

REGISTRATION / APPLICATION FORM

ONLY FOR THE H.E.L.P. in JAPAN 2016

August 29th – September 9th, 2016

FAMILY NAME :

FIRST NAME :

DATE OF BIRTH : ____/____/____
 d / m / year

Sex : M / F

Nationality :

Profession :

Mailing address :

E-mail :

Fax : (N° Country + area codes)

Phone :

Employer/Organization & address:

Sponsorship : (fees and allowances will be paid by) :

Proficiency in English : (excellent - good - fair - poor)

1. ACADEMIC BACKGROUND :

(List your main health and medical degrees & training course with dates)

2. PROFESSIONAL EXPERIENCES :

(Describe previous job experiences relevant to the course, start with most recent)

3. DESCRIBE ONE FIELD EXPERIENCE which shows best the type of activities you have been involved in :

4. REASONS FOR ATTENDING THE COURSE :

(Explain what you expect from the course in relation to your future work)

This registration form should be completed with two references from persons familiar with your work.

Date :

Signature :

The deadline to send the application back at the following address is July 11, 2016.

**Please return this form to : Japanese Red Cross
Kyushu International College of Nursing
(H.E.L.P. in JAPAN 2016)**

**1-1 Asty Munakata , Fukuoka
811-4157 , JAPAN**

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