**様式１－②**

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|  | 大学等名 |  |  |
|  | 整理番号 |  |  |
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**介　護　等　体　験　申　込　書**

●　訂正は、訂正印を押さず、二重線を引いて余白にご記入ください。

＊楷書で、はっきりとご記入ください。姓と名の間は、1マス空けてください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| １．体験申込者氏名 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | | | | | | | |
| ＊姓と名の間は、1マス空けてください。濁点は同じマスの中にご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | | |  | |  |  | |  | |
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| ２．生年月日 |  |  |  |  | 年 |  |  | 月 |  |  | 日生　＊西暦でご記入ください。 | | | | | | | | | | | | | | | | | | |
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| ３．性別 |  | 1.男　2.女  ＊電話番号は左詰で市外市内局番の間にハイフン（－）を入れてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ４．電話番号 |  |  |  |  |  |  |  |  |  |  |  |  |  | 携帯電話の例：090-\*\*\*\*-\*\*\*\* | | | | | | | | | | | | | | | | |
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| ５．住所（連絡先）〒 |  |  |  | － |  |  |  |  |
| ＊住所は、楷書で都道府県名からご記入ください。  ＊番地等2桁の数字は、1桁ずつマスの中にご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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　　６．希望内容　　　＊枠内には**Ｗｅｂ上の期間どおり**にご記入ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 期間 | |  |  | 月 |  | |  | | | 日 | | ～ | | |  | |  | | | 月 | | |  | |  | | 日 |  | | | |
| ＊「体験受入可能社会福祉施設等一覧表」または「受入調整システム」を参照してご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 施設 | 施設コード | | | | |  | |  | | |  | | |  | | － | | |  | |  | | |  | |
|  | 施設名 | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |
| ＊（別表２）「市町コード表」または「受入調整システム」の「施設情報」を参照してご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 地域 | 市町コード | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
|  | 市町名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |

　 　　　　　　　　　＊振替え等がある場合は、実際の体験日を右側余白にご記入ください。

**７**．備　考　　　＊県外大学等で滋賀県以外に居住されている方は、滋賀県の住所を上記に、

通学中の連絡先(郵便番号､住所､電話番号等)をこの欄にご記入ください。

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