

## 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	<input type="checkbox"/> Male <input type="checkbox"/> Female							
Date of Birth (e.g. "01 NOV 2009")	Day		Month		Year			Age
Nationality								
Local Government/ Organization								
Region which your organization covers	km <sup>2</sup>							
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							
	<input type="checkbox"/> Japanese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Others:							

## **2. Medical information**

The information provided in fields marked with an (*) may be needed in case of an emergency.			
* Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Unknown    ( <input type="checkbox"/> Rh+ <input type="checkbox"/> Rh- )		
* Allergies (Medication/ Food/ Animals)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details):		
Dietary Restrictions	<p>Please indicate which of the followings you cannot eat/drink due to religious, medical, and other reasons.</p> <p> <input type="checkbox"/> Beef    <input type="checkbox"/> Chicken    <input type="checkbox"/> Pork    <input type="checkbox"/> Other Meat    <input type="checkbox"/> Fish    <input type="checkbox"/> Shellfish  <input type="checkbox"/> Eggs    <input type="checkbox"/> Milk/dairy products    <input type="checkbox"/> Alcohol    <input type="checkbox"/> Caffeine  <input type="checkbox"/> Other (please provide details):         </p> <p><input type="checkbox"/> No Dietary Restrictions</p> <p>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.</p>		
Do you smoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If “Yes,” would you prefer a smoking room? <input type="checkbox"/> Yes <input type="checkbox"/> No)		
* Medical Condition(s) and Current Medication(s)			
* Emergency Contact	Full Name	Relationship	Mobile

### **3. Work history**

[illegible]

**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.)

**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.