

2011 JET Programme Application

Please print the information requested using **CAPITAL LETTERS** for questions 1-15. For the remaining questions, please type or print your answers clearly. Please see the instructions to answer the questions.

1. Interview Location

9	9	9	9
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2. Position Type

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3. Last Name ONLY (if you have two last names, leave a space between them)

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First Name ONLY (if you have two first names, leave a space between them. Do not write middle names)

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Middle Initial

(one initial for each middle name)

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4. Sex

M / F

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5. Nationality

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6. Date of Birth

Year

Month

1	9								
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7a. Hometown

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7b. Home state/province/county/department/district/prefecture

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8. Dual Nationality with Japan

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9a. Have you ever been offered a position on the JET Programme?

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9b. Have you ever participated in the JET Programme?

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10. Have you ever been arrested, charged and/or convicted of any crime other than a minor traffic offense (ie. Speeding or parking ticket), including juvenile offences? Failure to report items in this question and question 17, even those which you believe to have been expunged or otherwise removed from your record that later show up on that history will result in disqualification in principle.

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11a. Accompanied?

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11b. How many people are going to accompany you?

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11c. Are your children going to accompany you?

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be examined to decide your candidacy described in Section 10 of the application form.

If you cannot obtain your complete criminal record for statutory reason, please read and sign the "Authorisation and Release" form in order to enable the Japanese Embassy or Consulate General to access your criminal record, which will be examined to decide your candidacy.

Please also note that those short-list candidates who answered "no" to question 10 must obtain and submit your criminal record to the Japanese Embassy or Consulate General where they interviewed by July 12, 2010

18. If you will be accompanied by family dependents, please write their relationship (spouse/daughter/son) to you and their ages if they are under 18 years old.

19. If someone is applying for the 2011-2012 programme and you wish to be placed with or near them, please write their name here (as spelled on their application) and write your relationship to them

20. Permanent Address (Please use domestic address only)

Telephone _____ Fax Number _____

E-mail address _____

21. Temporary Address & Effective Dates (Effective from _____ to _____)

Telephone: (H) _____ (W) _____

Fax Number: (H) _____ (W) _____

E-mail Address: _____ Other Daytime Contact _____

22. Higher Educational Institutions Attended:

Name of Institution	Dates attended	Specialisation (including both major and minor)	Degree/Diploma, Date earned or expected

23. Teaching Background

	Institution	Subject / Course	Grade / Level	Dates	Hours/ Week
a. Classroom Teaching					
b. Other Teaching or Tutoring					
c. Teacher Training					

IMPORTANT: Please provide an official transcript of all courses taken at your under graduate college/university and post-graduate school if applicable, as well as any relevant certifications for questions 22 and 23.

24. International / Intercultural Experience (at home or abroad):

Country	Purpose	Dates

25. Present or Most Recent Occupation

	Name, Address, Telephone and Fax Number of Employer	Dates
Full-time		
Part-time or Temporary		
Position and Description of Full-time Job:		

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Position and Description of Part-time/Temporary Job:

Introductory: Familiar with basic greetings and conversation, 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 conversation 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 conversation 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.

28. Do you have any certification of Japanese language proficiency? YES / NO (circle one). If yes, please list the names of the certificates and also the applicable dates.

29. Please evaluate any abilities you have in other languages according to the criteria below:

1=basic 2=elementary 3=intermediate 4=semi-advanced 5=advanced

LANGUAGE:	Reading:	Writing:	Speaking:	Listening:
LANGUAGE:	Reading:	Writing:	Speaking:	Listening:

30. Please list any honours, awards, scholarships, offices held and achievements gained and the dates you received them. (Avoid acronyms and abbreviations.)

31. Please list any extra-curricular/volunteer activities, interests/hobbies/sports. List dates of involvement in each activity, club or team. (Avoid acronyms and abbreviations.)

32. Are you presently an applicant, or do you intend to apply for any other international exchange programmes or scholarships? YES / NO (circle one) If so, please give details. (Your answers will not affect your qualification for participation on the JET Programme.)

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33. 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: _____

34. Emergency Contacts (please list two people who should be contacted in case of emergency):

Name	Address	Telephone & Fax Number	Relationship to Applicant
		(T) (F)	
		(T) (F)	

35. 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 in the JET Programme and, as such, 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 an Assistant Language Teacher or Coordinator for International Relations, 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 not to 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 political activities which would affect my duties nor do anything to disturb the public peace.

Signature: _____	Date: _____
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PLEASE RETURN THIS FORM TO:

Japan Information and Cultural Center, Embassy of Japan in Switzerland
 ATTN: Christian Jentsch
 Postfach, 3000 Bern 9
 Tel. +41 (0)31 305 15 70
 Fax +41 (0)31 305 15 73
ijcc@br.mofa.go.jp

DEADLINE:
 April 21, 2011

Authorisation and Release Form

I,
(Name) _____,
Born at (City) _____ (Province) _____
(Country) _____,

On (Date of Birth) _____, having applied to participate in the Japan Exchange and Teaching (JET) Programme, hereby authorise and request that any law enforcement agency having control of any documents, records or other information related to me, provides to the Embassy of Japan/Consulate General of Japan, at its request, any such information and to permit the Embassy of Japan to make copies of such documents, records or other information. I also allow the Embassy of Japan or the Consulate General of Japan to make copies of these documents, records or other information.

I hereby release, discharge, and exonerate the Embassy of Japan/Consulate General of Japan, its agents and representatives and any person who provides information from any and all liability of every nature and kind arising from the provision or inspection of such documents, records, and other information.

Signature of Applicant _____

Date _____

2011 JET Programme Application Self-Assessment Medical Report

Interview Location: _____

Please type or handprint clearly.

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 in April 2011. 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, you must use the attached letter to provide an explanation from your physician stating whether you are fit to participate in the JET Programme and, as such, to live and work overseas. This information will be used to your benefit in deciding your placement as well as in serving as a quick reference should any medical emergencies arise while you are participating in the JET Programme.

Personal Details		
NAME: _____		(as printed in
passport)		
Last	First	Middle
DATE OF BIRTH:		

1. When and for what reason did you last consult a physician? (Colds, fevers may be omitted. Also visits to OB/GYN facilities or consultations for the requesting of contraception may be omitted.)

- 2a. What diseases, ailments or injuries 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 the treatment.

- 2b. What is your current status with regard to the condition(s) described in 2a.?

3. Are you currently seeing a physician and/or undergoing treatment? If yes, you must detail below, AND have your doctor fill out the Physician's Report.

4. Have you ever been treated for any nervous or mental disorders (including, but not limited to anxiety, depression, ADD, ADHD and eating disorders)? If yes, you must detail below AND have your doctor fill out the Physician's Report. Please note that we may contact your doctor if further information is necessary.

5. Have you ever been treated for any other illness or condition previously undisclosed on this Medical Report? If yes, you must detail below AND have your doctor fill out the Physician's Report.

6. 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.

7. What allergies do you have, if any? Are you currently undergoing treatment?

8. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including medication's name, purpose and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 4 and/or 5, above.

9. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details.

10. Please explain any other health-related issues or disabilities. (ex. Legally blind, hearing impaired, confined to wheelchairs etc.)

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

Signature:	Date:
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PLEASE RETURN THIS FORM TO:

Japan Information and Cultural Center, Embassy of Japan in Switzerland
ATTN: Christian Jentsch
Postfach, 3000 Bern 9
Tel. +41 (0)31 305 15 70
Fax +41 (0)31 305 15 73
jicc@br.mofa.go.jp

DEADLINE:

April 21, 2011