**THE 40th ASIAN SOCIAL WELFARE WORKERS’ TRAINING PROGRAM**

**APPLICATION FORM**

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| FULL NAME: Please write your name as it appears on your passport in alphabet letters. | | | |
|  | Surname |  | |
|  | Given name |  | |
|  | Signature |  | |
| FULL NAME: Please write your name in your native language or in Chinese characters (kanji) | | | |
|  | Native language | |  |
|  | Chinese character (kanji) | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PASSPORT NUMBER: If you have a passport, please fill in the following information. | | | | |
|  | Passport Number |  | | |
|  | Date of issue |  | Date of Expiration | YYYY/MM/DD |
|  | Issuing Authority |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF BIRTH |  | | | | | | | GENDER | | | Male ／ Female | |
| PLACE OF BIRTH (City) | | | |  | | | PLACE OF RESIDENCE | | | | |  |
| MARITAL STATUS | | Single ／ Married | | | | | NATIONALITY | |  | | | |
| RELIGIOUS AFFILIATION | | | | |  | | | | | | | |
| NATIVE LANGUAGE | | |  | | | OTHER LANGUAGES | | | |  | | |

|  |  |
| --- | --- |
| POSTAL ADDRESS: your home address reachable by post | |
|  | |
| TELEPHONE NUMBER (home) |  |
| FAX NUMBER (home) |  |
| MOBILE NUMBER |  |
| E-MAIL ADDRESS (home) |  |
| E-MAIL ADDRESS (workplace) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ACADEMIC BACKGROUND | | | |
| Names of Schools | Degree/Major | Year of Completion | Notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Certification: list national/private qualifications and explain each briefly | |
| Name of qualification/ license | The brief explanation | |
|  |  | |
|  |  | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| WORK EXPERIENCE(s): names of organization(s) work period and titles, etc. | | | |
| Names of Organizations | Year to Start | Year to Leave | Title | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

|  |
| --- |
| PHYSICAL CONDITIONS: physical disabilities, pregnancy, dental problems, allergy, etc. if any. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| PREVIOUS EXPERIENCE OF FOREIGN TRAVEL OR RESIDENCE: name of country, year of visit, length of stay, purpose, etc. | | | |
| Country | Year of Visit | Length of Stay | Purpose |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| ACQUAINTANCES IN JAPAN: if you have any, please write the following information.  The address will be used for emergency purpose only. | | |
| Name | Relationship | Address/Telephone (optional) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| OTHERS: please describe any religious, dietary or other daily-life restrictions, or any other conditions which would help us to plan your stay in Japan. |
|  |

<Purpose for Applying >

Please explain your reasons and purposes for applying including what you want to acquire and to learn from this training project.

|  |
| --- |
|  |

Please describe the names of any academic courses or learning opportunities in your university or the other professional trainings. Specify the research theme or areas of your expertise.

(JNCSW will take this information into planning of the trainees’ training program)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Your Full Name |  |
| Signature |  |

　※Please be sure to write your signature in your own handwriting.