

Ficha de Inscrição para a Bolsa de Treinamentos JICA

Form: 1-1

1)	Nome do curso		Cód. do curso:
2)	Período desejado	( ) meses	Data de Início: Término:
3)	Nome completo em alfabeto		
4)	Nome em caractere japonês (hiragana, etc.) <b>*obrigatório para todos</b>	名字:	名前:
	Exemplo	名字: 山田 (sobrenome)	名前: 花子 (nome)
5)	Documento de identidade RG/RNE	Data de nascimento: / / ( anos)	
6)	Nacionalidade	<input type="radio"/> Brasileiro <input type="radio"/> Dupla <input type="radio"/> Japonês <input type="radio"/> Outro:	
7)	É descendente de japoneses (nikkei)?	<input type="radio"/> Não <input type="radio"/> Sim   Se sim, qual é a província de seus pais / avós?	
8)	Endereço para correspondências	End.:	
		Complemento:	CEP:
		Bairro:	
		Cidade:	UF:
		O endereço para correspondências é o mesmo onde reside atualmente? Caso o endereço residencial atual seja outro, favor informar.	
9)	Contato do candidato	Tel:( )	Cel: ( )
		E-mail:	
10)	Contato de emergência	Nome:	Relação:
		Tel:( )	Cel: ( )
11)	Local de Trabalho	Nome da empresa/ instituição:	
		Telefone:	
12)	É frequentador(a) de associação ou entidade nikkei?	Nome:	
		<input type="radio"/> Não <input type="radio"/> Sim	Com que frequência?
13)	Escolaridade / última formação	<input type="radio"/> Ensino médio <input type="radio"/> Graduação <input type="radio"/> Especialização <input type="radio"/> Mestrado <input type="radio"/> Doutorado	Nome da instituição:  Curso / Área: <input type="radio"/> Concluído <input type="radio"/> Em andamento  Ano de conclusão:
14)	Já foi bolsista? JICA	<input type="radio"/> Não <input type="radio"/> Sim Quando e em qual bolsa:	
	Preenchido em	/ /	

**Representação Consular mais próxima de onde reside**

<input type="checkbox"/>	<b>Embaixada do Japão no Brasil</b> : Distrito Federal, Goiás e Tocantins
<input type="checkbox"/>	<b>Consulado Geral do Japão em São Paulo</b> : Mato Grosso, Mato Grosso do Sul, São Paulo e Triângulo Mineiro
<input type="checkbox"/>	<b>Consulado Geral do Japão no Rio de Janeiro</b> : Espírito Santo, Minas Gerais (exceto Triângulo Mineiro) e Rio de Janeiro
<input type="checkbox"/>	<b>Consulado Geral do Japão em Curitiba</b> : Paraná, Santa Catarina
<input type="checkbox"/>	<b>Consulado Geral do Japão em Manaus</b> : Acre, Amazonas, Rondônia e Roraima
<input type="checkbox"/>	<b>Escritório Consular do Japão em Belém</b> : Amapá, Maranhão, Pará, Piauí
<input type="checkbox"/>	<b>Consulado Geral do Japão em Recife</b> : Alagoas, Bahia, Ceará, Paraíba, Pernambuco, Rio Grande do Norte e Sergipe
<input type="checkbox"/>	<b>Escritório Consular do Japão em Porto Alegre</b> : Rio Grande do Sul

**Aeroporto Internacional mais próximo da residência**

<i>CENTRO OESTE</i>	<i>NORDESTE</i>	<i>NORTE</i>	<i>SUDESTE</i>	<i>SUL</i>
<input type="radio"/> Brasília	<input type="radio"/> Fortaleza	<input type="radio"/> Belém	<input type="radio"/> Belo Horizonte	<input type="radio"/> Curitiba
	<input type="radio"/> Natal	<input type="radio"/> Manaus	<input type="radio"/> Rio de Janeiro	<input type="radio"/> Florianópolis
	<input type="radio"/> Recife		<input type="radio"/> São Paulo	<input type="radio"/> Porto Alegre
	<input type="radio"/> Salvador			

<b>Rota de viagem:</b>	<input type="radio"/> Via EUA: irão por esta rota japoneses, portadores de dupla nacionalidade ou do visto americano.
	<input type="radio"/> Via Europa ou Oriente Médio: não necessita de visto.

Possui passaporte brasileiro?	<input type="radio"/> Não <input type="radio"/> Sim	Possui passaporte japonês?	<input type="radio"/> Não <input type="radio"/> Sim
Validade	/    /	Validade	/    /

**Observação**

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**Links úteis:**

**Japan Student Services Organization** : [http://www.jasso.go.jp/pt/study\\_j/sgtj.html](http://www.jasso.go.jp/pt/study_j/sgtj.html)

**Study in Japan Comprehensive Guide** : <http://www.studyjapan.go.jp/en/>

様式第 2 号  
Form 2

# 研修申請書 APPLICATION FOR TRAINING

私は、貴機構が実施する日系社会研修員事業に応募を希望しますので、関係書類を添えて申請いたします。

I hereby apply for the Nikkei training/Nikkei supporter program with the attached papers.

<b>1. 氏名 FULL NAME (as written in your passport)</b>	
(英語表記) (In Alphabet)	
姓/Surname :	
名/Given name :	
(和文表記) (In Japanese Character)	
姓名/Name :	

<b>2. E-Mail アドレス/E-Mail Address</b>	
	<input type="checkbox"/> 日本語メール可 <input type="checkbox"/> No Japanese

<b>3. どちらの研修に応募 しますか？</b> Select you apply for	<input type="checkbox"/> 日系社会研修 Nikkei training program <input type="checkbox"/> 日系サポーター Nikkei supporter program
<b>応募研修コース名／ Name of the applied course</b>	

<b>4. 提案団体（研修実施機関）との連絡状況／ Current status of contact with training organization</b>			
<b>コンタクト状況／ Contact</b>	<input type="checkbox"/> 済／Done <input type="checkbox"/> 未済／Not yet	<b>返信／Reply</b>	<input type="checkbox"/> 有／Positive <input type="checkbox"/> 未受領／Not yet
<b>提案団体（研修実施機関）名称／ Name of organization</b>			

対応者名／Name of contact person	
コンタクト方法／ Correspondence procedure	<input type="checkbox"/> E-Mail <input type="checkbox"/> 電話／Telephone <input type="checkbox"/> その他／Others (                    )

<b>5. 研修応募理由・達成したい目標／Reason for application and goal of this training</b>
Reason (応募理由)
Goal (達成したい目標)

<b>6. あなたの所属先概要（活動／業務内容、スタッフ人数、施設、機材、予算等）／ Information of the organization to which you belong (main function, number of staff, main facilities, equipment and budget, etc.)</b>
Main function (活動/業務内容) :
Number of staff (スタッフ人数) :
Main facilities (施設) :
Equipment and budget (機材と予算) :
Others (その他) :

7. 所属先でのあなたの役割と活動／

Detail explanation of your present job (your post, kind of your work and specific activities of your post in your organization office)

**日系社会研修のコースへの応募者のみ 8-10 を記載してください**

**For Nikkei training applicant, please fill subject 8-10**

8. 本コースの分野であなたの所属先、または地域、国が抱えている問題／

Concerning in the field of the training course, problems or troubles that you are presently facing (in your organization, area, country)

9. 8.の問題解決に向けたあなたのアイデア

Prescribe countermeasures to solve or alleviate the above problems or troubles

10. 8.の問題解決のための、研修後の自国での活動計画  
Action plan after the training to solve or alleviate the above problems or troubles

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用紙が不足する場合は追加してください／Continue on an additional sheet as necessary

**日系サポーターコースへの応募者のみ 11 を記載してください**  
**For Nikkei supporter applicant, please fill subject 11.**

**11.日系サポーターの第二希望のコースがあれば記載してください。**  
Applicant for Nikkei supporter program, please select the second choice.

応募研修コース名／ Name of the applied course (second choice)	
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## 12. 研修参加中の肖像権の扱いに関する確認 Confirmation of Portrait Rights

研修の実施期間中、JICA（契約カメラマン、研修実施先等を含む）は主に以下の目的で写真及びビデオ映像を撮影します。

- ・ JICA が運営・するウェブサイトや SNS での利用
- ・ JICA の出版物（広報雑誌、年次報告書、雑誌など）での印刷または電子形式での使用

During the period of training program, JICA (including hired photographer and program implementing partner) will shoot photograph and video footage mainly for the following purposes:

- ・ Use on the website or in SNS administrated/operated by JICA
- ・ Use in JICA publications (public relations magazines; annual reports, journals, etc.) in printed or electronic form.

撮影した写真や画像を営利目的で利用したり、同意なしに個人情報第三者に開示することはありません。上記写真や画像に関し、JICA への肖像権許諾の同意をいただければ幸いです。

ただし、同意は研修の参加要件ではなく、応募選考にも影響いたしません。

Photos and images taken will not be used for commercial purposes and your personal information will not be disclosed to any third party without the consent of the participants. JICA

would appreciate it if the participant of the program grants the portraits right license to JICA for photos and images taken described above. However, your intention does not affect the selection of recruitment or not a requirement for the program.

JICAの肖像権に関して理解した上で写真や映像の使用についての意思は以下です。  
I understand the intention of JICA portrait right policy and my intention for usage/publication of photographs and videos including the portrait of myself by JICA for the purpose above is as follows:

**Agree** 同意します。 /  **Disagree** 同意しません。

以上 / END

様式第 3 号  
Form 3

# 履 歴 書

## CURRICULUM VITAE

研修申請書類の個人情報は、1. 提案団体・研修実施機関で実施する選考判定、2. 応募から研修終了後帰国までの各種連絡、3. 事業実績の取りまとめ等統計資料の作成に利用します。

to use the personal information mentioned above as follows.

1. Selection judgment, 2. Communication from application to return home after the training,
3. Making of the statistics document.

**\*If you fill in Japanese, please write in English as well.**

1. 氏名 FULL NAME (as written in your passport)		写真 PHOTO 3.5 cm x 4.5 cm
姓/Surname : 名/Given name :		
2. 電話番号/ TELEPHONE #		
3. 住所 (州/県も明記) DWELLING ADDRESS (With name of state or Prefecture)		
4. 出発空港 (一つ選択) /CITY OF DEPARTURE (Choose one) ※ブラジル・ボリビアのみ選択/Brazil and Bolivia only		
ブラジル Brazil	<input type="checkbox"/> Belem / <input type="checkbox"/> Belo Horizonte / <input type="checkbox"/> Brasilia / <input type="checkbox"/> Curitiba <input type="checkbox"/> Florianopolis / <input type="checkbox"/> Fortaleza / <input type="checkbox"/> Manaus / <input type="checkbox"/> Porto Alegre <input type="checkbox"/> Recife / <input type="checkbox"/> Rio de Janeiro / <input type="checkbox"/> Salvador / <input type="checkbox"/> Sao Paulo <input type="checkbox"/> Natal	
ボリビア Bolivia	<input type="checkbox"/> La Paz / <input type="checkbox"/> Santa Cruz	





# Modelo de preenchimento, preencher na próxima página

取扱注意  
CONFIDENTIAL

17. 本邦研修・留学歴 RECORD OF TRAINING OR STUDY IN JAPAN				
研修実施機関／ Institution	場所／ Name of City	時期／Period		研修分野／コース名 Field or Name of Course
		From Month/Year	To Month/Year	
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ( )				
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ( )				

18. 職歴／EMPLOYMENT RECORD	
職歴の経験年数／Years of experience of employment	experiência 年／Years
研修分野の経験年数／Years of experience in training field	experiência 年／Years

18.-1 現在の職業／PRESENT JOB	
勤務先名／ Name of organization	Pode ser mencionado o local de trabalho, universidade onde estuda, nome da entidade nikkei onde atua, sendo importante se alinhar ao objetivo do curso. Exemplo: "Associação Cultural e Esportiva XXX"
住所／Office address	O exemplo acima é válido em especial no caso de cursos voltados à: cultura japonesa, educação, herança cultural, gestão de entidades nikkei, etc.
電話／Telephone #	
役職／Present position	cargo ou ocupação
役職についた年月日／ Date of taking up post (Date / Month / Year)	Mencionar data de início, caso não tenha precisão da data, pode ser aproximada.
職業／Type of organization	
<input type="checkbox"/> 公務員／Governmental / Public	<input type="checkbox"/> 民間／Private
<input type="checkbox"/> 自営業／Self-Employed	<input type="checkbox"/> その他／Others

18.-2 前職／PREVIOUS JOB	
勤務先名／ Name of organization	
役職／Present position	
役職についた年月日／ Date of taking up post (Date / Month / Year)	
* Please fill out the date 日付まで記載	

以上／END

17. 本邦研修・留学歴 RECORD OF TRAINING OR STUDY IN JAPAN				
研修実施機関／ Institution	場所／ Name of City	時期／Period		研修分野／コース名 Field or Name of Course
		From Month/Year	To Month/Year	
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ( )				
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ( )				

18. 職歴／EMPLOYMENT RECORD	
職歴の経験年数／Years of experience of employment	年／Years
研修分野の経験年数／Years of experience in training field	年／Years

18.-1 現在の職業／PRESENT JOB	
勤務先名／ Name of organization	
住所／Office address	
電話／Telephone #	
役職／Present position	
役職についた年月日／ Date of taking up post (Date / Month / Year)	
職業／Type of organization	
<input type="checkbox"/> 公務員／Governmental / Public	<input type="checkbox"/> 民間／Private
<input type="checkbox"/> 自営業／Self-Employed	<input type="checkbox"/> その他／Others

18.-2 前職／PREVIOUS JOB	
勤務先名／ Name of organization	
役職／Present position	
役職についた年月日／ Date of taking up post (Date / Month / Year)	
* Please fill out the date 日付まで記載	

以上／END

様式第 4 号  
Form 4

# 病 歴 申 告 書

## MEDICAL STATUS AND RESTRICTION

本人が記入してください。日本語又は英語にて明瞭に記入してください。

To be completed by the applicant himself. Please fill out in **JAPANESE** or **ENGLISH**

氏名/FULL NAME

男/M

姓/Surname : \_\_\_\_\_ 名/Given Name : \_\_\_\_\_

女/F

他 / Non-

binary

生年月日/DATE OF BIRTH

年齢/AGE :

日/Date : \_\_\_\_\_ 月/Month : \_\_\_\_\_ 年/Year : \_\_\_\_\_

### 1. 現在の病状/Present Medical Status

(a) 現在、病気のために薬の服用または医師による定期診察（糖尿病、高血圧、喘息など）を受けていますか。

Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい / Yes	病名/Name of Disease ( _____ )  薬名/Medication ( _____ )
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「はい」の場合、日本語または英語の医師による診断書（医師が日本での研修に参加することが可能と同意しているレター）を添付してください。

*If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.*

(b) 薬または食べ物、花粉のアレルギー等がありますか。Do you have any allergies with medicine, food, pollen, etc.?

<input type="checkbox"/> いいえ / No	<input type="checkbox"/> はい/Yes 何に対するアレルギーか記載してください。また、どのような症状がでるかを具体的に書いてください。（かゆみ、じんましん、など） What kind of allergic symptoms do you have such as itch, rash, hives, etc.? ( _____ )
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(c) 障害のために必要とされる追加支援または設備を記載してください。 Please indicate any needs arising from disabilities that might necessitate additional support or facilities	
<p>( )</p> <p>※障害の有無は障害者を研修参加から排除するものではありません。しかしながら、状況に応じて JICA からあなたの障害について詳しい質問を受ける場合があります。 ※Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed.</p>	

(d) 妊娠していますか。Are you pregnant?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes : 妊娠週数/Week of pregnancy ( 週/week)

## 2. 過去の病歴/Medical History

(a) (心臓、肝臓、腎臓 など) 重大または深刻な病気にかかったことがありますか。 Have you had any illness such as heart, hepatic, kidney disease, etc.?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes 病名/Please specify ( )

(b) メンタルクリニックまたは精神科医の治療を受けたことがありますか。 Have you ever been a patient in a mental clinic or been treated by a psychiatrist?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes 病名/Please specify ( )

(c) あなた自身またはあなたの家族が結核の診断を受けたことがありますか。 Have you or/and your family members had tuberculosis?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes ←はいの場合は 3 か月以内のレントゲン撮影時の医師の所見 (レター、レントゲン写真は不要) を添付してください。 If yes, please attached the letter from your doctor (translated in English) at the time of Xray taken within 3 months of this application date. 詳細 (誰が、いつ診断を受けましたか?) /Please specify who/when ( )

(d) 過去 3 ヶ月間に次のような症状がありましたか。

咳・痰・咳をして血が出る・寝ているときに汗が大量に出る・体重が大きく減る・発熱

Have you had any of the following symptoms in the past 3 months?

Cough・Phlegm・Hemoptysis・Sweating in sleep・Weight loss・Fever

はい/Yes

詳細/Please specify )

既にこれらの症状は無くなっている。  Symptom has already disappeared.

症状に対しての診断名 Diagnose as ( )

治療済み cured/  治療中 Under treatment

薬について/Name of medicine taken if any ( )

### 3. その他の健康上の問題/Other Medical Issues/Conditions

もしも、その他の健康上の問題で上記に記載されていないものがあれば、記載してください。

If you have any medical issues/conditions that are not described above, please indicate below.

私は、上記の設問を読み、全ての質問に正直かつ私の知りうる限りすべて回答したことを証します。

私は、申告しなかった健康状態により生じた健康状態が JICA により補償されず、研修中止に至ることを理解し、受け入れます。

私はこの申告書が来日研修に参加した場合の研修関係者において確認されることを理解しました。

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand that medical conditions resulting from pre-existing conditions will not be financially compensated by JICA and may be a reason for termination of the program.

I understand that this questionnaire will be checked by the people who are engaged in the program during my stay in Japan.

日付/Date : \_\_\_\_\_ 署名/Signature : \_\_\_\_\_

氏名/Print Name : \_\_\_\_\_

※ 本様式提出後に健康状況に変化が生じたときは JICA 事務所のスタッフへ連絡してください。

※ Please notify JICA staff upon any changes in your health condition after submission of the form.

以上/END

様式第 5 号  
Form 5

## 誓約書 PLEDGES

私は、貴国際協力機構の日系社会研修（\_\_\_\_\_コース）の研修員に選ばれたならば、下記事項を遵守し、研修に精進することを誓います。

I am applicant of \_\_\_\_\_ Course participant in the Training Program for Nikkei Communities managed by JICA. I hereby pledge;

1. 日本国の法令及び研修機関の諸規則を遵守し、善良な社会人として行動すること。  
to abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide JICA participant;
2. 貴国際協力機構の指示や決定に忠実に従うこと。  
to execute the training/research plan and abide by rules and conditions as stipulated in the application guide on this Training Program
3. 故意または重大な過失により責務を負った際は、自己の責任において弁済すること。  
to compensate JICA for any damage I may cause either intentionally or by negligence;
4. 次の事項の一に該当すると認められ、研修の停止を命ぜられた場合は、その命に従い自費で帰国すること。  
(1) 故意又は重大な過失及び怠慢等の事由により、研修の継続が不可能となったとき。  
(2) 自らの都合により研修を中断したとき。  
(3) 社会の秩序を乱す行動をしたとき。  
(4) 応募書類の記載事項に虚偽が発見されたとき。  
to refund to JICA the entire allowance paid to me when I discontinue my training/research plan without JICA's authorization or when JICA orders me to stop the program due to disobedience or other reasons as followed.  
(1) When, by reasons such as intention or gross negligence and the negligence, continuation of the training became impossible.  
(2) When I stopped the training on account of oneself.  
(3) When I did an action to disturb the social order.  
(4) When falsehood was discovered in the items mentioned of application documents.
5. 所定の研修終了後は速やかに帰国し、修得した知識や技術を活用して、地域社会の発展に積極的に貢献すること。  
to return to my country as soon as the training /research period ends and to apply the techniques and knowledge acquired in Japan to the social, technical or scientific development in my country.

6. 研修中に提供されたすべての文書（テキスト、資料を含む）は各著作権者が承認した範囲内で使用すること。研修に使用するすべての文書は原則として自ら作成し、居住国の法律または著作権関連の多国籍協定によって保護されている第三者の作品を使用する場合は権利を取得し、著作権者が承認した範囲内で使用する。本研修のために作成した文書を JICA が実施する他のプログラム（他の研修コース等）に使用することに同意する。遠隔研修へ参加の場合、JICA ホームページ（以下）に記載されている遠隔研修の著作物の利用規約を遵守します。

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日付／Date : \_\_\_\_\_ 署名／Signature : \_\_\_\_\_

氏名／Print Name : \_\_\_\_\_

以上／END

**SOBRE A ASSOCIAÇÃO DE EX-BOLSISTAS**

(Form. 6)

As Associações são entidades sem fins lucrativos, criadas com o apoio da JICA, e reúnem ex-bolsistas brasileiros. Dentre suas finalidades estão: promover e difundir conhecimentos adquiridos no Japão, incrementar o intercâmbio cultural, técnico e científico entre o Brasil e o Japão, auxiliar na divulgação dos cursos e na orientação a futuros bolsistas.

Existem 7 (sete) Associações de ex-bolsistas no Brasil que apoiam as atividades da JICA na divulgação de cursos, na execução de projetos Follow-up, etc.

✳Mais informação sobre cada Associação e sua jurisdição poderá verificar no site da JICA: <https://www.jica.go.jp/brazil/portuguese/office/association/index.html>

**AUTORIZAÇÃO PARA USO DE DADOS PESSOAIS**

Eu, \_\_\_\_\_, candidato(a) ao curso de treinamento da Agência de Cooperação Internacional do Japão-JICA:

- 1) (  ) **Autorizo** a repassar os dados abaixo da ficha cadastral para a Associação de ex-bolsista da JICA para cadastro e contato direto, caso seja aprovado(a).
- 2) (  ) **Não autorizo** a repassar nenhum contato pessoal para a Associação de ex-bolsista da JICA.

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Nome do Curso: .....

Período do curso:.....

Cidade:.....UF:.....

Tel. Residencial: ( )..... Celular ( ).....

E-mail:.....

Local de trabalho: .....

Profissão: .....Cargo.....

Telef. Comercial: ( ).....

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Local e data

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Assinatura do(a) candidato(a)

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