

2017 JET PROGRAMME APPLICATION FORM

第 31 期 J E T プログラム応募申請書

INSTRUCTIONS (記入上の注意)

1. The application should be typed if possible, or neatly handwritten in block letters. (明瞭に記入すること。)
2. Numbers should be in Arabic numerals. (数字は算用数字を用いること。)
3. Years should be written using the Anno Domini system. (年号はすべて西暦とすること。)
4. Proper nouns should be written in full and not abbreviated. (固有名詞はすべて正式な名称とし、一切省略しないこと。)

**Personal data entered in this application will only be used for programme selection purposes, and contact information such as e-mail addresses will only be used for related purposes after the participant returns home and for sending information by the Japanese Government.*

(本申請書に記載された個人情報については、本プログラムの選考のために使用するほかは、特に E-mail アドレス等の連絡先については、帰国後に関連する目的及び日本政府より各種情報を送信する以外には使用しない。)

1. Position Type for which you are Applying (応募職種)

CIR (Coordinator for International Relations) (国際交流員)

ALT (Assistant Language Teacher) (外国語指導助手)

SEA (Sports Exchange Advisor) (スポーツ国際交流員)

2. Interview Location (面接地)

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*Using Chart 1 of the chart sheet, please enter the four digit code of the location where you would like to be interviewed. If your location is not listed, enter its name in full. Regardless of where you are now living, you must have an interview at the Embassy or Consulate General of Japan in the country whose nationality you possess.

(チャート 1 に記された 4 桁の面接地コードを入力すること。リストに無い場合は具体的な名前を記入する。現在の居住地に関わらず、応募者の国籍国の日本大使館または総領事館で面接を受けなければならない)

3. Name (氏名)

_____ (Last Name)

_____ (First name)

_____ (Middle name)

*Please write your name exactly as it appears in your passport (パスポートと同じ名前を記載すること)

漢字表記 (中国人応募者のみ : for Chinese Applicants only)

_____ (姓)

_____ (名)

4. Sex (性別) Male (男) Female (女)

5. Date of Birth (生年月日)

_____ Year (年) Month (月) Day (日) Age (as of April, 2017) (年齢 2017 年 4 月 1 日現在)

6. Nationality (国籍)

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*Using Chart 2 of the chart sheet, please enter the two digit code of your nationality. If your nationality is not listed, enter its name in full.

(チャート2に記された2桁の国籍コードを入力すること。リストに無い場合は具体的な名前を記入する。)

Do you possess Japanese nationality? (日本国籍の有無) Yes (はい) No (いいえ)

7. Home State and Hometown (出身州・出身地)

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*Using Chart 3 of the chart sheet, please enter the abbreviation for your home state and hometown/province/county/district. If no abbreviation is listed, enter its name in full.

(チャート3に記された3桁の出身州等の略語を入力すること。リストに無い場合は具体的な名前を記入する。)

8. Present Address and Telephone Number, Facsimile Number, and E-mail Address

(現住所及び電話番号、ファックス番号、E-mail アドレス)

Present Address (現住所)

Telephone/Facsimile Number (電話番号/FAX 番号)

E-mail Address

* If possible, write an e-mail address at which you can be contacted for periods that include the time before you come to Japan, your stay in Japan and the period after you return home.

(可能な限り、渡日前～日本滞在中～帰国後にわたり使い続けることが予想される E-mail アドレスを記入すること。)

9. Criminal History (犯罪歴)

Have you ever been arrested, charged and/or convicted of any crime other than a minor traffic offense (i. e. speeding or parking ticket), including juvenile offences? (スピード違反, 駐車違反等の軽微な交通違反を除き, これまでに何らかの犯罪で逮捕され, 起訴されまたは有罪となったことがあるか)

Yes (はい) No (いいえ)

*If yes, please explain in detail on a separate sheet, providing information regarding the nature and date of the crime. Please also submit a copy of your complete criminal record which documents the incident at the time of the application. Failure to report items in this question, even those which you believe to have been expunged or otherwise removed from your record that later show up on that history, will in principle result in disqualification.

(ある場合は, 犯罪の性質, 日時等に関する詳細な情報を記載した別紙を提出し, 更に(無)犯罪証明書も添付すること。記録から抹消されていると考えられるものについても, 申請が無ければ, 後日記録が明らかになった場合, 虚偽の申請として失格となることもある。)

10. Current Occupation/University/Employer

(現職: 在籍大学名又は勤務先名まで記入すること。)

11. Educational Background (学歴)

11a. Academic Degree (学位)

Bachelor's Degree (学士) Master's Degree (修士) Doctorate Degree (博士)

11b. Academic Specialisation (専攻科目)

Major

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Major/Minor (If you specialised in two subjects (double-major) or had a sub-specialisation (minor))

*Using Chart 4 of the chart sheet, please enter the two digit code of your specialisation. If your specialisation is not listed, enter its name in full.

(チャート4に記載された2桁の専攻科目コードを記入のこと。リストに無い場合は具体的な名前を記載する。)

11c. Academic Record (学歴)

High School Graduation Date(高校卒業年月) _____

Higher Education Level (高等教育レベル)	Name of Institution and Location (学校名及び所在地)	Dates Attended (在学期間)	Duration of Attendances (修学年数)	Major Field of Study (専攻科目)	Degree/Diploma, Date Earned or Expected (学位, 取得/取得予定時期)
		From To			
		From To			
		From To			

*Please provide an official transcript of all courses taken at your undergraduate college/university and postgraduate school. (大学及び大学院で履修した全てのコースの成績証明書を添付のこと)

12. Employment History (職歴)

*Begin with your most recent employment. Include part-time jobs. (直近のもの。アルバイトを含む。)

Name of Employer and Location (勤務先及び所在地)	Period (期間)	Job Title (役職)	Job Description (職務内容)	Hours per Week (1週あたりの時間数)
	From To			
	From To			
	From To			

13. Teaching /Coaching Background (教職歴及びコーチ歴)

13a. Teaching Background (for CIRs and ALTs only) (教職歴: CIR及びALTのみ)

	Name of Organisation and Location (機関名及び所在地)	Period (期間)	Job Title (役職/レベル)	Job Description (職務内容)	Hours per Week (1週あたりの時間数)
Classroom Teaching (教室での教職歴)		From To			

Other Teaching or Tutoring (その他の教職歴)		From To			
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	Name of Organisation and Location (機関名及び所在地)	Period (期間)	Course Description (訓練内容)
Teacher Training (教職訓練の経験)		From To	

Do you possess?

Teacher Certification (教職資格)

Yes (はい)

No (いいえ)

TEFL/TESL/TESOL Qualification (TEFL, TESL, TESOL 資格) Yes (はい)

No (いいえ)

13b. Coaching Background and Qualifications (for SEAs only) (コーチ歴：SEAのみ)

Institution/Club (機関またはクラブ等)	Period (期間)	Sports (スポーツ種目)	Grade/Level (グレード・レベル)
	From To		
	From To		

Career/Prize(s) in the Sports mentioned above (for SEAs only) (スポーツの競技歴・表彰歴：SEAのみ)

Dates (日付)	Career/Prize(s) Achieved (競技歴・表彰歴)

14. Proposed Direction of Career and its Relation to the JET Programme (将来の目標及び本プログラムとの関連性)

15. Japan-Related Studies (日本に関する学習・研究歴)

	Name of Institution and Course Title (機関及びコース名)	Period of Study (学習期間)	Content (学習内容)
Study of Japanese Language (日本語学習歴)			

Study of Japanese History, Culture, etc. (日本史・日本文化等の学習)			
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16. Japanese Language Proficiency: Evaluate your level and insert an X where appropriate in the following blank space.
(日本語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Advanced (上級)	Semi-Advanced (準上級)	Intermediate (中級)	Elementary (初級)	Introductory (入門)	None (不可)
Reading (読む能力)						
Writing (書く能力)						
Speaking (話す能力)						
Listening (聴く能力)						

Introductory: Familiar with basic greetings and conversations, and has previous experience with *hiragana* and *katakana*.

Elementary: Mastered elementary level of grammar, about 100 kanji and 800 words, and demonstrates the ability to listen to and understand simple conversations and to read short, simple sentences.

Intermediate: Mastered basic grammar, about 300 kanji and 1,500 words, and demonstrates the ability to listen to and understand everyday conversations and to read simple sentences.

Semi-Advanced: Mastered grammar to a relatively high level, about 1,000 kanji and 6,000 words, and demonstrates listening and reading comprehension ability about matters of a general nature.

Advanced: Mastered grammar to a high level, about 2,000 kanji and 10,000 words, and has an integrated command of the language sufficient for life in Japanese society and for providing a useful base for study at a Japanese university.

Certification of Japanese Language Proficiency (日本語能力試験等の日本語資格)

Name of Certification and Grade (資格と取得級) : _____

Date Earned (取得日) : _____

* Please attach documents of certification (if any) (可能であれば証明書を添付のこと)

17. International/Intercultural Experience (国際経験) (at home or abroad) (国内外)

Country (国)	Purpose (目的)	Dates (期間)
		From To
		From To
		From To

18. Foreign Language Proficiency: Evaluate your level and insert an X where appropriate.

(外国語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Excellent (優)	Good (良)	Fair (可)	Poor (不可)
English (英語)				
Other((その他)				
Other((その他)				

19. Other Activities (その他の活動)

(a) Honors, Awards, Scholarships, etc. (表彰等)

(b) Extra-Curricular/Volunteer Activities, Interests/Hobbies/Sports

(課外活動・ボランティア活動, 関心・趣味・スポーツ等)

20. Are you presently an applicant, or do you intend to apply for any other international exchange programmes or scholarships? (その他の国際交流プログラムや奨学金へ応募しているか?)

Yes (はい) No (いいえ)

If yes, please give details (もしあるなら詳細を記入すること)

21. Have you ever participated on the JET Programme? (過去にJETプログラムに参加したことがあるか)

Yes (はい)

Period (期間) : _____

Contracting Organisation (任用団体) : _____

No (いいえ)

I have applied to the JET Programme. Year(s) of application: _____
(JETプログラムへの応募したことがある。何年に応募したか。)

I have withdrawn my intention of participating on the JET Programme after assignment of contracting organisation.

At what point of the application process and due to what reason(s):

(配置決定後にJETプログラムを辞退したことがある。時期と辞退理由は以下のとおり)

22. Marital Status (婚姻状況) Single (未婚) Engaged (婚約中) Married (既婚)

23. Accompanying Dependents or Co-habiting Family Members (Provide the following information if you plan to bring any family members to Japan, or if there are any family members you plan to live with in Japan.)
 同伴及び同居家族（渡日する場合、同伴予定の家族がいる場合に記入すること、もしくは同居予定の家族がいる場合に記入すること。）

Name (氏名)	Relationship (続柄)	Age (年齢)	JET Applicant? (JET応募者)

24. Do you possess a Driver's License? (運転免許の有無)

* Participants with a driving licence may be required to operate a motor vehicle as part of their work duties.

Yes (はい) No (いいえ)

25. Assignment Preference (配置希望)

JET participants are assigned to contracting organisations all over Japan. Assignments may not necessarily be made according to your preference.

(JET参加者は日本各地の任用団体に配置されます。配置は必ずしも希望通りになるとは限りません。)

- (a) Living Area Classification Preference (希望エリア)

Suburban/Rural Urban No Preference
 (郊外・地方) (都市部) (希望無し)

- (b) Block/Prefecture/Designated City Preference (希望場所)

	Block (地区)	Prefecture/ Designated City (県・市)	Reason (理由)
First Choice 第一希望			
Second Choice 第二希望			
Third Choice 第三希望			

*Using Chart 5 of the chart sheet, please enter the one digit block code and two digit prefecture/designated city code of your prefecture.

**If you wish to engage in disaster-recovery volunteer activities, please indicate so above.

- (c) Specific Request for Placement (e.g. Medical Reasons, Family Members in Japan)

(配置に関する特別な要請 (医療上の理由、家族の理由等))

26a. ALT Placement (ALTの配置希望)

(for CIR Applicants from Australia, Canada, Ireland, New Zealand, Singapore, United Kingdom, United States only)
(英語圏CIR応募者のみ)

If you are not offered a CIR position but are still eligible for an ALT position, would you like to be considered for an ALT position?

Yes No

26b. Early Placement in April, or Early Placement after April but before July/August Arrival (4月来日の希望)

(for ALT and CIR Applicants from Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, Singapore, South Africa, Trinidad and Tobago, United Kingdom, United States only) (英語圏ALT及びCIR応募者のみ)

If you are offered an early placement in April, or early placement after April but before July/August arrival, would you accept the position?

Yes No

*If yes, please submit your Criminal Record and Certificate of Health to the Embassy or Consulate General at the time of application.

27. Where did you hear about the JET Programme?

<input type="checkbox"/> Professor/Advisor/Instructor	<input type="checkbox"/> Magazine Advertisement	<input type="checkbox"/> TV
<input type="checkbox"/> Placement Office	<input type="checkbox"/> Magazine Article	<input type="checkbox"/> Radio
<input type="checkbox"/> Former JET Participant	<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Poster
<input type="checkbox"/> Current JET Participant	<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> Career Fair
<input type="checkbox"/> Embassy/Consulate	<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> JET Alumni
<input type="checkbox"/> Campus Visit	<input type="checkbox"/> Internet Article	<input type="checkbox"/> Other: _____

28. Emergency Contact Information (緊急の際の連絡先)

i) Full Name of Emergency Contact (緊急時の連絡者氏名) :

ii) Address (住所) :

Telephone/Facsimile Number (電話番号/FAX 番号) :

E-mail Address:

iii) Occupation:

(職業) _____

iv) Relationship to Applicant:

(本人との関係) _____

29. Please fill out the attached "Self-Assessment Medical Report". If you suffer, or have ever suffered from any physical or mental illness, please attach an explanation and a letter from your physician stating whether you are fit to participate on the JET Programme and, to live and work overseas.

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge, and that I have read and agree with the application guidelines. Furthermore, if I am selected as a Coordinator for International Relations, Assistant Language Teacher, or Sports Exchange Advisor, I agree to abide by Japanese laws and regulations and the regulations of my contracting organisation. I agree to carry out my duties to the best of my ability, as well as to not engage in any activities prohibited by the terms and conditions of my appointment. I understand that during my stay in Japan I must not participate in any religious or political activities which would affect my duties nor do anything to disturb the public peace.

(私は、私自身及び経歴に関する上記事項が正しいものであり、私の知る限り詳細なものであることを証明します。私は、募集要項の内容をよく理解し、これに同意します。更に、国際交流員、外国語指導助手またはスポーツ国際交流員として合格し

た際には、日本国法令及び受け入れ団体の規則を遵守し、最善を尽くして職務に専念し、職務または日本の社会秩序に影響を及ぼすような宗教的及び政治活動を行わないことを誓約します。)

Date of Application:

(申請年月日)

Applicant's Signature:

(申請者署名)



2017 The Japan Exchange and Teaching Programme

INTERVIEW VOUCHER

Application No				<div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix photograph here (3cm x 4cm) </div>
NAME	(한글)	(영어)		
Date of Birth	year	month	day	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Interview Site	Embassy of Japan in Korea			

To the applicant : Please bring the interview voucher below on the day of the interview.

You cannot be interviewed without this interview voucher.

Instructions : 1. Fill in all of the required information

2.Attach one 3cm x 4cm photograph to the upper-right corner.

The photograph must have been taken no earlier than six months before the interview.

Embassy of Japan in Korea



2017 The Japan Exchange and Teaching Programme

INTERVIEW VOUCHER

Application No				<div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix photograph here (3cm x 4cm) </div>
Name	(한글)	(영어)		
Date of Birth	year	month	day	
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Embassy of Japan in Korea

2017 JET Programme Applicant Self-Report of Medical Condition(s)
(健康状況自己報告書)

Interview Location: _____
(面接地)

To the applicant: Please fill out the reference data below. Your application cannot be processed without this form. Successful applicants will be required to submit a JET Programme Certificate of Health, including a chest X-ray, from their physician by the date designated by the Embassy or Consulate General of Japan. **It is important that you submit correct information regarding your medical history. If you now have or have ever had any physical or mental condition/illness, your physician must attach a statement to provide an explanation indicating whether you are fit to participate on the JET Programme and to live and work overseas.** This information will be used to your benefit in deciding your contracting organisation as well as in serving as a quick reference should any medical emergencies arise while you are participating on the JET Programme.

(申請者へ：下記に記入のこと。本フォームの提出がないと申請手続きが進められません。合格者は、胸部X線を含むJETプログラム健康診断書を日本大使館または総領事館が指定する期日までに提出することが求められます。自身の医療歴について正確に申請することが重要です。現在、または過去に身体的及び精神的疾患を有する場合、JETプログラムに参加し、海外で勤務・生活することが可能かどうかを示す医師の報告書を添付する必要があります。本情報は任用団体の決定に使用されるとともに、JETプログラム参加中に医療的緊急事態が発生した際に参照されます。)

PERSONAL DETAILS (応募者詳細)		
DATE OF BIRTH: M (月) / D (日) / Y (年) (生年月日)		
NAME (氏名) ※as printed on your passport (パスポート通りに記載)		
Last (姓)	First (名)	Middle (ミドルネーム)

1. Are you currently seeing a physician and/or undergoing treatment? (except for colds, fevers, visiting OB/GYN facilities, or consultations for requesting contraception). If yes, you must provide details as to when, why, the duration of treatment below AND have your doctor fill out the Statement of Physician.
(現在診察や治療や薬物治療を受けているか(風邪、発熱、婦人科または避妊の相談を除く)。該当する場合、詳細(時期、事由、治療の時期)を明記し、医師の報告書を添付すること。)

- 2a. What serious diseases, injuries and/or medical conditions have you had in the past five years? If any of these resulted in hospitalisation, please give details as to when, why, and the duration of treatment below AND have your doctor fill out the Statement of Physician.
(過去5年間にどのような深刻な病気、怪我または病態となったか。結果として、入院した場合には、詳細(時期、事由、治療の期間)を以下に明記し、医師の報告書を添付すること。)

- 2b. Other than those stated in 2a., have you ever been treated for any other serious diseases, injuries, and/or medical conditions, including heart disease, blood disease, auto immune disease, cancer, epilepsy, congenital disease, recurrent disease, carrier conditions (for example, hepatitis), or any other disease, injury, or medical condition involving permanent damage? If yes, you must provide details below AND have your doctor fill out the Statement of Physician.
(2aに明記した以外で、過去に心疾患、血液疾患、自己免疫疾患、癌、てんかん、先天性疾患、再発性のある病気、キャリア状態の病気(肝炎等)、現在に後遺症が残る病気及び怪我を含む深刻な病気や怪我または病態で治療を受けたことがあるか。該当する場合には、詳細を明記し、医師の報告書を添付すること。)

3. Have you ever suffered from any nervous or mental disorders? (including, but not limited to anxiety, depression, ADD, ADHD, eating disorders, etc.). If yes, you must provide details below AND have your doctor fill out the Statement of Physician. Please note that we may contact your doctor if further information is necessary.
(過去に神経性または精神的疾患(例: 不安神経症, 鬱病, ADD, ADHD, 摂食障害等)にかかったことがあるか。もしあるなら, 詳細を明記し, 医師の報告書を添付すること。必要時には医師への問い合わせを行う旨をご了承ください。)
4. Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis? If yes, please explain.
(数階分の階段の昇降による身体的問題が予測されるか。ある場合は詳細を説明すること。)
5. Do you have any allergies? If yes, are you currently undergoing treatment?
(アレルギー症があるか。該当する場合に, 治療を受けているか。詳細を以下に明記すること。)
6. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., 3, above.
(現在または過去5年間に薬物治療を受けている場合(ただし、経口避妊薬を除く。), 薬品の名前, 目的, 服用頻度も含めてその詳細を記入すること。なお, 上記の設問1, 2a, 2b, 3で挙げた状況に対する処方箋についても明記ありたい。)
7. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical, religious, personal reasons, etc.).
(現在食事制限を受けている場合, その詳細を記入すること。例: 疾病, 宗教的, 個人的な理由等)
Foods:
 Beef (牛肉) Chicken (鶏肉) Dairy Products (乳製品) Eggs (卵)
 Gluten (グルテン) Tree Nuts (ナッツ類) Peanuts (ピーナッツ) Pork (豚肉)
 Wheat (小麦) Shellfish (貝類・甲殻類) Soy (大豆)
 Finfish (魚類) Fruit (果実) Others (その他) ()
- Reasons:**
 Allergies (アレルギー) Other medical reasons (その他の疾病のため)
 Religion (宗教的) Other (その他) ()
8. Please explain any other health-related issues or disabilities below (e.g. legally blind, hearing impaired, colour blindness, confined to wheelchair, pending medical treatment, etc.).
(その他の健康上の注意事項及び障害について以下に記入すること。例: 視覚障害, 聴覚障害, 色盲, 車いすの使用, 治療中の事項等)

Candidates who have tattoos and/or body piercings, please provide details of the tattoos, including location and size.

(タトゥーやピアスがある場合, その詳細を記入)

- Tattoos (タトゥー) Number (数) Location (箇所) Size (大きさ)
 Body piercings (ピアス) Number (数) Location (箇所) Size (大きさ)

The answers I have given are correct to the best of my knowledge.

(申告書の記載事項のとおり相違ありません。)

Signature:
(署名)

Date:
(日付)