Ship for World Youth Program 2020 <FY2019> Curriculum viate

2019年度「世界青年の船」事業 履歴書

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| --- | --- | --- |
| 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 | |

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| **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. | |