Participant Application Form

1.Personal information

Please type or write in print (not joint-up) letters.

Full Name (as written in passport)	Surname						Given Name(s)				
Preferred Name (for Seminar listings)	Surname						Given Name(s)				
Gender	☐ Male ☐ Female										
Title (optional)	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other:										
Date of Birth (e.g. "01 NOV 2009")	Day		Month			Year				Age	
Nationality											
Local Government/ Organization											
Position											
Mailing Address for Seminar Information (Please include postal code)											
Contact Details	Telephone			Mobile			Fax				
E-mail Address											
Languages Spoken	Please indicate the language(s) in which you have conversational ability										
	☐ Japanese ☐ English ☐ French ☐ Chinese ☐ Korean										
	☐ Others:										

Please enclose a picture to be included in the Directory of Seminar Participants

Passport photos will be accepted, but please try to provide the picture in digital format. The picture should be at least 600 pixels high x 500 pixels wide and its size should be smaller than 500KB. Passport photo should be 3cm high x 2.5cm wide.

2. Medical information

The information provided in fields marked with an (*) may be needed in case of an emergency.			
* Blood Type	☐ A ☐ B ☐ AB ☐ O ☐ Unknown (☐ Rh+ ☐ Rh-)		
* Allergies (Medication/ Food/ Animals)			
Dietary Restrictions	Please indicate which of the followings you cannot eat/drink due to religious, medical, and other reasons. ☐ Beef ☐ Pork ☐ Chicken ☐ Other Meat ☐ Fish ☐ Shellfish ☐ Eggs ☐ Milk/dairy products ☐ Alcohol ☐ Caffeine ☐ Other (please provide details): ☐ No Dietary Restrictions If there is anything else that you want us to be aware of in terms of food preferences (e.g., do not eat raw fish), please write in the space below.		
Do you smoke?	☐ No ☐ Yes (If "Yes," would you prefer a smoking room? ☐ Yes ☐ No)		
* Medical Condition(s) and Current Medication(s)			
* Emergency Contact	Full Name	Relationship	Telephone / Mobile
			/

3. Work history

Please provide a brief outline of your work history in reverse chronological order from your current position (Use a separate sheet if necessary)	
Dates (Month, Year)	Employer and Position(s)

4. Your work experience and interest in this year's theme

Please explain how your work experience and your interest relate to the theme of the Seminar. (Use a separate sheet if necessary)

5. Post seminar follow-up

We would like you to share your experience in your professional capacity or local community upon your return from Japan. Please let us know how you could do this. (e.g. report in association/government newsletter, article in local hometown newspaper, presentation to colleagues/elected officials on experience, etc.)

Thank you for your cooperation. Please feel free to write additional comments on a separate sheet of paper. If you have any questions regarding this application, please contact the CLAIR Office in your area.