## 10. Application form

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| **Application Form of the International Summer Camp** |
| Name | Gender |
|  |  |
| Passport No. | Nationality | D.O.B. |
|  |  |  |
| Sending Institution |
|  |
| English ability (Non-English speaking students attach photocopies of supporting documents) |
| Mother language（ ） | IELTS（ ） | TOEFT（ ） | CET（ ） |
| Contact No. | Email Address |
|  |  |
| Home Address |
|  |
| Name of Emergency contacts  | Telephone No. of Emergency contact |
|  |  |
| Health condition |
| Do you have a history of allergies | If yes, please indicate the source of your allergy |
| Yes（ ） | No（ ） |  |
| Dietary requirements |
| Vegetarian（ ） | Avoid spicy food（ ） | Bean allergy（ ） | None（ ） |
| Personal statement (including personal biography, the reason for attending the camp, and what to expect from the camp) |
| Sending institution： | Supervisor： |
| Applicant's signature： | Date: |