

18b. If you answered "yes" to question 9b please give the year(s) and the name of the contracting organisation you worked at as a JET Programme participant.

19. If you answered "yes" to question 10, 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 your interview (if granted) in the first week of February. This will be examined to decide your short-list candidacy described in Section 10 of the application form.

If you cannot obtain your complete criminal record for statutory reasons, 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 short-list candidacy.

Please also note that short-list candidates who answered "no" to question 10 must obtain and submit their criminal record to the Japanese Embassy or Consulate General where they were interviewed prior to departure for Japan. (Please refer to Application Procedure section for further details on this.)

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

21. If someone is applying for the 2010-2011 programme and you wish to be placed with or near them, please write their name here (as spelled on their application form) and write your relationship to them.

22. If you have strong reasons for a placement request (answer 16c) please make note of the reason here. This includes such cases as medical reasons for a specific placement, or your partner being a current JET Programme participant.

23. Permanent address (Please use postal address within NZ only).

Postcode _____

Telephone: (Home) _____ (Work) _____

Fax Number: (Home) _____ (Work) _____

Email address: _____ Mobile Phone: _____

24. Temporary address & effective dates (Effective from _____ to _____)

Postcode _____

Telephone: (Home) _____ (Work) _____

Fax Number: (Home) _____ (Work) _____

Email address: _____ Mobile Phone: _____

25. Higher Educational Institutions Attended:

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

26. 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 undergraduate college/university and post-graduate school if applicable, as well as any relevant certifications for questions 25 and 26.

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

Country	Purpose	Dates (so as to clearly show length of time)

28. Work experience: Please include your current occupation and recent/relevant work experience.

Position/Title (i.e. cashier)	Full/Part time? (i.e. full time)	Dates (i.e. June 2006 - present)	Employer contact info (company name, tel, email and fax of employer)
Description:			
Position/Title (i.e. coach)	Full/Part time? (i.e. part time)	Dates (i.e. March 2006 - May 2006)	Employer contact info (company name, tel, email and fax of employer)
Description:			
Position/Title	Full/Part time?	Dates	Employer contact info
Description:			

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29. Proposed direction of current or future profession and its relationship to the JET Programme.

30. Japan-related studies

	Institution and course	Dates	Grade
Study of Japanese History, Culture etc.			
Study of Japanese Language a. Formal			
b. Informal			
Please give an honest evaluation of your Japanese language proficiency. Circle the most appropriate word in each category, according to the guidelines written below:	Reading: advanced semi advanced intermediate elementary introductory none		
	Writing: advanced semi advanced intermediate elementary introductory none		
	Speaking: advanced semi advanced intermediate elementary introductory none		
	Listening: advanced semi advanced intermediate elementary introductory none		

- 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.

31. 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.

32. Please evaluate any abilities you have in other languages (except English) 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:

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

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

35. 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).

36. Where did you hear about the JET Programme? (Please select all relevant answers.)

- Professor/Advisor/Instructor
 Placement Office
 Former JET Participant
 Current JET Participant
 Embassy/Consulate
 Campus visit
 Magazine Advertisement
 Magazine Article
 Newspaper Advertisement
 Newspaper Article
 Internet Advertisement
 Internet Article
 TV
 Radio
 Poster
 Career Fair
 JET Alumni
 Other _____

37. Emergency Contacts (Please list two people who should be contacted in case of emergency and who reside at different addresses):

Name	Address	Telephone & Fax number	Relationship to applicant
		(T) (F)	
		(T) (F)	

38. 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 (using the "Statement of Physician" form) 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. 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 contract and visa status. 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 of Applicant: _____ Date: _____

Please return this form to: Japan Information & Cultural Centre, Embassy of Japan
 (Level 18, Majestic Centre, 100 Willis Street)
 PO Box 6340, Marion Square, Wellington 6141
 Attn: JET Officer

DEADLINE: 5PM FRIDAY, 4 DECEMBER, 2009

AUTHORISATION AND RELEASE

(Note: To be completed by all applicants)

I (Name) _____ born at (City) _____
(Province) _____ (Country) _____
on (Date of Birth) _____ gender M / F
at current address _____

have applied to participate in the Japan Exchange and Teaching (JET) Programme, and hereby authorise and request that any law enforcement agency having control of any documents, records or any other information pertaining related to me, provides to any Japanese Government Agency, at its request, any such 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 or the 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: _____

REFERENCES

Each applicant should arrange for two written references which address the applicant's personal and professional suitability for this programme.

Please write below the details of the people who have supplied written references.

(1) Name: _____	(2) Name: _____
Title or occupation: _____	Title or occupation: _____
Organisation: _____	Organisation: _____
Telephone: _____	Telephone: _____

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. (E.g.. Legally blind, hearing impaired, confined to a wheelchair etc.)

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

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

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(Level 18, Majestic Centre, 100 Willis Street)
PO Box 6340, Marion Square, Wellington 6141
Attn: JET Officer

DEADLINE: 5pm, Friday 4 December 2009

Statement of Physician

Explanation of items mentioned by patient on self-assessment medical form

To the Physician: The patient presenting this form is applying to the JET Programme and must provide a physician's statement concerning his/her medical health as indicated on his/her Self Assessment Medical Form.

Based on your current examination / evaluation and knowledge of the patient's medical history, please describe his/her medical condition and state whether or not you think the applicant is fit to work in Japan as a participant on the JET Programme.

Note: Participants of the JET Programme undertake year-long contracts at schools and offices in Japan, working as Assistant Language Teachers or Coordinators for International Relations. For more detail on the programme, please visit the website: <http://www.jetprogramme.org>

(To be completed and signed by examining physician. Physician must not be a relative of applicant.)

Name of JET Programme Applicant _____

Do you foresee the need for this applicant to take medication during his/her participation on the JET Programme? (If yes, please list medication and give details if not listed above.)

YES NO

**Japanese law may prohibit importation of certain medication. In this case, the applicant may need to use an alternative medication. Additionally, it may be necessary for the applicant to complete medical import forms for importation of certain medication.

Date: _____ / _____ / _____ Signature: _____

Physician's Name in Print: _____

Office/ Institution: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____