



Entry Form for JENESYS Programme

(Name of Country)

1. Personal Information

* Please fill in the form in BLOCK LETTERS

| | | | | | |
|---|--|------------------------------|--|---|---------|
| Photo (taken within 3 months) Please write your name on the back of | Name | | Full Name (Exactly the same as your passport) | | |
| | | | English | | |
| | Given name (English) | Family Name (English) | Middle Name (if any)(English) | | |
| | | | | | |
| | Full Name (in Mother language) | | Nickname (Please specify the name you would like to be called) | | |
| | | | | | |
| Date of Birth | Day/Month/Year | | Age (as of the day of the flight to Japan) | | |
| Place of Birth | (Province) | (Country) | Sex | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Religion | <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others () | | | | |
| Nationality | | | | | |
| Mother Tongue | | Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | | |
| Passport** | Number | | Type of Passport | | |
| | | | <input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official | | |
| | Date of Issue | | Date of Expiry | | |
| | (Day) | (Month) | (Year) | (Day) | (Month) |
| Current Address | Address | | | | |
| | Tel | | Fax | | |
| | Mobile | | E-mail | | |
| | | | | | |
| Contact Person in Emergency *It shall be your parent. *If you live with him/her, please leave address blank. | Full Name | | | Relationship | |
| | Address | | | | |
| | Tel | | Fax | | |
| | Mobile | | E-mail | | |
| | Profession/Occupation | | | | |
| | | | | | |
| *If you do not have phone at your current address, please write contact person and | Name | Phone Number | E-mail | | |
| | | | | | |

**Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

2. Health Condition

| | |
|---|---|
| Blood Type | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know |
| Health Condition | <input type="checkbox"/> Good <input type="checkbox"/> Having Chronic disease: <input type="checkbox"/> chronic lung disease (asthma, chronic obstructive lung disease etc.) <input type="checkbox"/> immunodeficiency state (T cell immunodeficiency etc.) <input type="checkbox"/> chronic heart disease (congenital heart disease, coronary artery disease etc.) <input type="checkbox"/> metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> infectious diseases (Specified) <input type="checkbox"/> others () 1. "Letter of Consent "(Attached form) and a permission letter by doctor are required in the pre-departure orientation. 2. Medical treatment cost related to the chronic disease is not covered by the programme insurance. |
| Medicine | <input type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly (Specified) |
| Pregnancy | <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant women <u>cannot</u> participate in JENESYS Programme owing to the below reasons. • Maternal and child health • Rapid aggravation of influenza A (H1N1) |
| Food Allergies (only for physical reason) | <input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shellfish <input type="checkbox"/> egg <input type="checkbox"/> others () |
| Food Restriction (for religion or custom reason) | <input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shellfish <input type="checkbox"/> egg <input type="checkbox"/> others () *Please be noted that the meals provided in the programme cannot meet all the requests from the participants. |
| Other Allergies | <input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others () |

3. Professional Career

| | | | | |
|---|---|--|-------------------------------------|---------------|
| Information of your Organization | Name of Organization | | Location (city,province) | |
| | Position (Title) | | Tel | |
| | Details of work | | Fax | |
| Language | English Proficiency certificated score (if any, e.g. TOEFL) | | | |
| | Level of English | | Level of Japanese | |
| | Speaking: Good Fair Poor | | Speaking: Good Fair Poor | |
| | Writing : Good Fair Poor | | Writing : Good Fair Poor | |
| | Reading : Good Fair Poor | | Reading : Good Fair Poor | |
| | Other Language | | Japanese learning experience | Year or Month |

4. Personal Activities

| | Activities | Position Held | Period of Involvement |
|------------|------------|---------------|-----------------------|
| Hobbies | | | |
| Speciality | | | |

5. Other Information

| | | | | |
|--|-----|----|---------------|--|
| Have you ever been to Japan before? | Yes | No | If Yes, When? | |
| If Yes, what was the purpose of the visit and where did you visit? | | | | |
| *In principle, any candidates who have participated in JENESYS Programme before are <u>not</u> allowed to take part again. | | | | |
| Do you have any particular concerns on visiting Japan? If yes, what are they? | | | | |
| If you have something you want to do with or for host family, please write | | | | |

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Agreement of the Use of Personal Information

I agree that my personal information in the Entry Form, provided to Japan International Cooperation Center (JICE), will be used only for the purpose of the operation of JENESYS Programme.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)