**[Form 1 – Page 1 of 4]**

**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 | | | | | | | | | | | |
| Date of Birth  (e.g. “01 NOV 2009”) | Day | | Month | | | Year | | | | | | Age |
|  |  |  |  |  |  | | |  |  |  |  |
| Nationality |  | | | | | | | | | | | |
| Local Government/ Organization |  | | | | | | | | | | | |
| Region which your organization covers | ㎢ | | | | | | | | | | | |
| Population of the region |  | | | | | | | | | | | |
| Department・Position | Department:  Position: | | | | | | | | | | | |
| Mailing Address for Seminar Information  (Please include postal code) |  | | | | | | | | | | | |
| Contact Details | Telephone | | | | | | | Mobile | | | | |
|  | | | | | | |  | | | | |
| E-mail Address |  | | | | | | | | | | | |
| Languages Spoken | Please indicate the language(s) in which you have conversational ability | | | | | | | | | | | |
| □ Japanese □ English □ French □ Chinese □ Korean  □ Others: | | | | | | | | | | | |

**[Form 1 – Page 2 of 4]**

***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) | □ No □ Yes (please provide details): | | |
| Dietary Restrictions | Please indicate which of the followings you cannot eat/drink due to religious, medical, and other reasons.  □ Beef □ Chicken □ Pork □ Other Meat □ Fish □ Shellfish  □ Eggs □ Milk/dairy products □ Alcohol □ Caffeine  □ Other (please provide details):  □ No Dietary Restrictions  If there is anything else regarding your food preferences that you want us to be aware of (e.g., you do not eat raw fish), please write it in the space on the 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 | 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) |
| /  /  /  /  /  /  /  / |  |

**[Form 1 – Page 3 of 4]**

***4. Reason(s) of your application***

|  |
| --- |
| Please explain your motivation for applying for this seminar and your interest in the theme.  (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.) |
|  |

**[Form 1 – Page 4 of 4]**

***6. Your Local Government/ Organization***

|  |
| --- |
| Tell us about your Local Government/ Organization in about 100 words. |
|  |

**Please attach a picture of the seminar participants.**

We will use the picture for the seminar listings, so please provide it in digital format. (We'll use it to adjust to 3 cm high x 2.5 cm wide.)

Thank you for your cooperation. If you have any questions regarding this application, please contact us.