英国大学医学部における臨床実習のための短期留学 応募用紙 (2025年度)

＊手書き不可。 ＊１頁に収めること。 ＊英数字は半角で入力すること。 ＊当てはまる項目に☑を入れること。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ふ　り　が　な  氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所属大学 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 学年 | | | | | | | |  | | | | | | | | | | | | | | | | | | | 年生 | | | | | |
| FULL NAME  （パスポートの表記） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | | | | 男  女 | | | | | | | | | | | | 国籍 | | | | | | |  | | | | | |
| 生年月日 | 西暦 |  | | | | | | 年 | | |  | | | | | 月 | | | | | |  | | | | | 日 | | | 年齢 | | | | | | | |  | | | | | | | | | | | | 歳 （応募締切日現在） | | | | | | | | | | | | |
| 現住所 | 〒 | | | | | | | 住所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 携帯電話番号等 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | メールアドレス  （財団からの連絡用） | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 緊急連絡先 | 〒 | | | | | | | 住所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 携帯電話番号等 | | | | | | | | | | |  | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 本人との関係  （父、母、夫等） | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 事務担当部署  及び担当者名  （選考結果  郵送・連絡先） | 部署名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 担当者名 | | | | | | |  | | | | | | | | | | |
| 〒 | | | | | | | 住所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| メールアドレス | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | |  | | | | | | | | | | |
| IELTS成績  （小数点以下まで記載） | Listening | | | |  | | | | | | | | Reading | | | | | | | | | | |  | | | | | | | Writing | | | |  | | | | | | Speaking | | | | | | |  | | | | | | Overall | | | | | |  | | |
| IELTS受験日 | 西暦 | |  | | | | 年 | | |  | | | | | | | 月 | | | |  | | | | | | | 日 | | | ＊ 実習終了日がIELTS成績証明書の有効期間内であること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 志望順位 | 第1 | | | | | | | | | | | | | | | | | | | | | | | | | 第2 | | | | | | | | | | | | | | | | | | | | | 第3 | | | | | | | | | | | | | | | | |
| 記載可能項目： ニューキャッスル／グラスゴー／リーズ／どこでもよい | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本留学に  応募した理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本留学で得た  ものをどのように  生かして  いきたいか |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 将来どのような医師に  なりたいか |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 他に予定して  いる海外留学 | 決定 | | | | | | | | | | | | | | | | | 国 | |  | | | | | | | | | | | | | | | | | | | 期間 | | | |  | | | | | | | | | | | | | | | | | | | |
| 応募中／応募予定 | | | | | | | | | | | | | | | | | 国 | |  | | | | | | | | | | | | | | | | | | | 期間 | | | |  | | | | | | | | | | | | | | | | | | | |
| 予定はない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 海外滞在経験  （旅行を除く4週間以上。期間の長いものから3つまで） | 期間 | | | | |  | | | 歳～ | | |  | | | 歳（ | | | |  | | | | 年 | |  | | | | か月） | | |  | 歳～ |  | | 歳（ |  | | | 年 | |  | | か月） | | | | |  | | 歳～ | |  | | | 歳（ | |  | 年 | |  | か月） |
| 国・使用言語 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 滞在理由 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |