

Please type or write in block letters to complete this form
and mark the corresponding with ✓.

(Reception Number _____)

The 13th Duskin Leadership Training in Japan
A Program for Persons with Disabilities in Asia and the Pacific

*Carefully read Application Guidance to complete the form.

1. Full Name	
In your native language: _____ / _____ Family name Given names	
In alphabet letters: _____ / _____	
2. Sex	3. Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year Age: _____ (as of October 31, 2010)
4. Current Contact Address	
(<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other { _____ })	
Address : _____ Postal Code : _____	
Telephone : _____ Fax : _____	
Mobile phone: _____ E-mail : _____	
5. Type of Disability	
<input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Others (_____)	
6. Nationality	<p align="center"><u>Attach your photo here</u></p> <ul style="list-style-type: none"> - A full body photo of yourself only - Taken within the last 3 months - Approximate size of the photo : 8cm × 11.5cm - Write your name on the back of the photo (Sending by post only)
7. Native (Mother) Language	
8. Religion	
9. Marital Status	
<input type="checkbox"/> Single <input type="checkbox"/> Married	

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(Your Name)

12. Work Experiences (List and describe briefly your previous positions and organizations/companies that you worked for. Include working period.)

13. Describe why you want to learn in Japan

14. Describe what you want to learn in Japan

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(Your Name)

15. Describe the organization of/for persons with disabilities that you belong to.

Name of organization : _____

Address : _____

_____ Postal Code : _____

Telephone : _____ Facsimile : _____

Website: _____ E-mail: _____

Its purposes and activities :

16. Describe your disability.

Name of disability : _____

Give a detailed description of your current condition :

Mark below assistance needed to your daily life :

- Aids : Electric Wheelchair Manual Wheelchair
 Crutches Guide dog White cane Others (_____)

- Personal Assistant : Full-time Part-time
(Moving Eating Cooking Cleaning Clothing Toileting
 Bathing Others _____)

- Other comments about your condition

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(Your Name)

17. Describe dietary or other restrictions (including medicine) due to religion, health, or other conditions in your daily life.

18. “Your Personal History”

Describe your personal history including the causes of your disability and types of medical treatment you have received.

19. Your Interests and Qualifications

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(Your Name)

21. Any travel experience abroad including training and studying (countries, year of visit, length of stay, purpose)

22. How you learned about this program and where you got this application guidance and form?

23. The name, contact address and telephone number of your surety

Name : _____ Relationship : _____

Address : _____

_____ Postal Code : _____

Telephone : _____ Facsimile : _____

E-mail : _____

24. The name of the person who completed this application form for you

Name : _____ Relationship : _____

Reason for assistance : _____

25. Have you ever applied for this program before?

Yes (What year did you apply?)

No

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Fill below for our mailing list.

Your Name	_____
Address	_____

E-mail	_____