

NOT FOR SALE

Please carefully read the Application Guidance before completing this form.
Type or handwrite clearly, and do not exceed the space provided for each section.

**Deadline is
April 15, 2021 !!**

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

(FOR OFFICE USE ONLY: Registration Number)

The 23rd Duskin Leadership Training in Japan A Program for Persons with Disabilities in Asia and the Pacific (2021)

1. Name			
	<i>First (given) name(s)</i>	<i>Middle name</i>	<i>Second (family) name</i>
In your native language: _____ / _____ / _____			
In English alphabet: _____ / _____ / _____			
2. Sex		3. Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		Year _____ Month _____ Day _____ Age: _____ (as of April 15, 2021)	
4. Contact details			
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other (please specify: _____)			
Postal address: _____ _____ Country: _____			
Telephone: _____		Fax: _____	
Mobile phone: _____		Email: _____	
5. Type of disability			
<input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental <input type="checkbox"/> Other (please specify: _____)			
6. Nationality		<p style="text-align: center;"><u>Attach your photo here</u></p> <p>A photo must show your face and entire body. It must have been taken in the past 3 months.</p> <p>If you are applying by post, please write your full name on the back of the photo.</p> <p>If you are applying by email, please send your photo as a separate attachment.</p>	
7. Native language (mother tongue)			
8. Religion			
9. Marital status			
<input type="checkbox"/> Single <input type="checkbox"/> Married			

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

10. What do you do?	
<input type="checkbox"/> I am a student <input type="checkbox"/> I work <input type="checkbox"/> Other (please specify: _____)	
If you are a student, please provide details of your institution:	
Name of your School/College/Institution:	
Address:	
Your school Year/Grade:	
Your major:	
When do you expect to graduate?	
If you have employment or any other kinds of work, please provide details below.	
Your organization type:	<input type="checkbox"/> NGO <input type="checkbox"/> Public administration/government <input type="checkbox"/> Private firm/institution <input type="checkbox"/> Other type of institution <input type="checkbox"/> Self-employed <input type="checkbox"/> Family-run business <input type="checkbox"/> Freelance <input type="checkbox"/> Other (details: _____)
Your status:	<input type="checkbox"/> Paid staff <input type="checkbox"/> Unpaid staff/Volunteer <input type="checkbox"/> Intern/Trainee <input type="checkbox"/> Other (details: _____)
Name of Your Employer (Organization/Company):	
Address:	
Telephone:	
Fax:	
Website:	
Email:	
Describe specialty of your organization and its main business:	
Describe your job details including your present title:	

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

11. Do you belong to any organization of/for persons with disabilities?

No, I don't belong to any organization. Yes, I belong to the following organization.

Name of the organization:	
Address:	
Telephone:	
Website:	
Email:	
Its purpose and activities:	
How are you affiliated with this organization? (tick an appropriate box)	<input type="checkbox"/> Staff <input type="checkbox"/> Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Service user <input type="checkbox"/> Other
Describe your involvement:	

12. Education

A. University/ School

Give the name of the institution from which you graduated, your degree/major and completion date.
Please exclude information that you have already mentioned in Section 10.

Name	City/Country	Attended From (Month/Year)	Attended To (Month/Year)	Degree, Certificate or Diploma

B. Training/Seminar

List training courses and seminars etc. that you have attended and qualifications that you hold.

Name	City/Country	From (Month/Year)	To (Month/Year)	Certificates obtained

13. Work Experience

Please exclude information that you have already mentioned in Section 10.

Name of employer/ organization	Description of organization	From (Month/Year)	To (Month/Year)	Title, duties and responsibilities

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

14. Reason for applying: Why do you want to participate in this training program?

15. Your training plan: What do you want to learn in Japan?

16. Your future plan: What will you do after training?

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

17. Your disability

What is the name of your disability? _____

Please describe details about your disability including medical records.

Do you require any assistance in your daily life? YES NO

If YES, please tick all appropriate boxes below:

- Aids: Electric Wheelchair Manual Wheelchair Crutches Guide dog
 White cane Other (please specify: _____)

- Personal Assistant: Full-time Part-time

→ Mobility Transferring Eating Cooking Cleaning Clothing Toileting
 Bathing Other (please specify: _____)

Give any additional information which would help us to understand your disability and condition:

18. Do you have a dietary, medical or any other restriction in your daily life due to your religion or health condition?

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as .

19. Describe your personal history.

20. What are your hobbies and interests?

21. Have you traveled abroad before? Give details of any travel experience abroad (e.g., study, training and holidays), including its destination, duration and purpose.

22. How did you learn about this program and where did you get this application form?

24. Referee information – Give the name and contact details of your referee.

Name: _____ Relationship to you: _____

Address: _____

Occupation: _____ Email: _____

Telephone: _____ Mobile phone: _____

25. Surety information – Give the name and contact details of your surety.

Name: _____ Relationship to you: _____

Address: _____

Occupation: _____ Email: _____

Telephone: _____ Mobile phone: _____

26. Who completed this application form?

- I completed this form by myself.
- I got help – please give details on the person who completed this form on behalf of you.

Name: _____ Relationship to you: _____

Reason for assistance: _____

27. Have you applied for this program before?

- Yes, I applied in 20 _____
- No, this is my first time applying.

28. Declaration statement by the applicant

“I hereby certify that all the information stated above is true, correct and complete.”

Your signature (or type your name): _____ Date: _____