PARTICIPANT'S DATA SHEET

Group-Tour Program for Secondary-School Educators 2009

Please read all instructions carefully and complete all sections of this form.

- 1. All forms must be completed in English and typed or written in black or blue ink or printed from a computer.
- 2. Each page of the following application carries its own instructions that should be read carefully before proceeding.
- 3. All questions must be answered completely and carefully.
- * The information provided on this form will be used by the Japan Foundation only for internal purposes.

Attach a recent photo

I. PERSONAL DATA

	Family		First,				Middle	
Name								
Name	Please list your name exactly as it appears on your passport in order to make reservations for the air ticket properly. Please attach a copy of the first page of your passport so as to confirm your name.							
Passport No.				Natio				
Gender	□ M:	ale		Date o	f Birth			
	Present Occupation	☐ Teach	ner 🗆	Administrator		Other ()	
Office	Title							
Address	Address							
	Tel.				Fa	ıx.		
	Address							
Home Address	11441 655							
Address	E-mail							
		ail address that you ch						
	Position			Name of Institution			Duration	
Career								
Nearest								
Airport	Please list the name of	f international airport r	nearest to y	our current i	esidence w	hen going t	to Japan.	
	English	☐ Excellent		Good		Fair	☐ Poor	☐ None
	Japanese	☐ Excellent		Good		Fair	☐ Poor	☐ None
Language	()	☐ Excellent		Good		Fair	☐ Poor	☐ None
Proficiency	()	☐ Excellent		Good		Fair	☐ Poor	☐ None
	()	☐ Excellent		Good		Fair	□ Poor	□ None
	Please rate yourself Excellent, Good, Fair, Poor, (None). Include all languages in which you have competence.							
Previous Stay	☐ Yes	(when, purpose, p	olace)					
in Japan	□ No							

II. HEALTH ASSESSMENT

Name						
Blood Type	□ A	□В	О	□ АВ	□ Rh+	□ Rh-
-	_			hat should be report or any kind of ment	_	
□ Ye	es	□ No				
	them and describe e physically able t			d please attach a c gram.	ertificate issued b	y a physician to
If you have any a	llergies, please des	scribe in detail wha	at you are allergi	c to.		
In your opinion, l	how is your presen	t health and physi	cal condition?			
☐ Go	od	☐ Fair		□ Poor		_
Are you physical	ly able to go abroa	d to participate in	a study-progran	1?		
□ Y€	es	□ No				
I hereby inform yo my knowledge.	ou of my health cond	dition as described a	above. I have ansv	vered the questions	with complete hone	esty to the best of
DATE (Month/Da	ay/Year)					
SIGNATURE				_		

III. REASONS

Please write down the expect of it.	e reasons for applying for this study-tour program and explain how it would benefit you and what yo
-	
	emic and professional backgrounds that prove you to be eligible to participate in this program. (e.g., ng, Japan-linked or internationally-oriented activities, and other activities that relate to the program
	and detailed description of your post-program activity plan to share your experiences in Japan with and community, and indicate the time-frame for it. (e.g., developing teaching materials, workshops of
ectures on Japanese	culture, a website about the experience in Japan, etc.)

Please list any act host family.	ivity that you wo	uld like to do or an	y place that you would like to visit w	while staying with	your Japanese
If you have any fo	ood restrictions, p	lease check the box	x(es) below of foods that you cannot	eat.	
☐ Pork	☐ Beef	☐ Chicken	☐ Raw fish ☐ Shrimp	☐ Crab	☐ Shellfish
□ Egg	☐ Milk	☐ Alchool	☐ Others (please be specific:)
What is (are) you	r favorite dish(es)	?			
If you object to st	aying at homes w	ith pets, please che	ch those you do NOT wish to stay w	ith:	
□ Dog	☐ Cat	☐ Bird	☐ Others (please be specific:)
Do you smoke cig	arettes?		☐ Yes	□ No	
Message to you ho	ost family:				

By my signature,
I hereby certify that the information given in this application is comlete and accurate to the best of my knowledge.
I agree to follow the Terms and Conditions to participate in the study-tour program.
DATE (Month/Day/Year)
SIGNATURE