

# Enrolment form Group Programme and Study Tours

Attach student  
photo here

Please complete this form in English – Please print carefully.

School/Group Name Kanazawa University 2019 (GE 3 weeks)

Group 1. 11 Aug to 1 Sep       Group 2. 25 Aug to 15 Sep

Group 3. 8 Sep to 29 Sep

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: \_\_\_\_\_

# Enrolment form Group Programme and Study Tours

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 Name Kanazawa University 2019 (GE 3 weeks)

- Group 1. 11 Aug to 1 Sep     Group 2. 25 Aug to 15 Sep  
 Group 3. 8 Sep to 29 Sep ※ホームステイの日程ベースで記載されています。

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 NZでも使えるアドレスを書いて下さい

## 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。

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。

Attach student photo here

写真添付

Do you have any special learning needs/difficulties?    学習障害はありますか?

Yes

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

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

**※9割を超えるファミリーがペット(ネコが多い)を飼っています。アレルギーでない限りはペットOK(Yesにチェック)とし、どうしてもダメな場合は、No cats, dogs OKなど、具体的に苦手な動物を書いて下さい。(爬虫類を飼っている家はありますが、鳥はたまにいます)**

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を書いて下さい。

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.

※記入頂いた内容を元にホストファミリーのマッチングを行います。

できるだけたくさんのお情報を記入してください。ホストファミリーもこの申込書を拝読します。

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