

2012 JET PROGRAMME APPLICATION FORM

Please print the information requested using **CAPITAL LETTERS** for questions 1-17. For the remaining questions, please type or print your answers clearly. Please see the instructions to answer the questions.

1. Interview Location	2a. Position Type	2b. ALT placement (CIR Applicants only)	2c. April placement or placement after April and before Group B departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Middle Initial (one initial for each middle name)	4. Sex M / F	5. Nationality	6. Date of Birth Year Month Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7a. Hometown

7b. Home district (use an abbreviation if possible)

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8. Dual Nationality with Japan	9a. Have you ever been offered a position on the JET Programme?	9b. Have you ever participated in the JET Programme?
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Have you ever been **arrested, charged and/or convicted of any crime** other than a minor traffic offence (ie. speeding or parking ticket), including juvenile offences? Failure to report items in this question and question 19, **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.

11a. Accompanied?	11b. How many people are going to accompany you?	11c. Are your children going to accompany you?
<input type="text"/>	<input type="text"/>	<input type="text"/>

12a. Marital Status	12b. Is your partner a JET applicant?	12c. Partner's Location Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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. **All applicants** must apply for their Criminal Record from the Ministry of Justice by Wednesday 30 November at the latest. Applicants must then submit their criminal record that they receive back from the Ministry of Justice at their JET Programme Interview in the first week of February (if granted an interview). Please refer to the Application Procedures section for further details on this. April departure or after April but before Group B departure applicants must submit this with their application, or at their interview at the latest.

If you answered "yes" to question 10, please explain in detail below, providing information regarding the nature and date of the crime. (Please use a separate sheet if you require more space.) If you cannot obtain your complete criminal record for statutory reason, please read and sign the "Authorisation and Release" form (page viii) 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.

20. 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.

21. If someone is applying for the 2012-2013 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 only use a postal address within NZ.)

Telephone _____ Fax Number _____

E-mail Address _____

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

Telephone: (Home) _____ (Work) _____

Fax Number: (Home) _____ (Work) _____

E-mail Address: _____ Mobile Phone: _____

25. Higher Educational Institutions Attended:

Name of Institution	Dates attended	Specialisation (including both major and 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

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

Position/Title (i.e. cashier)	Full or Part time?	Dates (i.e. June 2006 - present)	Employer contact info (company name, telephone, email and fax of employer)
Description:			
Description:			
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 conversations, 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 conversations 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 conversations 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 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 yes, 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?

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

37. Emergency Contacts (Please list **two people** who should be contacted in case of emergency):

Name	Address	Telephone & Fax Number	Relationship to Applicant
		(Tel)	
		(Fax)	
		(Tel)	
		(Fax)	

38. Please fill out the attached "Self Assessment Medical Report" if you suffer, or have ever suffered from any physical or mental illness, and 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 employment. 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: _____
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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: 12PM, Wednesday, 30 NOVEMBER 2011

Authorisation and Release Form

(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 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 the JET 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.)

I, the undersigned, certify that the above answers concerning my state of health and medical condition are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

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PO Box 6340, Marion Square, Wellington 6141
Attn: JET Officer

DEADLINE: 12pm, Wednesday, 30 November 2011

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 physically and mentally fit to work in Japan as a participant on the JET Programme.

Note: Participants of the JET Programme undertake year-long contracts and work at schools and public offices in Japan as Assistant Language Teachers (ALTs) or Coordinators for International Relations (CIRs). JET Programme participants work for 35 hours per week.

Below is a list of general duties for ALTs and CIRs. For more detail on the Programme, please visit the website:
<http://www.jetprogramme.org>.

ALTs are assigned to local boards of education or primary, junior high and senior high schools and their duties are generally as follows:

1. Assistance in classes taught by Japanese foreign language teachers in primary/elementary, junior and senior high schools.
2. Assistance in preparation of materials for teaching a foreign language.
3. Assistance in language training of Japanese teachers of foreign languages.
5. Assistance in extra-curricular activities such as foreign language clubs.
6. Assisting other teachers with foreign language-related information (e.g. word usage, pronunciation).
7. Engagement in local international exchange activities.

CIRs are assigned to local public offices and their duties are generally as follows:

1. Assistance in projects related to international activities carried out by the public offices, such as editing, translating and compiling brochures; assisting in planning, designing and implementing international exchange programmes; assisting in hosting official guests from abroad and interpreting at events.
2. Assistance in language instruction of other public office employees.
3. Assistance in planning and participating in activities of local private groups or organisations engaging in international exchange.
4. Assistance in exchange activities (including school visits) related to community members' cross-cultural awareness & understanding as well as in support activities for other foreign nationals residing in Japan.

(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 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: _____