|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **フリガナ** | | | | **Sex**  **M**  **・**  **F** | Picture  (Taken within the last 6 months) | |
| **Name** | | | |
| **Name as shown on passport** | | | | |  |
| **Date of birth**  **Year　　　　　Month　　　　　Day(　　　　　　years old)** | | | | |
| **フリガナ** |  | | | | |
| **Address** |  | | | | |
| **Permanent Address**(no need to write if same as current address) | | | **Emergency contact**  **TEL：**  **Relationship with applicant** | | |
| **Home Phone:**  **Cell Phone:**  **FAX:** | | **E‐mail(PC)**  **E‐mail(Mobile)** | | | |
| **University Information (Country name･university nae･years of study･major)** | | | | | |
| **Preferred discussion group**※Please select two groups. There is a possibility that you may not be placed in your preferred group.  **1st Preference** | | | | | |
| **2nd Preference** | | | | | |
| **Reason for application** | | | | | |
| **English ability**  Just a few words　/　Simple conversation　/　Everyday conversation　/　Conversationally fluent　/ | | | | | |
| **Other language ability (please specify)**    Just a few words　/　Simple conversation　/　Everyday conversation　/　Conversationally fluent　/ | | | | | |
| **Other** (Diet restrictions, allergies, etc.) | | | | | |

**The 6th Global Work Camp 2018**

**（International Students）**

**I agree with the mission of the Global Work Camp operated by the Kumamoto International Foundation, and I wish to apply as a participant for this program.**

**/　　　 /2018　　　　　　　　　　　　　　　Signature**

※All personal information will be handled appropriately and will not be provided to third parties without the explicit consent of the individual or their legal guardian.