Form 1

Please Attach your identification photo.

"2nd Nagasaki Peace University 2023" Application Form

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| Name |  | | gender | □ Male  □Female | Date of Birth | | |  | Age | | |  |
| University |  | | Faculty and Course |  | | | Academic Year | | | |  | |
| Nationality |  | | Japan  Residence history | Year(s) Month(s) | | | | | | | | |
| Address | 〒 | | | | | | | | | | | |
| Contact | T E L ： | | | | | | | | | | | |
| E-mail： | | | | | | | | | | | |
| Emergency  Contact | Name |  | | | | TEL | | | |  | | |
| English Proficiency | English learning history: year(s) month(s)  Language Qualifications: | | | | | | | | | | | |
| Bus Pick-up and Drop-off | If there are many applications from outside Nagasaki City, we are considering arranging the bus for those from outside Nagasaki City.  □ I live in Nagasaki City.  □ I wish to use the bus.  □ I do not wish to use the bus. | | | | | | | | | | | |
| State of Health | □ I do not have any health condition or medical requirements.  □ I have a health condition or medical condition | | | | | | | | | | | |
| Food allergies □ Yes □No  If there are any other matters that should be considered, such as regular medications and whether or not you go to the hospital, please describe them below | | | | | | | | | | | |

To apply for this program, it is required that you agree to the term of Privacy Policy.:

The information collected through this application will be used to contact between the organizer and the applicant. In addition, we will provide information to the facilities used within the scope necessary for the implementation of this project, and submitted materials and photographs taken in connection with the implementation of the project may be posted on Prefectural Government’s website.

□ I confirm and agree with the terms of the Privacy Policy.

Please send an email attaching the application form for applying to the below email address.

Email: s38050@pref.nagasaki.lg.jp