

Teacher Chaperone Registration Booklet: For Foreign Schools

List of GYCi Programs/Events:

<input type="checkbox"/> Global Youth Model United Nations (GYMUN) <input type="checkbox"/> Global Youth Leadership Summit (GYLS) <input type="checkbox"/> Global Youth Forum (Junior High) (GYF-Jr) <input type="checkbox"/> Global Youth Forum (Senior High) (GYF-Sr) <input type="checkbox"/> European Union Youth Forum (EUYF) <input type="checkbox"/> Asia Youth Leaders Assembly (AYLA) <input type="checkbox"/> Asia Entrepreneurship Youth Seminar (AYES)	<input type="checkbox"/> ASEAN Youth Leadership Summit (AYLS) <input type="checkbox"/> ASEAN Youth Convention (Junior High) (AYC-Jr) <input type="checkbox"/> ASEAN Youth Convention (Senior High) (AYC-Sr) <input type="checkbox"/> ASEAN Regional Forum for Youth (Junior High) (ARFY-Jr) <input type="checkbox"/> ASEAN Regional Forum for Youth (Senior High) (ARFY-Sr) <input type="checkbox"/> China Youth Forum (CYF)
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Please indicate the convention/forum that you are attending:

Application for: _____ (Convention/Forum Name)

Name of School/ Institution/University

SECTION A: FOREIGN TEACHER REGISTRATION FORM

DELEGATE'S PERSONAL INFORMATION

Full Name in Block (as in Passport) (Please <u>underline</u> surname)							Gender*			
							Male / Female			
Passport No.:			Date of Issue (DD/MM/YY)		Expiry Date (DD/MM/YY)		Country of Issue			
T-Shirt Size (32-44)*				Date of Birth (DD/MM/YY)		Blood Type		Age (in 2012)		
XXS 32	XS 34	S 36	M 38	L 40	XL 42	XXL 44				
Home Address										
Country:				City:						
Postal Code:				State/Province:						
Email					Home Phone			Mobile Phone		
Country of Birth			Nationality			Race		Religion		

Please affix recent photo here

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SCHOOL DETAILS

* Year/ Level of Teaching as of 2012 (Tick & Circle Accordingly)	
<input type="checkbox"/> Secondary 1 / 2 / 3 / 4 / 5	<input type="checkbox"/> Junior High Grade 6 / 7 / 8 / 9
<input type="checkbox"/> JC 1 / 2 / ITE Year 1 / 2 / 3 / Polytechnic Year 1 / 2 / 3	<input type="checkbox"/> Senior High Grade 10 / 11 / 12
<input type="checkbox"/> Awaiting A level Results / University Year 1 / 2 / 3 / 4	<input type="checkbox"/> University Year 1 / 2 / 3 / 4 / 5
<input type="checkbox"/> Grade ____	
Teaching Subjects	
Previous School(s) (if any)	Teaching Experience (Years)

*Please circle when applicable

SECTION B: MEDICAL AND EMERGENCY INFORMATION

TO BE COMPLETED BY TEACHER

**THIS INFORMATION IS STRICTLY CONFIDENTIAL.
PLEASE DO NOT READ ON IF YOU ARE UNAUTHORISED TO DO SO.**

FAMILY INFORMATION

The following persons may be contacted in cases of any national health crisis or emergency.

Relationship	Name	Age	Occupation	Organization/ School	Contact Number (Mobile/ Home/ Office)
Mother					
Father					
Spouse					
Child 1					
Child 2					
Child 3					

*Please Circle when appropriate

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PERSONAL HEALTH PROFILE

The following information will help us to ensure your safety for the duration of the programme and will be kept highly confidential.

Please circle one option to indicate your response.

My general state of health is:	Good	Fair	Poor
My level of fitness is:	High	Medium	Low
Are you currently taking medication? Yes / No If yes, please specify: _____			
Have you been hospitalised in the past 12 months? Yes / No If yes, please provide details: _____			
My last tetanus immunization was: __ / __ / __ [dd/mm/yy] Please ensure that you are currently immunized against tetanus.			

Do you have or have you suffered from any of the following conditions or disorders?*

Please circle yes or no to indicate your response and fill in the details when appropriate.

Chest pain, High blood pressure and other Heart problems.	Yes	No
Asthma, Bronchitis, Tuberculosis, Sinusitis and other Lung problems.	Yes	No
Fits, Epilepsy, Fainting spells, Migraine, Severe head injury.	Yes	No
Eye problem/ Poor vision	Yes	No
Allergy to medicines/ food/ others	Yes	No
Ear problem/ Deafness	Yes	No
Nervous illness	Yes	No
Diabetes	Yes	No
Bone or joint injury, Back disorder	Yes	No
Muscular damage or strain	Yes	No
Phobias	Yes	No
Blood disorders	Yes	No
A carrier status for any infectious disease	Yes	No
Other recent illnesses	Yes	No

*If you answered 'Yes' to any of the above questions, please provide details and append a copy of your latest medical report (if any) clarifying the above conditions.

Other Health Issues/ Special Dietary Requirement [e.g. vegetarian]:

In the event of an illness or accident (state action required):

Please complete the following for use in an emergency:

Name of Regular Doctor: _____ (if applicable)
Doctor's Telephone No. : _____
Name of Relevant Specialist: _____ (if applicable)
Specialist's Telephone No. : _____

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A) TEACHER'S REGISTRATION INFORMATION

I, _____ [teacher's name in full], hereby declare that the information given is true and comprehensive.

I fully understand that the activities carried out by the GYCI, the Convention/Forum Organizing Team, its agents and Co-host Schools may be mildly to moderately physically demanding. I understand that I have the choice to participate in the activities and may decline participation in any activities at any time. Should I choose to participate in the activities, I accept full responsibility for that choice and any consequences that should come with it.

I will ensure that I understand and adhere to all activity instructions and accept any associated risks involved.

Residential Provision

1. Accommodation for the duration of the convention shall be based on Accommodation B (Hostel/Chalet/Guest House) for 4 or 6 pax sharing.
2. Delegate may opt to upgrade to Accommodation A (3 Star Hotel/YMCA) and additional fees shall be applicable.
3. Airport transfers are covered in the programme fees (only for delegates from foreign schools, for arrivals and departures only).
4. Please note that expenses for the purchase of air tickets, visa applications and travel insurance are not included in the programme fees. All air tickets purchase, visa applications and travel insurance are to be handled by the individual schools or delegates independently at their own expense.

Official Refund Policies

1) **Strictly No Refund**

All Registration Fees and Program Fees paid are strictly non-refundable. However, transfer of candidacy is allowed. Please refer to below for further instructions.

2) **Request for Transfer of Candidacy or Change of Delegate**

In the event that any delegate is unable to attend the convention/forum, any request for transfer or change of delegate must be made in writing to the GYCI Secretariat **at least 4 weeks** before the commencement of the convention/forum.

Such requests for transfer of change of delegate will be subject to the prevailing GYCI Admission Policy and Criteria. The new delegate shall be subject to criteria and admission procedures, as well as any additional conditions deemed necessary by the GYCI Secretariat. The final decision on transfer or change of delegate will be subject to the approval of the GYCI Secretariat.

A Transfer Fee of \$200 will be applicable to the new delegate. In the event that the transfer or change of delegate is not approved, the GYCI Secretariat reserves the right not to disclose its reasons or rationale. Programme fees remain strictly non-refundable, even if there is no transfer or change of delegate.

3) **Postponement of Event due to Unforeseen Circumstances**

In the event of any unforeseen circumstances (e.g. Disasters, National Emergencies etc.) beyond the control of the Convention/Forum Organizing Team, the Youth Convention will have to be postponed to a later date. An alternative option is for the convention program fees to be credited to other programs under GYCI.

I have also read and hereby agree to the clauses mentioned above.

I hereby declare that I would not hold the Global Youth Congress International, the Convention/Forum Organizing Team, its agents and Co-host Schools responsible for any damage to or loss of personal property or any injuries sustained during the course of the programme. I certify that the information provided on this form is true and comprehensive.

B) TEACHER'S MEDICAL AND EMERGENCY INFORMATION

I hereby declare that all the medical information provided above is accurate

C) MEDICAL EXPENSES AND REIMBURSEMENT

I further understand GYCI shall not be held responsible for any expenses arising from any medical consultation or treatment for any illnesses, including but not limited to fever, flu/cold, cough, gastric problems, diarrhea, etc. Such medical expenses and transport expenses shall be at our own expense, and GYCI shall be fully reimbursed by us for any amount paid for.

Signature of Teacher:

X _____

Date: _____