

12d. Partner's Last Name, if applicable

(Please use the same spelling as your partner uses on their application form.)

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Partner's First Name

(Please use the same spelling as your partner uses on their application form. Do not write middle names.)

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13a. Education

Level

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13b. Academic Specialisation

major

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major / minor

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14a. Certified Teacher

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14b. TEFL/TESL Qualification

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15. Driving Licence

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16a. If you answered "yes" to question 9a please give the year and the interview location. Also, explain in detail the reasons why you did not accept the position if your application was successful.

16b. 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.

17. 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 attach a copy of the complete criminal record, which will 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 in New Zealand by the 1st of May 2011.

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 |
|---------------------|----------------|---|---|
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23. Teaching Background

| | Institution | Subject / Course | Grade / Level | Dates | Hours/ Week |
|-----------------------|-------------|------------------|---------------|-------|-------------|
| a. Classroom Teaching | | | | | |
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| b. Other Teaching or Tutoring | | | | | |
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| c. Teacher Training | | | | | |
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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 |
|---------|---------|-------|
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25. Present or Most Recent Occupation

| | Name, Address, Telephone and Fax Number of Employer | Dates |
|--|---|-------|
| Full-time | | |
| | | |
| Part-time or Temporary | | |
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| Position and Description of Full-time Job: | | |
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| Position and Description of Part-time/Temporary Job: | | |
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26. Proposed direction of current or future profession and its relationship to the JET Programme.

27. Japan-related Studies

| | Institution and Course | Dates | Grade |
|---|---|---------------|-------|
| Study of Japanese History, Culture, etc. | | | |
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| Study of Japanese Language a) Formal | | | |
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| b) Informal | | | |
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| 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 inter-mediate element-ary | intro-ductory | none |
| | Writing: advanced semi-advanced inter-mediate element-ary | intro-ductory | none |
| | Speaking: advanced semi-advanced inter-mediate element-ary | intro-ductory | none |
| | Listening: advanced semi-advanced inter-mediate element-ary | intro-ductory | 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.

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.)

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, 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: **JET Officer**

**Japan Information and Cultural Centre
Embassy of Japan
PO Box 6340
100 Marion Square
Wellington 6141
NEW ZEALAND**

DEADLINE: 31st MARCH 2011 5pm sharp

Please note – send all application documents via post to the above address. We do not accept electronic applications (such as scanned applications sent through e-mail).

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: 9999

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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PO Box 6340
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Wellington 6141
NEW ZEALAND**

DEADLINE: 31st MARCH 2011 5pm sharp

Please note – send all application documents via post to the above address. We do not accept electronic applications (such as scanned applications sent through e-mail).

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. 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.)

Do you foresee the need for this applicant to take medication during his/her participation on the JET Programme? (If yes, please list medications 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: _____