**THE 38th 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) | |  |

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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. |
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| COVID-19 VACCINATION | | | |
|  | DATE | NAME OF VACCINE | MANUFACTURER OF VACCINE |
| 1st |  |  |  |
| 2nd |  |  |  |
| 3rd |  |  |  |
| 4th |  |  |  |
| 5th |  |  |  |

* Please attach vaccination certificate(s).

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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 |  |