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| EYES for Embracing Diversity 2019 Application Form |  |  |  |
| October 9-21, 2019 |  |  |  |
| (Country: ) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **1. Personal Information** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Name | Full Name (in English) as shown on passport |  |  |  |
|   |  |  |  |
| Given Name | Family Name | Middle Name (if any) |  |  |  |
|   |   |   |  |  |  |
|   |  |  |  |  |  |  |   |  |  |  |
| Date of birth | Day | Month | Year | Age |   |  |  |  |
| as shown on your passport |   |   |   |  |  |  |
| Nationality |   | Sex | □Male □Female |  |  |  |
| Native language |   |  |  |  |
| Passport | Number |  |  |  |
| If you do not have a passport, leave the section blank |   |  |  |  |
| Date of Issue | Date of Expiry |  |  |  |
|   |   |  |  |  |
| Current Address | Adress |   |  |  |  |
| Tel |   |  |  |  |
| Mobile |   |  |  |  |
| Email |   |  |  |  |
| Contact Person in case of Emergency | Full Name | Relationship |  |  |  |
|   |   |  |  |  |
| Leave blank if same with current address. | Adress |   |  |  |  |
| Tel |   |  |  |  |
| Mobile |   |  |  |  |
| Email |   |  |  |  |
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| **2. Health Condition** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Blood Type | □　A | □　B | □　AB | □　O | □　Unknown |   |  |  |  |
| Health Condition | □　Good |   |   |   |   |   |   |  |  |  |
| □　Having chronic disease |  |  |  |   |  |  |  |
|  Please specified: |  |  |  |  |   |  |  |  |
| □　Chronic lung disease |  |  |  |   |  |  |  |
| □　Immunodeficiency state |  |  |  |   |  |  |  |
| □　Chronic heart disease |  |  |  |   |  |  |  |
| □　Metabolic disease |  |  |  |   |  |  |  |
| □　Renal dysfunction |  |  |  |   |  |  |  |
| □　Obesity |  |  |  |  |   |  |  |  |
| □　Infectious disease | (Specified: |  |  |  |
| □　Others | (Specified: |  |  |  |
| Medical treatment cost related to the chronic disease is not covered by the program insurance. |  |  |  |
| Medicine | □　Not taking any medicines |   |   |   |   |  |  |  |
| □　Taking medicines regularly | (Specified: |  |  |  |
| Currently pregnant?\* for women | □　Yes | □　No |   |   |   |   |   |  |  |  |
| ＊Pregnant women cannot participate in the EYES project due to maternal and child health reasons. |  |  |  |
| Food Allergies | □　None |   |   |   |   |   |   |  |  |  |
| (which may cause allergic reaction) | □　Egg | □　Crab | □　Shellfish | □　Fish | □　Shrimp |   |  |  |  |
| □　Others | ( |  |  |  |
| Other Allergies and Restriction | □　None |   |   |   |   |   |   |  |  |  |
| □　Dog | □　Cat | □　House dust |   |   |   |  |  |  |
| □　Others | ( |  |  |  |
| Food Restriction | □　None |   |   |   |   |   |   |  |  |  |
| □　Pork | □　Beef | □　Chicken | □　Mutton/Lamb |   |   |  |  |  |
| (for reasons of religion or custom only) | □　Egg | □　Crab | □　Shellfish | □　Fish | □　Shrimp |   |  |  |  |
| □　Others | ( |  |  |  |
| ＊Please note that the meals provided in the program cannot meet all the requests from the participants. |  |  |  |
| Dietary Requirements | □　None |   |   |   |   |   |   |  |  |  |
| □　Halal | □　Vegan | □　Vegetarian |   |   |   |  |  |  |
| □　Others |   |   |   |   |   |   |  |  |  |
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| **3. Academic Details** |  |  |  |  |  |  |  |  |  |
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| Education |   |   |   |   |   |   |   |  |  |  |
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| \*Please describe your academic background |   |  |  |  |  |  |   |  |  |  |
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| Language | English Proficiency certificated score |   |  |  |  |
| (if any, e.g. TOEFL, IELTS) |  |  |  |
| Level of English |  |  |  |
| Speaking | □　Good | □　Fair | □　Poor |  |  |   |  |  |  |
| Writing | □　Good | □　Fair | □　Poor |  |  |   |  |  |  |
| Reading | □　Good | □　Fair | □　Poor |   |   |   |  |  |  |
| Other Language |   |  |  |  |
| Japanese learning experience(if any, years or months) |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **3. Experience** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Current Profession/Occupation |   | Title |   |   |  |  |  |
| Work Experience |   |   |   |   |   |   |   |  |  |  |
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|  Other Experience or Awards/Achievements ( if any ) |  |  |  |
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| **4. Essay** |  |  |  |  |  |  |  |  |  |  |
| Please answer the two questions in 500-800 words. You may attach additional pages as needed. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. Why do you want to participate in the EYES for Embracing Diversity 2019 project? |   |  |  |  |
| 2. How will you be able to contribute to the project? |   |   |   |   |  |  |  |
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| **5. Other Information** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| (for non-Japanese applicants) Have you ever been to Japan before? | □　Yes | □　No |  |  |  |
| (for non-Filipino applicants) Have you ever been to the Philippines before? | □　Yes | □　No |  |  |  |
| Do you smoke? | □　Yes | □　No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Declaration** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| I hereby certify that the above information given in this form are true and correct to the best of my knowledge. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Agreement of the Application Guideline for the EYES for Embracing Diversity 2019** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| I have read and understood the terms and conditions in the Application guideline for the EYES for Embracing Diversity 2019. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Agreement of the Handling Personal Information** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| I agree that my personal information collected under the EYES for Embracing Diversity 2019 project, including photos and videos taken by the Japan Foundation staff during the program, will be used for the purpose of managing the project. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | (Day) | (Month) | (Year) |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| Signature: |   |   |   | Date: |   |   |   |  |  |  |