

**Committee of Licensing Authority
The Japanese Association of Psychological Rehabilitation**

Application Form for the Authorized Camp of Psychological Rehabilitation

I hereby request to authorize the following as a psychological rehabilitation camp:

Applicant's Name: _____

Affiliation: _____

Camp Details:

Camp Name: _____ Regional Camp: Yes/ No

Place of Camp: _____

Period: From _____ to _____ (_____ days in total)

One-day Pre-camp Trainers' Training Practice (if any) Date : _____ / _____ / _____

Name of Camp Representative or Responsible person: _____

Sponsor: _____

Number of Trainees: _____

Number of Trainers: _____ Number of sub-Trainers: _____

Supervisor's Details:

1. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

2. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

3. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

4. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

5. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

6. Name: _____ Affiliation: _____ Authorized Supervisor: Yes / No

Applicant's Signature: _____ Date: _____

Note: Please submit a copy of the Camp Program and the Camp Training Practice Program for Trainers along with the application form.