Ship for World Youth Program 2020 <FY2019> Curriculum viate

 2019年度「世界青年の船」事業 履歴書

|  |  |  |
| --- | --- | --- |
| Name 氏名  | (Title: Prof, Dr, Mr, Mrs, Ms) (Full name)  |  Photograph写真  -4.5 cm× 3.5 cm -Upper half of body -No hat -Plain background-Within the past six months  |
| Gender性別 | Male男性/ Female女性 |
| Date of Birth　生年月日 | / / 　　　　　　　( DD / MM / YYYY ) |
| Occupation | 1. Government Official/ administrative organ

政府職員/行政機関1. Representative of the Alumni Association事後活動組織

(Experience in the Ship for World Youth Program/ )ex. SWY15 |
| Country国名  |   |
| Passport Information 旅券情報 | 1. Official公用
2. Diplomatic外交
3. Regular一般

**\*Please attach your 1 passport copy with this registration form**パスポートの写しを一通本登録様式に添付してください。 |
| The nearest International airport from your current address現住所から最も近い国際空港 | \*The Cabinet Office shall arrange the flight tickets via travel agency.(e.g: Narita-Airport) |
| Organization Details所属先情報 | Name :氏名 |
| Position :肩書 |
| Address :住所 |
| Phone:電話  |
| E-mail:メールアドレス |
| Current address 　　　 現住所 | Address :住所  |
| Cell Phone:携帯 Country Code国番号( )  |
| Phone:電話  |
| E-mail:メールアドレス  |
| Emergency Contact 緊急連絡先  | Name:名前　　　　　　　　　　　　　　　　　　 (Relationship) :続柄  |
| Address :住所   |
| Cell Phone:携帯電話 Phone:電話番号  |
| Religion宗教 | □ Buddhism仏教□ Christianityクリスチャン□ Hinduismヒンズー教  □ Islamイスラム教 □ Otherその他( ) |
| Medical Condition / Drug Allergies (if any) 健康状態、アレルギー | Smoking:喫煙、禁煙 □ Yes □ No |

|  |
| --- |
| **Questionnaire for Food Restrictions and Allergy**Please fill out the following questionnaire so that we could best accommodate your needs related to your food restrictions while you are in Japan. |
| **Name:** |
| * I consume (Halal food / Vegetarian food)

 OR* I don’t have any food restrictions
 |
| 1. I have food allergy. (YES / NO)

If yes, please write “X” in the boxes of the items that you are NOT able to eat or drink. |
| Beef |  |
| Chicken  |  |
| Pork |  |
| Fish (cooked) |  |
| Fish (raw) |  |
| Shellfish (ex. clams, oysters) |  |
| Crabs |  |
| Shrimps |  |
| Other seafood (ex. eels, octopus, squid) |  |
| Fish eggs (roe) |  |
| Eggs (regular eggs from chicken) |  |
| Milk (for drinking) |  |
| Milk products (ex. ice cream, cream sauce) |  |
| Dairy products (processed milk products such as cheese, yogurt, butter, etc.) |  |
| Peanuts |  |
| Tree nuts |  |
| Wheat (ex. pasta, bread) |  |
| Buckwheat (ex. soba noodle) |  |
| 1. Please write “X” in the boxes of the items that you have allergic response (other than food).
* Animals( ) e.g: Dog, Bee, etc.　□ Others( ) e.g: Smork, Dust, etc.
 |
| 1. Anything else that you have allergic response to or anything you would like the organizers to know. If

you have allergic response to any food, please indicate the symptom here. |