

Ficha de inscrição
Curso On-Line sobre Imigração

Dados do candidato			
Nome em alfabeto			
Nome em caractere japonês			
Data de nascimento		Idade	
E-mail para contato			
Telefone para contato		Nacionalidade	
Endereço para recebimento de correspondência			
Cidade		Estado	
Contato do responsável (preferencialmente da mãe ou pai)			
Nome completo		Relação	
e-mail		Celular:	
Escolaridade			
Nome da instituição de ensino			
Mês e ano de conclusão		Ano escolar	
Conhecimento de idiomas (japonês e inglês)			
Japonês	<input type="checkbox"/> Falo muito pouco (あまりできない) <input type="checkbox"/> Falo pouco (少しできる) <input type="checkbox"/> Falo bem (できる) <input type="checkbox"/> Falo muito bem (よくできる) <input type="checkbox"/> Falo fluentemente (ネイティブレベル)		
Inglês	<input type="checkbox"/> Falo muito pouco (あまりできない) <input type="checkbox"/> Falo pouco (少しできる) <input type="checkbox"/> Falo bem (できる) <input type="checkbox"/> Falo muito bem (よくできる) <input type="checkbox"/> Falo fluentemente (ネイティブレベル)		
Certificados de proficiência	Possui certificado proficiência de língua japonesa ou de língua inglesa? <input type="checkbox"/> Sim. Quais? <input type="checkbox"/> Não possuo		

Education Program for Nikkei Next Generation (High-school and University Students) Online Migration Program

Application Form

Photo attached
4 cm × 3 cm
Write your name and
country on the back
(Pasting a photo data is
also acceptable.)

	Date:	
Furigana (how to read)		Male/Female
Name	Family name	Given name
	Nationality	
Name written alphabetically (as described in your passport or ID)	*Japanese nationality: Yes/No	
Date of birth	(years old)	
Place of birth	(generation of Nikkei/Japanese descendant)	

Alphabetically as written in your passport (or ID card)

Name of legal guardian	(Relationship:)				
Prefecture of your father and mother (grandparents) in Japan	(relationship) from Prefecture				
Name of current education institution (school year)	School year				
Current address (write in the local language)	Telephone number:	E-mail address:			
	State (Prefecture)			City/County	
Japanese language proficiency	A: Excellent B: Good C: Poor D: Not at all				
	Qualification acquired:				
English language proficiency	A: Excellent B: Good C: Poor D: Not at all				
	Qualification acquired:				
Experience of visiting Japan *If Yes, clarify the purpose of your visit, and also the name of the scholarship, etc. if applicable.	Yes/No	From (Month) (Day), (Year) to (Month) (Day), (Year)	Purpose:		
		From (Month) (Day), (Year) to (Month) (Day), (Year)	Purpose:		
		From (Month) (Day), (Year) to (Month) (Day), (Year)	Purpose:		
Yes/No, experience of your parents/brothers/sisters' participation in the program in Japan	Yes/No	If Yes, (Name) FY Took program			
Family situation	Name	Relationship	Age	Occupation and name of organization/school	Living together/Living separate
					Together/Separate
					Together/Separate
					Together/Separate
					Together/Separate
					Together/Separate

Describe clearly the reason why you apply for this online migration program and describe what you want to learn in this program.

Any personal information included above will be used for: (1) judgment for selection; (2) preparing a list of names to be submitted to organizations accepting trainees; (3) various communications from your application to completion of the program; and (4) preparing statistics documents including a compilation of operations.