



Republic of the Philippines
Department of Education



492-1

JUL 24 2008

DepED MEMORANDUM
No. 344, s. 2008

JAPAN-EAST ASIA NETWORK OF EXCHANGE FOR STUDENTS
AND YOUTHS (JENESYS)

To: Regional Directors
Schools Division/City Superintendents
Heads, Public and Private Secondary Schools

1. The AFS Intercultural Programs Philippines, in cooperation with the Department of Education, is accepting applications for the Japan-East Asia Network of Exchange for Students and Youths (JENESYS) Program which will be held in Japan on December 4-18, 2008 with students and teachers from Australia, New Zealand, Philippines, Thailand, Malaysia, Indonesia and India as participants.

2. The JENESYS Program promotes mutual understanding and trust through exchange programs consisting of visiting historic and other relevant sites, educational institutions and one-week home-stay, fostering a strong foundation for building a sense of community in order to acquire more accurate knowledge of history, culture and society as a basis for developing a common perspective for the future.

3. The following are the qualifications for the program:

I. Student-Applicants should -

- a. Understand and agree to the aims of the JENESYS;
- b. Be enrolled in high school (4th Year) or equivalent in the home country at the time of the application;
- c. Be 15-18 years old upon arrival in Japan;
- d. Be capable of adjusting themselves to family life abroad;
- e. Have the ability to conduct daily conversation in English or Japanese; and
- f. Preferred not to have joined a similar invitation program to Japan.

II. Teacher-Applicants should -

- a. Understand and agree to the aims of the JENESYS;
- b. Be engaged in teaching at high school or equivalent in the home country at the time of application;
- c. Be responsible for chaperoning a group of participants assigned for the smooth running of the program, and act as a leader of the group assigned;
- d. Make at least one school or community presentation or submit a report summarizing experience upon returning from the program.

4. Interested applicants are required to pay an application fee of Php500.00 and submit the enclosed Program Application Form, duly filled up, on or before August 15, 2008 to the AFS Returnees Foundation Philippines, Inc. at the 2/F UP-ISSI Building, Jacinto St., University of the Philippines, Diliman, Quezon City and contact numbers (02) 928-3432 or 929-5750.

5. All expenses of selected participants while in the host country, including their roundtrip airfare shall be borne by Japan except for the travel expenses to and from the city/province (place of origin) in the Philippines of the participants which shall be charged against local funds, local school board funds or sourced from solicitations from private organizations. Expenses incurred for the issuance of passport shall be borne by the applicant.

6. Regional Directors, Schools Division/City Superintendents and School Heads are requested to give full support to the program. The Division and Regional Supervisors in-charge of the Student Government Program or Araling Panlipunan shall be responsible for disseminating the contents of this Memorandum to the schools and for coordinating participation of interested students and teacher-applicants.

7. For queries and coordination, please contact the AFS Returnees Foundation, Inc. c/o Elizabeth Venzon-Eduave at the above-cited contact numbers or the DepED Center for Students and Co-Curricular Affairs (CSCA) c/o Executive Director Joey G. Pelaez at tel. nos. (02) 631-8495 or 636-3603.

8. Immediate and widest dissemination of this Memorandum is enjoined.

K. - J. Bacani
RAMON C. BACANI
Undersecretary

Encl.: As stated

Reference: None

Allotment: 1—(DS.O. 50-97)

To be indicated in the Perpetual Index
under the following subjects:

PROGRAMS
STUDENTS

Tracer: sally - JENESYS
July 21, 2008



AFS JENESYS Program Application Form

for student

This will be sent to your host family.

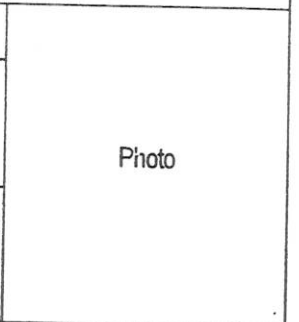
Last (Family) Name	Middle Name(if any)	First Name	Nick Name

School Name _____

Male Female Age (As Of December 4th, 2008) _____ years old

Address _____
Country _____

TEL: _____	Date Of Birth (day/month/year) _____ / _____ /19____
FAX: _____	Weight: _____ kg Height _____ cm
EMAIL: _____	Religion: _____



Emergency Contact TEL Number _____
Name (Relationship) _____

Size for Jacket (optional): S M L XL Other (_____)

Family	Name	Occupation	Year of Birth
Father			
Mother			

For VISA Purposes: Passport Number: _____
Issue Date: _____ Country Of Birth: _____
Expiration Date: _____ Country Of Citizenship: _____

Language Skills-Indicate proficiency with the following abbreviations
Fluent = FL, Good = GD, Fair = FR

Language	Year Studied	Speaking	Reading	Writing
English	_____	_____	_____	_____
Japanese	_____	_____	_____	_____
(_____)	_____	_____	_____	_____

Visiting Experience to Japan:
Have you ever visited Japan? Yes No
If yes, or give detail (when, whereabouts, purpose, etc.) _____

RESTRICTION:
To assist AFS for an appropriate placement, please specify your restriction(s) if you have any for medical or religious reasons.
Please understand that AFS will not consider your dislikes in making placement unless it is due for medical and/or religious reasons.

1. Do you have any allergy? (If yes, please)

<input type="checkbox"/> To animal fur → if <input checked="" type="checkbox"/> , specify _____	<input type="checkbox"/> To food → if <input checked="" type="checkbox"/> , specify _____
<input type="checkbox"/> To smoke → if <input checked="" type="checkbox"/> , specify _____	<input type="checkbox"/> To others → if <input checked="" type="checkbox"/> , specify _____

2. Have you taken any oral or injected medication during the past year? Yes No
If yes, please identify the medication, dosage and reason for usage: _____



AFS JENESYS Program Application Form

for student

This will be sent to your host family.

Tell us about yourself: Introduce yourself (I.E. how you see yourself, your personality, your relationship with your family and friends, your responsibilities at home and at your school, list your favorites, interests and hobbies, and indicate how often you pursue them. Etc.)

Tell us about your expectations for the program:

Tell us about your goals or plans which are important to you:

Name in Print:

Signature:

Date(day/month/year):

/ /

Candidate Name (First/Middle/Last) _____

Home Country _____

Date _____

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS to use such letters, images and audio recordings of your child.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

We hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

AGREED AND ACCEPTED BY

(Signature of Natural Parent)

(Signature of Natural Parent)

Signature of Candidate

Candidate's Birthdate: day _____ month (spell word) _____ year _____



for educator

JENESYS Programme Application Form

This will be sent to your host family.

Last (Family) Name	Middle Name(if any)	First Name	Nick Name																				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Age (As Of December 4 th , 2008) _____ years old																					
School Name:																							
Address:			Photo																				
Country _____																							
TEL:	Date Of Birth (day/month/year)																						
FAX:	Weight: _____ kg	Height: _____ cm																					
EMAIL:	Religion:																						
Size of Jacket:(optional): S M L XL Other()																							
Emergency Contact TEL Number Name (Relationship)																							
For VISA Purposes: Passport Number: _____																							
		Issue Date: _____	Country Of Birth: _____																				
		Expiration Date: _____	Country Of Citizenship: _____																				
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Japanese	_____	_____	_____	_____																			
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JENESYS Programme Application Form

for educator

This will be sent to your host family.

Tell us about yourself: Introduce yourself

Tell us about your family:

Tell us about your expectations for the programme:

Tell us about your goals or plans which are important to you:

Name in Print

Signature::

Date(day/month/year):

/ /



Self Permission Form

PL ID# _____

Name of participant _____ Date _____

AFS Program of participation _____

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I understand that photographs and film and video footage (the "images") of current and former participants are occasionally used by AFS in promotional materials. By signing this Agreement, I grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of me taken during my involvement with AFS and to use my name in this connection. I understand that if I do not wish my images to be so used, I must mark the following box and initial the space beside it. By leaving this box blank, I understand that I will be deemed to have consented to such use.

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Should any medical emergency arise, if time permits, AFS will communicate with the person(s) I have designated below as the emergency contact(s) through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with them, I authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for me while I am on the program and any other information concerning such examinations or treatments.

AGREED AND ACCEPTED:

Signature of participant _____

Participant's Birthdate: _____ day _____ month (spell word) _____ year

Name of emergency contact _____ Relationship _____

Work phone _____ Home phone _____

Address _____



Role Description for Participating Teachers

The AFS JENESYS (Japan-East Asia Network of Exchange for Students and Youths Scholarship) Programme is entirely funded by the Japanese government and managed by AFS Japan in conjunction with AFS in Australia, New Zealand, Philippines, Thailand, Malaysia, Indonesia, and India as participating countries. As an AFS program the emphasis is on intercultural learning and understanding. Upon arrival in Japan all school groups will be split up and placed into mixed groups with AFS participants from those 7 participating countries. Thus ensuring a high level of intercultural exposure ultimately leading to friendships and understanding between the cultures.

Participating teachers will not be chaperoning students from their school whilst in Japan but will be assigned to a multicultural group called a 'Unit'. The teachers will play a critical role as a leader of the group as well as each respective country in supporting AFS Japan staff and volunteers throughout the two week program. AFS staff have the responsibility for the safety and welfare of all AFS JENESYS participants

Participating teacher support will include assisting AFS staff and volunteers:

- At the airport (assigned group responsibility at departing airports, and during flight until arriving in Japan and then on return from Japan to home countries)
- During the study tours (Assisting in day to day organisation)
- During the home stay (in response to the request of AFS staff and volunteers)
- Appropriate behaviour by participating students (Assisting students in meeting expectations eg, appropriate dress, etiquette, punctuality, prompt movement of students to rooms at night, etc)
- To encourage participating students in active program participation (activities, program reporting, etc)
- To stimulate intercultural learning and understanding

The roles of teachers

