



Building A More Inclusive Youth Participation in ASEAN-Japan Friendship

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| Recommendation Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                   |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----|
| <p>(This form is to be completed by the applicant's direct supervisor, who has the authority to release/ confirm the applicant's participation to join the program)</p> <p>Please note that your signature on this form signifies your agreement to the following:</p> <ul style="list-style-type: none"> <li>To release the applicant from work or study duties while he/she attends the forum. This forum will take 5 (five) days in Jakarta, Indonesia.</li> <li>To understand that this forum is full-time and compulsory for the applicant.</li> </ul> |  |                   |     |
| Name of Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   |     |
| Name of Authorised Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                   |     |
| Position title of Authorised Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   |     |
| Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                   |     |
| Position title of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                   |     |
| Applicant's Level of position in organisation structure<br>(eg. Echelon and Golongan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date commenced    | / / |
| How long have you known the applicant and in what capacity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                   |     |
| <p>Please make any additional comments about the applicant's potential or personal qualities which you feel would be helpful to the forum, specifically related to the policy-making process and circular economy or other environmental issues.</p> <p>(additional pages/ documents are accepted)</p>                                                                                                                                                                                                                                                      |  |                   |     |
| <p><b><u>Authorised Supervisor signature*</u></b></p> <p>On behalf of the organisation, I, the undersigned, agree to be bound to the above commitments and strategies</p>                                                                                                                                                                                                                                                                                                                                                                                   |  |                   |     |
| Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Signature & stamp |     |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                   |     |
| Mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |     |



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| Date | / / |
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