

10. Current Status (Students – please include name of university attending)

11a. Educational Background (If you graduate prior to JET departure, please write “Y” for the degree you **will** earn)

Bachelor's Degree (Y/N)

Master's Degree (Y/N)

Doctoral Degree (Y/N)

11b. Academic Specialisation

Major (Please check the “Instruction Form” for Academic Specialisation codes)

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*If you specialised in two subjects (double-major) or had a sub-specialisation (minor), list the extra specialisations below

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11c. Academic Record

Completion of High School (month and year):

Conferment of University Degree (month and year):

| | Name of Institution and Location | Dates Attended | Duration of Study | Major Field of Study | Certificate/Degree Achieved/Expected |
|---------------------|----------------------------------|----------------|-------------------|----------------------|--------------------------------------|
| Undergraduate Level | | From: To: | Years: Months: | | |
| | | From: To: | Years: Months: | | |
| Postgraduate Level | | From: To: | Years: Months: | | |
| | | From: To: | Years: Months: | | |

12. Employment History: Begin with your most recent employment (including part-time jobs)

| Name of Employer and Location | Period | Job Title and Brief Description of Position/Duties | Hours Per Week |
|-------------------------------|--------------|--|----------------|
| | From: To: | | |
| | From: To: | | |
| | From: To: | | |

13a. Teaching Background

| | Name of Organisation and Location | Period | Job Title and Brief Description of Position/Duties | Hours Per Week |
|----------------------------|-----------------------------------|--------------|--|----------------|
| Classroom Teaching | | From: To: | | |
| | | From: To: | | |
| Other Teaching or Tutoring | | From: To: | | |
| | | From: To: | | |

| | Name of Organisation and Location | Period | Course Description |
|------------------|-----------------------------------|--------------|--------------------|
| Teacher Training | | From: To: | |
| | | From: To: | |

13b. Certified Teacher

(Y/N)

13c. TEFL/TESL/TESOL/etc. Qualification

(Y/N/I)

14. Proposed Direction of Career and its Relationship to the JET Programme:

15. Japan-Related Studies

| | Name of Institution and Course Title | Period of Study | General Content |
|--|--------------------------------------|-----------------|-----------------|
| Study of Japanese Language | | From: To: | |
| | | From: To: | |
| | | From: To: | |
| Study of Japanese History, Culture, etc. | | From: To: | |
| | | From: To: | |
| | | From: To: | |

16a. Japanese Language Proficiency: Evaluate your level and insert an "X" where appropriate in the following blank space.

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.

| | Advanced | Semi-Advanced | Intermediate | Elementary | Introductory | None |
|-----------|----------|---------------|--------------|------------|--------------|------|
| Reading | | | | | | |
| Writing | | | | | | |
| Speaking | | | | | | |
| Listening | | | | | | |

16b. Japanese Language Proficiency Test (Y/N)

16c. Highest JLPT Level

16d. Year JLPT Attained
 *Please include certification document

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17. International/Intercultural Experiences (at home **and/or** abroad; please list all applicable experiences)

| Country | Purpose | Dates/Period (Duration) |
|---------|---------|-------------------------|
| | | From: To: Period: |
| | | From: To: Period: |
| | | From: To: Period: |
| | | From: To: Period: |
| | | From: To: Period: |
| | | From: To: Period: |

18a. Language Proficiency: Please write your first language.

18b. Foreign Language Proficiency: Evaluate your level and insert an "X" where appropriate in the following blank space.
***EXCLUDING JAPANESE AND YOUR NATIVE LANGUAGE**

| Foreign Language | Excellent | Good | Fair | Poor |
|------------------|-----------|------|------|------|
| | | | | |
| | | | | |
| | | | | |

19. Other activities:

a. Honours, Awards, Scholarships

b. Extra-Curricular/Volunteer Activities, Interests/Hobbies/Sports

20. Are you presently an applicant of, or do you intend to apply for, any other international exchange programmes or scholarships? Write "Yes" or "No" below. If "Yes", please give details.

21. JET Programme Participation

a. Have you ever participated on the JET Programme?

(Y/N)

If yes, Year Started JET:

| | | | |
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If yes, Year Completed JET:

| | | | |
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| | | | |
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If yes, please provide contracting organisation: _____

b. Have you ever applied for the JET Programme?

(Y/N)

If yes, state year(s) applied for the JET Programme:

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c. Have you ever withdrawn from the offer of a JET Programme position?

(Y/N)

If yes, state year and reason for withdrawal:

| | | | |
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| | | | |
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Reason for withdrawal: _____

22. Marital Status:

(Single, Engaged, or Married)

23. Accompanying Dependents or Co-habiting Family Members (Provide the following information if you plan to bring any family members to Japan, or if there are any family members you plan to live with in Japan)

| Name | Relationship | Age | JET Applicant? |
|------|--------------|-----|----------------|
| | | | |
| | | | |
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24. Driving in Japan

If you have a full NZ Driver's Licence and would consider driving while in Japan, please enter "Y" for Yes. If not, please enter "N" for No. Please enter "N" if you only possess a motorcycle licence and do not have a full NZ Driver's Licence. Applicants that answer "Y" for this question may be required to operate a motor vehicle as part of their work duties.

(Y/N)

25. Assignment Preference

PLEASE NOTE: JET participants are assigned to contracting organisations all over Japan. Assignments may not necessarily be made according to your placement preferences.

a. Living Area Classification Preference

(Island (small island off mainland Japan), Rural (countryside), Urban (city/suburban), or No Preference)

b. Placement Preferences (Please check the "[Instruction Form](#)" for Placement Preference codes.)

*If you wish to engage in disaster-recovery volunteer activities, please indicate so below.

| | | | |
|---------------|--------------------------------|--------------------------------------|---------------|
| First Choice | Block <input type="checkbox"/> | Prefecture/City <input type="text"/> | Reason: _____ |
| Second Choice | Block <input type="checkbox"/> | Prefecture/City <input type="text"/> | Reason: _____ |
| Third Choice | Block <input type="checkbox"/> | Prefecture/City <input type="text"/> | Reason: _____ |

c. Specific Request for Placement (e.g. Medical Reasons, Family Members in Japan)

26a. Interest in Work Related to International Economic Exchange Affairs (For **CIR Applicants only**):

Are you interested in work related to international economic exchange affairs, such as cooperating or advising on planning, designing and implementing international economic exchange projects (e.g. expanding the overseas market for local products or attracting foreign tourists to Japanese localities etc.)? Assignments may not necessarily be made according to your placement preferences.

(Y/N)

26b. ALT Placement (For **CIR Applicants only**):

(Y/N)

26c. Early Placement after April but before September (**ALL APPLICANTS**):

Do you wish to be considered for an early placement in Japan after April, but before September arrival?

(Y/N)

27. Where did you hear about the JET Programme? (Please check as many as apply)

| | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Professor/Advisor/Instructor | <input type="checkbox"/> Campus Visit | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> TV |
| <input type="checkbox"/> Careers Advisor | <input type="checkbox"/> Magazine Advertisement | <input type="checkbox"/> Internet Advertisement | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Former JET Participant | <input type="checkbox"/> Magazine Article | <input type="checkbox"/> Internet Article | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Current JET Participant | <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> JETAA | <input type="checkbox"/> Career Fair |
| <input type="checkbox"/> Embassy/Consulate | <input type="checkbox"/> University E-mail | <input type="checkbox"/> CareerHub | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Job Search Website | <input type="checkbox"/> YouTube | <input type="checkbox"/> Twitter | <input type="checkbox"/> Reddit |
| <input type="checkbox"/> Other (be specific): | | | |

28. Emergency Contact (Person to be notified in applicant's home country in case of emergency)

Name in Full: _____

Physical Address: _____

Telephone Number: _____

Email Address: _____

Occupation: _____

Relationship to you: _____

29. Please fill out the attached "Self-Report of Medical Condition(s)". If you suffer, or have ever suffered from **ANY physical or mental illness**, please download the **Statement of Physician** from our website and have your physician complete this form stating whether you are fit to participate on the JET Programme and 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 a Coordinator for International Relations or 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 religious or political activities which would affect my duties nor do anything to disturb the public peace.

| | |
|--|------------------------|
| Signature of Applicant : | Date: / / 2020 |
| <small>(DO NOT SIGN DIGITALLY)</small> | |

PLEASE RETURN THIS FORM TO: Japan Information and Cultural Centre, Embassy of Japan
 (Level 18, Majestic Centre, 100 Willis Street)
 PO Box 6340, Marion Square, Wellington 6141
ATTN: JET OFFICER

APPLICATION DEADLINE: 5:00PM NZST, MONDAY 14 DECEMBER 2020

AUTHORISATION AND RELEASE FORM

(Note: to be completed by ALL APPLICANTS)

| | |
|---------------------|--|
| I, (Full Name) | |
| born at (Town/City) | |
| (Province) | |
| (Country) | |
| on (Date of Birth) | |

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 related to me, provides to the Embassy of Japan, the Consulate General of Japan or the Consular Office of Japan, at its request, any such information. I also allow the Embassy of Japan, Consulate General of Japan or Consular Office 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 and the Consular Office 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: / / 2020 |
| <small>(DO NOT SIGN DIGITALLY)</small> | |

REFERENCES

Each applicant should arrange for **two** physical letter references (**hand-signed in pen with reference's signature, unsealed and collated into the Application Sets properly**) which address the applicant's personal and professional suitability for the JET Programme. Please write below the details of the people who have supplied the included references. For more details, please check [2021 JET Application Guidelines](#).

| REFERENCE ONE | |
|------------------|--|
| Name | |
| Title/Occupation | |
| Organisation | |
| Telephone | |

| REFERENCE TWO | |
|------------------|--|
| Name | |
| Title/Occupation | |
| Organisation | |
| Telephone | |

2021 JET Programme Applicant Self-Report of Medical Condition(s)

Interview Location Code:

| | | | |
|---|---|--|---|
| 4 | 0 | | 0 |
|---|---|--|---|

Your application cannot be processed without this form. It is important that you submit accurate information regarding your medical history. This information will be used when assigning your placement as well as in serving as a quick reference should any medical emergencies arise while you are participating in the Programme.

If you suffer, or have ever suffered from any physical or mental illness, please attach an explanation from your physician, using the 2021 JET Programme "Statement of Physician" Form, stating whether you are fit to participate in the 2021 JET Programme and, as such, to live and work overseas.

Personal Details (as printed in passport)

NAME: _____
 Last First Middle

DATE OF BIRTH (mm/dd/yyyy): _____

1. Current Treatment of Any Physical Condition(s): Are you currently seeing a physician and/or undergoing treatment? (Except for colds, fevers, visiting OB/GYN facilities or consultations for requesting contraception) If **yes**, you must provide details as to when, why, and the duration of treatment below **AND** have your doctor fill out the "Statement of Physician" Form.

2a. Physical Condition(s) in the Past Five (5) Years: What, if any, serious diseases, injuries and/or medical conditions 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 treatment below **AND** have your doctor fill out the "Statement of Physician" Form.

2b. Other Undisclosed Condition(s): Other than those stated in 2a, have you ever been treated for any other serious diseases, injuries and/or medical conditions, including but not limited to heart disease, blood disease, auto immune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving permanent damage? If **yes**, you must provide details below **AND** have your doctor fill out the "Statement of Physician" Form.

3. History of Nervous or Mental Condition(s) in Your Lifetime: Have you **ever** suffered from any nervous or mental disorders? If **yes**, you must provide details below **AND** have your doctor fill out the "Statement of Physician" Form. Note that we may contact your doctor if further information is necessary.

| | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Other: |

4. Foreseeable Difficulty in Navigating Stairs: 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.

5. Allergies: What allergies do you have, if any? Are you currently undergoing treatment? If **yes**, please provide details below.

6. Medication(s): If you are currently taking, or have taken in the last five years, any prescription medication, other than oral contraceptives, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a, 2b, and 3, above.

7. Eyesight and Hearing: Are you colour blind or have any disabilities related to your eyesight or hearing? (Excluding the use of prescription glasses and contact lenses to correct vision)

| | | |
|--|---|---|
| <input type="checkbox"/> Legally Blind | <input type="checkbox"/> Colour Blindness | <input type="checkbox"/> Hearing Impaired |
|--|---|---|

Please provide details below.

If you wrote **yes** for question 7 **AND** have a driver's license, does this affect your ability to drive?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

8. Dietary Restrictions: Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give reasons. (e.g. medical, religious, personal reasons, etc.) Check all that apply.

| Foods: | | | | Reasons: |
|---------------------------------|------------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Chicken | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Eggs | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Pork | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Soy | <input type="checkbox"/> Fish | <input type="checkbox"/> Other medical reasons: |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Other: | | | <input type="checkbox"/> Other: |

9. Other Health-Related Issues or Disabilities: Please explain any other health-related issues or disabilities. (e.g. confined to wheelchair, pending medical treatment, etc.)

I understand that false statements may result in disqualification from the Programme. I also understand that if I suffer, or have ever suffered from any physical or mental illness, I must also submit the "Statement of Physician" Form in which my physician clearly states my ability to live and work overseas on the JET Programme.

| | |
|---------------------------------|------------------------|
| Signature of Applicant : | Date: / / 2020 |
| (DO NOT SIGN DIGITALLY) | |