## Japan Culinary Institute (JCI) APPLICATION FORM



2021-2022

Personal Information Last Name				First Name			□ Male	Male		Photo (3cm X 4cm)	
							□ Female				
Nationality (passport)		Date of Birth	(dd/mm/yy)		Place of Bi	rth (City, State					
(Home address)	Street and Number			City		Stat	e				
									L		
Zip Code				Country		E-ma	iil				
Home Telephone				Cell phone							
Occupation											
Education	School/College/University	,				Locatio	n				
	From/To					Degre	e				
	Other education or training	ngs you had									
Work Experience	Name of Company					Positio	n				
	From/To										
now aid you find out at	bout Japan Culinary Institut	te (JCI)?									
rogram and Cou	urse Selection										
prefer to take the I		apanese 🗆 w'	ith English in	i <b>terpreter</b> □ Requ	uest other lang	uage with ac	Iditional fee (		)		
			<b></b>			9			,		
□ Professional	Chef Training	□ 12 weeks	s □ 8 weeks □	6 weeks □ 4 weeks	□ Other (		)				
□ Sushi Course		e: 1st Choice	•		/ - Oth(	<del></del>	2nd Choice	(from	1	/	
Susmi Course		e: 1st Choice		6 weeks □ 4 weeks	Utner (		2nd Choice	(from	1	/	
□ Yakitori Cour		□ 1 week		o □ Other (		)					
□ Ramen Cours		e: 1st Choice	(from □ 2 weeks	/ s □ Other (		<del>_)</del>	2nd Choice	( <u>from</u>			
		e: 1st Choice	•			<u>.</u>	2nd Choice	(from	1	/	
□ Japanese Ho	_	□ 1 week e: 1st Choice	☐ 2 weeks	s □ Other (	/	)	2nd Choice	(from	/	/	
□ Japanese Sw	reets	□ 1 day	□ 1 week	□ Other (		, )		,		,	
□ Fast Food Co		e: 1st Choice	(from □ 1 week	/ □ Other (	_/	<del></del> ,					
2.401.004.00		e: 1st Choice				<u> ,</u>					
□ Green Tea Co		□ 1 day	□ Other (	,	,	`	Ond Chains	/from	,	,	
□ Sake Course		e: 1st Choice	□ Other (		)		2nd Choice	(Irom	/		
		e: 1st Choice				<del></del>	2nd Choice	(from	1	/	
□ Dashi Semina		□ 1 day e: 1st Choice	□ Other (	1	)	)	2nd Choice	(from	/	/ )	
		□ 1 day	$\hfill\Box$ Other (		)	<del></del>				<del></del>	
□ Table Coordin			(from			<del></del>	2nd Choice	(from	/		
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□ Gyoza Course	e Start dat er Japanese Cuisine Start dat	□ 1 day e: 1st Choice e □ 1 week e: 1st Choice	□ Other ( (from □ 2 weeks	/ : □ Other ( /	/	<del></del>	2nd Choice		1	/ )	
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If you have any food allergies, allergies, medical conditions such as cardiac disease, diabetes, epilepsy, chronic disease, or any other disease that requires special attention, please describe in detail and attach the doctor's permission.

5.	I HAVE READ THE BROCHURE AND I AGREE TO THE GENERA	AL CONDITIONS OF THE ENROLLMENT TO JAPAN CULINARY INSTITUTE.
	Signature	Date