**THE 39th ASIAN SOCIAL WELFARE WORKERS’ TRAINING PROGRAM**

**APPLICATION FORM**

PERSONAL INFORMATION

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| 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) |  |

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| 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 |  |

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

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

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| ACADEMIC BACKGROUND |
| Names of Schools | Degree/Major | Year of Completion | Notes |
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| WORK EXPERIENCE(s): names of organization(s) work period and titles, etc. |
| Names of Organizations | Year to Start | Year to Leave | Title |
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| PHYSICAL CONDITIONS: physical disabilities, pregnancy, dental problems, allergy, etc. if any. |
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| 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 |
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| YOUR FAMILY MEMBERS |
| Name | Relationship | Age | Occupation |
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| ACQUAINTANCES IN JAPAN: if you have any, please write the following information. |
| Name | Relationship | Address |
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| 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. |
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| Your Full Name |  |
| Signature |  |

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