

Entry Form for JENESYS Programme

(JAPAN)

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 <i>taro yamada</i> | |
| | Given name (English) <i>taro</i> | Family Name (English) <i>yamada</i> |
| | Middle Name (if any)(English) <i>david</i> | |
| | Full Name (in Mother language) <i>山田太郎</i> | |
| Full Name (in Mother language) <i>山田太郎</i> | | Nickname (Please specify the name you would like to be called) <i>taro</i> |
| Date of Birth | Day/Month/Year <i>25/12/1989</i> | Age (as of the starting day of the programme) <i>18</i> |
| Place of Birth | (Province) <i>Tokyo</i> | (Country) <i>Japan</i> |
| Religion | <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input checked="" type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others () | |
| Nationality | <i>Japanese</i> | |
| Mother Tongue | <i>Japanese</i> | Marital Status <input checked="" 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 (Day) (Month) (Year) | Date of Expiry (Day) (Month) (Year) |
| | Current Address <i>kita shinjuku 1-2-4, tokyo, Japan 123-0045</i> | |
| | Tel <i>03-999-9999</i> Fax <i>03-456-9999</i> Mobile <i>030-456-9999</i> E-mail <i>taro@yamada.co.jp</i> | |
| Contact Person in Emergency *It shall be your parent. *If you live with him/her, please leave address blank. | Full Name <i>taichi yamada</i> | Relationship <i>father</i> |
| | Address <i>minami shinjuku 5-6-7, tokyo, Japan 123-0099</i> | |
| | Tel <i>03-456-7890</i> Fax <i>03-456-7890</i> | |
| | Mobile <i>03-456-7890</i> E-mail <i>taichi@yamada.co.jp</i> | |
| | Profession/Occupation <i>Singer</i> | |
| *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. Medical History

| | |
|--|--|
| Blood Type | <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know |
| Health Condition | <input checked="" 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 checked="" type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly (Specified) |
| Pregnancy | <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 <i>University of Tokyo</i> | | Location (city, province) <i>Tokyo</i> | | |
| | Position (Title) <i>Professor</i> | | Tel <i>03-567-1111</i> | | |
| | Details of work <i>Giving lectures, research</i> | | Fax <i>03-567-1112</i> | | |
| Language | English Proficiency certificated score (if any, e.g. TOEFL) | | <i>TOEFL 250</i> | | |
| | Level of English | | | Level of Japanese | |
| | Speaking: <u>Good</u> Fair Poor | | | Speaking: <u>Good</u> Fair Poor | |
| | Writing : <u>Good</u> Fair Poor | | | Writing : <u>Good</u> Fair Poor | |
| | Reading : <u>Good</u> Fair Poor | | | Reading : <u>Good</u> Fair Poor | |
| Other Language | | | Japanese learning experience | Year or Month | |

4. Personal Activities

| | Activities | Position Held | Period of Involvement |
|------------|--------------------------|---------------|-----------------------|
| Hobbies | <i>ski</i> | | <i>1 year</i> |
| Speciality | <i>drawing a cartoon</i> | | <i>2 year</i> |

5. Other Information

| | | | |
|---|-----------------------------------|---------------|-----------------|
| Have you ever been to Japan before? | <u>Yes</u> No | If Yes, When? | <i>2000 Jun</i> |
| If Yes, what was the purpose of the visit and where did you visit? | <i>For JICA Training in Tokyo</i> | | |
| <small>*In principle, any candidates who have participated in JENESYS Programme before are <u>not</u> allowed to take part again.</small> | | | |
| 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: *[Signature]* Date: *01* / *08* / *2010*

(Day/Month/Year)