

Enrolment form Group Programme and Study Tours

Please complete this form in English – Please print carefully.

Attach student
photo here

School/Group Name Mie University

Family Name _____

First Name _____

Date of Birth (day/month/year) _____

Gender Male Female

Address _____

Email Address _____

Telephone No _____ Fax No _____

Emergency Contact:

Name _____

Relationship _____

Address _____

Telephone No _____ Fax No _____

Email Address _____

Health

Do you have any allergies? Yes No

If yes, please give details.

Food Animal Plant Other _____

Do you have / or have you had any medical (psychological or physical) conditions?

Yes No

If yes, please give details and attach a doctor's letter _____

Please ensure that you bring enough medication to last the duration of your stay because some medications may not be available in NZ. Otherwise inform WPC of the type and strength of medication accompanied by a doctor's certificate.

Do you have any special learning needs/difficulties? Yes No

If yes, please give details _____

Personal Information

What is your current year at school? (Grade/Undergraduate/Post Graduate)

What is your current major? _____

Do you smoke? Yes No

(Please note that smoking is uncommon in most New Zealand homes.)

Is there any food you cannot eat? Yes No

If yes, please give details _____

Would you feel comfortable in a Homestay with children? Yes No

If yes, please state what range of ages you would like? 0-5 6-13 13+

Would you feel comfortable in a Homestay with pets? Yes No

(Please note that most pets live indoors in New Zealand.)

Please list your hobbies and interests and any other information that may be helpful in finding a host family _____

What do you hope to gain from your time in New Zealand?

Thank you for filling out this form.

School / Agent use only (mandatory)

Is this applicant suitable to participate in a WPC Group and Study Tour programme in New Zealand?

Yes No

Is there anything the WPC should be aware of with this applicant?

Yes No

If yes, please give details _____

Signed: _____

Designation: _____

Date: _____

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Please complete this form in English – Please print carefully.
～鉛筆ではなくペンを使って、英語でていねいに記入してください～

School/Group Mie Univeristy

Family Name Suzuki パスポートの表記どおり書いて下さい

First Name Hanako パスポートの表記どおり書いて下さい

Date of Birth (日/月/年) 22 / 7 / 1995

Gender Male Female

Address 1-3-3 #303 Nishikawasaki-cho, Chuo-ku, Kobe Hyogo, 650-0044 JAPAN

Tel 078-360-0693 Fax 078-360-0693

Email Address (メールアドレス) Tanaka@waikato.ne.jp 現地で使えるメールアドレス

Emergency Contact (緊急連絡先):

Name Taro Suzuki

Relationship Father

Address 1-3-3 #303 Nishikawasaki-cho, Chuo-ku, Kobe Hyogo, 650-0044 JAPAN

Tel 078-360-0693 Fax 078-360-0693

Email Address T_suzuki@waikato.ne.jp

Health (健康状態)

Do you have any allergies? アレルギーはありますか? Yes No

If yes, please give details. はいの場合、具体的に

Food Animal Plant

Other (その他) I am allergic to dogs and pollen.

Do you have / or have you had any medical (psychological or physical) conditions?

現在、何か病気はありますか? Yes No

If yes, please give details and attach a doctor's letter

はいの場合、具体的に書いて医師の診断書もつけて下さい。

Attach student
photo here
写真添付

記入見本

Do you have any special learning needs/difficulties?

Yes

If yes, please give details. はいの場合、具体的に

学習障害はありますか?

No

Personal Information (個人情報):

What is your current year at school?

現在の学年は?

2nd year

What is your current major?

現在の専攻は?

Economics

Do you smoke?

煙草は吸いますか?

Yes No

(*ニュージーランドでは、家の中やレストランなどの建物内での喫煙はできません)

Is there any food you cannot eat?

苦手な食べ物がありますか?

Yes No

If yes, please give details. はいの場合、具体的に

Eggs, cheese, milk, and shellfish

Would you feel comfortable in a Homestay with children?

ホームステイ先に子供がいてもいいですか?

Yes No

If yes, please state what range of ages you would like?

Yes と答えた場合、どの年齢がいいですか?

0-5 6-13 13+

Yes と答えても、子供がいる家庭になるとは限りません。

Would you feel comfortable in a Homestay with pets?

ホームステイ先にペットがいてもいいですか?

Yes No

ニュージーランドの家庭では通常、ペットは室内で飼われています。

Please list your hobbies and interests and any other information that may be helpful in finding a host family. あなたの趣味や興味のあること、その他ホストファミリー選定に役立つと思われる情報があれば 自由に書いて下さい。

I enjoy watching movies and listening to rock music. I belong to tennis club at my university and I wish to play tennis in New Zealand.

What do you hope to gain from your time in New Zealand? ニュージーランド研修の抱負、どんなことをしたいかなど自由に書いてください。

I would like to experience the local way of life in New Zealand. I would like to improve my English and make many friends from different countries.

Please ensure that you bring enough medication to last the duration of your stay because some medications may not be available in NZ. Otherwise inform WPC of the type and strength of medication accompanied by a doctor's certificate.

ニュージーランドで手に入らない薬もあるので、滞在期間中に必要な常備薬を必ず持参して下さい。それが不可能な場合、医師の診断書(処方箋)と共に、薬の種類、強さなどを事前にお知らせ下さい。

Thank you for filling out this form. ご協力ありがとうございました。