大学様式２（学生　→　大学等）

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|  |  **大学等名** |  |  |
|  **整理番号** |  |

**介護等体験申込書　【学生用】**

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| １　体験申込者の名前 |  |  |  |  |  |  |  |  |  |

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| ２　生年月日 （西暦） |  |  |  |  | 年 |  |  | 月 |  |  | 日 |

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| ３ 性別 |  | **1.男　　2.女** |

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| ４　住所(連絡先)  **〒** |  |  |  | ― |  |  |  |  |

**(県外大学については帰省先)**

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５　体験が **不可能** な期日

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|  | 期　日 | 第　　　　　週 |  | 月 |  | 日～ |  | 月 |  | 日 |
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| 第　　　　　週 |  | 月 |  | 日～ |  | 月 |  | 日 |

　　※必ず**週番号**を記入してください。

（週番号は、施設様式２「介護等体験受入調整カレンダー」を確認してください）

**備　　考**

|  |  |
| --- | --- |
|  | 特記事項があれば、記入のこと |

【個人情報の保護について】

この申込書に記載された個人情報については、介護等体験の運営管理のみに使用し、この目的以外で利用又は提供することはありません。