstrated commitment to learning a language
- ▶ Be studying the language of the country to be visited in the year in which the tour will take place
- ▶ Be enrolled in a government school in the year in which the tour will take place
- ► Complete the selection process which may include an application form and interview
- Have a high level of school attendance
- ► Have no major behavioural issues
- ▶ Must attend all pre-departure meetings and coaching sessions

Once completed please return this form to the Alice Springs Language Centre

| In Person                     | Email                        | Mail          |
|-------------------------------|------------------------------|---------------|
| Alice Springs Language Centre | alice.language@ntschools.net | PO Box 9045   |
| 56 Milner Road                | or                           | Alice Springs |
| Centralian Middle School      | tara.welch@ntschools.net     | NT 0871       |
| Campus                        |                              |               |

The forms can also be handed directly to the language teacher during class time

## **ALICE SPRINGS LANGUAGE CENTRE**

## **Application for Japan Study Tour**

Please complete this application form and return to the Alice Springs Language Centre, language teacher, or email to <a href="mailto:alice.language@ntschools.net">alice.language@ntschools.net</a>

| Student Details                                                                                                                         |                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|
| Full Name:                                                                                                                              | Date:                   |  |  |  |
| Date of Birth:                                                                                                                          |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
| Email:                                                                                                                                  |                         |  |  |  |
| Have you ever participated in an overseas study tour with the Alice Springs Language Centre? $\ \square$ Yes $\ \square$ No             |                         |  |  |  |
| What language have you selected to study next year?                                                                                     |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         | Parent/Guardian Details |  |  |  |
| Full Name:                                                                                                                              | Mr Mrs Ms Miss          |  |  |  |
|                                                                                                                                         | Phone:                  |  |  |  |
| Email:                                                                                                                                  |                         |  |  |  |
| Does the student have any medical conditions that may impact their ability to participate fully in the study tour? $\Box$ Yes $\Box$ No |                         |  |  |  |
| If yes, please provide details:                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         | Personal Goals          |  |  |  |
|                                                                                                                                         |                         |  |  |  |
| What are your thoughts on learning another language?                                                                                    |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |
| What do you hope to gain from participating in this overseas study tour?                                                                |                         |  |  |  |
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|                                                                                                                                         |                         |  |  |  |
|                                                                                                                                         |                         |  |  |  |

| What challenges do you expect to encou you respond? | nter during the study tour and how would   |
|-----------------------------------------------------|--------------------------------------------|
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|                                                     |                                            |
| Are you involved with any community ac              | tivities, sports, clubs or volunteer work? |
|                                                     |                                            |
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|                                                     |                                            |
|                                                     |                                            |
| What aspirations do you have for the fut            | ure?                                       |
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| s there anything else you would like to a           | dd about yourself?                         |
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|                                                     |                                            |
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|                                                     |                                            |
|                                                     |                                            |
| Student Signature:                                  |                                            |
| Parent Signature:                                   | Date:                                      |
| Falent Signature.                                   | Date.                                      |
|                                                     |                                            |
| OFFICE                                              | USE ONLY                                   |
| School                                              | Date                                       |
| Attendance                                          | Date                                       |
|                                                     |                                            |
| Academic                                            |                                            |
| Behaviour                                           |                                            |
| Other                                               |                                            |
| Selection Outcome: ☐ Approve ☐                      | Deny Signature:                            |