

## Entry Form for Summer Course Program "Household Gardening to Support Family Well - being"

### 1. Personal Information

\*\* Please fill in the form in BLOCK LETTERS in English.

	Full Name (Exactly the same as your passport) English	
	Given Name (English)	Family Name (English)
	Middle Name (if any)(English)	
	Full Name (in Mother language)	Nickname (Please specify the name you would like to be called)
Date of Birth	Day/Month/Year	Age (as of the day of the flight to Indonesia)
Nationality		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian ( <input type="checkbox"/> Roman <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ( )	
Mother Tongue		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Passport***	Number	Type of Passport <input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official
	Date of Issue	Date of Expiry



Food Allergies (only for physical reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ( )	
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ( )	
	*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.	
Other Allergies and Restriction	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ( )	
Smoking Habit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Academic Details/Organization</b> * Please fill in the form in BLOCK LETTERS in English.		
Information of your School	Name of School	Location: (city,province)
	Field of study or Department	
	Grade/school year as of the day of the flight to Indonesia	Tel:
		Fax:
Language	English Proficiency certificated score (if any, e.g. TOEFL)	
	Level of English	
	Speaking :   Good   Fair   Poor	
	Writing :   Good   Fair   Poor	
	Reading :   Good   Fair   Poor	
Other Language		
<b>4. Personal Activities</b> * Please fill in the form in BLOCK LETTERS in English.		
	Activities	Period of Involvement
Sports/Clubs		
Hobbies		

Academic Awards (if any)		
-----------------------------	--	--

**5. Expectations**  
\* Please fill in the form in BLOCK LETTERS in English.

<p>Please describe your motivation by participating in this programme.</p>	
--	--

**6. Other Information**  
\* Please fill in the form in BLOCK LETTERS in English.

Have you ever been to Indonesia before?	Yes	No
If Yes, your visit is financed by	Yourself	Others (                    )
If Yes, when, what was the purpose of the visit and where did you visit?		

**Declaration**  
I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)

**Agreement of the Application Guidelines for SUMMER COURSE PROGRAMME.**

I hereby agree to all the qualifications written in the Application Guidelines for SUMMERCOURSE PROGRAMME.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)