2027 JET PROGRAMME APPLICATION FORM

Please download the Form Instructions from the JET NZ website and refer to them when completing this form.
Please complete ALL compulsory fields (you do not need a digital signature) & submit this form to jet@wl.mofa.go.jp.
Then print this form out, hand-sign the spaces on pages 8, 9, and 13 and submit physically as part of your Application Packet.

1. Position Type

2. Interview Location Code and Name

4 0 0

3. Name – **Please write your name exactly as it appears in your passport.**

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 Name **ONLY** (if you have two middle names, leave a space between them)

4. Sex (M/F/O)

5. Date of Birth Year Month Day

Age as of 1 April 2027

6a. Nationality

6b. Dual Nationality with Japan (**Y / N**)

7a. Hometown (City/Town Name)

7b. Region

8. Contact Details (If possible, please provide an email address at which you can be contacted at before you leave for Japan, during your stay in Japan, and after you return home. Correspondence relating to your application will, in principle, be sent via e-mail)

Permanent Address:

Current Address:
(if not residing at a Permanent Address)

Telephone Number:

Email Address:

9. Have you ever been **arrested, charged or convicted of any crime** (including juvenile offences and those which you believe to have been expunged or otherwise removed from your record), other than a minor traffic offence (i.e. speeding or parking ticket)? Failure to report items in this question, **even those which you believe to have been expunged or otherwise removed from your criminal history** that later show up on that history may result in disqualification.

(**Y / N**) ☐

If **yes**, 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 **at the time of application**.

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

_____

11a. Educational Background (If you are going to graduate this year, 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) ☐☐ _____

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

☐☐ _____

☐☐ _____

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:		

*Please provide an official transcript of all courses taken at your undergraduate university and postgraduate school

12. Employment History: Begin with your most recent employment. Include 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:		
	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. Future Career Goals and Connection 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 spaces.
***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**

17a. Language Proficiency: Please write your first language.

17b. Other Language Proficiency: Evaluate your level and insert an "**X**" where appropriate in the following blank space.
***EXCLUDING JAPANESE AND YOUR NATIVE LANGUAGE**

Other Language	Advanced	Semi-Advanced	Intermediate	Elementary

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

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

19. Other activities:

a. Honours, Awards, Scholarships, etc.

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

20. Are you applying for 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 in the JET Programme?

(**Y / N**) If yes, Year Started JET: If yes, Year Completed JET:

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:

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

(**Y / N**) If yes, state year and reason for withdrawal:

Reason for withdrawal: _____

22. Marital Status: (**S**ingle, **E**ngaged, or **M**arried)

23. Provide the following information if you plan to bring or live with a spouse/partner or children in Japan.

Name	Relationship	Age	Sex	JET Status*

*Please specify whether they are currently an 'Applicant', 'Participant', or 'N/A' if not applicable.

24. Driving in Japan

If you have a full NZ Driver's Licence, 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. Placement Preference

PLEASE NOTE: JET participants are assigned to contracting organisations all over Japan. Please note placements may not align with your preferences.

a. Living Area Classification Preference

(**I**sland (small island off mainland Japan), **R**ural (countryside), **U**rban (city/suburban), or **N**o 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 ☐ Prefecture/City ☐☐ Name: _____

Reason: _____

Second Choice — Block ☐ Prefecture/City ☐☐ Name: _____

Reason: _____

Third Choice — Block ☐ Prefecture/City ☐☐ Name: _____

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 preference.

(**Y/N**) ☐

26b. ALT Placement (For **CIR Applicants only**): (**Y/N**) ☐

26c. Early Arrival Placement (**ALL APPLICANTS**): Do you wish to be considered for an early placement in Japan in or after April, but before July/August arrival? (**Y/N**) ☐

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

❑ Professor/Advisor/Instructor	❑ Campus Visit	❑ Newspaper Article	❑ TV
❑ Careers Advisor	❑ Magazine Advertisement	❑ Internet Advertisement	❑ Radio
❑ Former JET Participant	❑ Magazine Article	❑ Internet Article	❑ Poster
❑ Current JET Participant	❑ Newspaper Advertisement	❑ JETAA	❑ Career Fair
❑ Embassy/Consulate	❑ University E-mail	❑ CareerHub	❑ Facebook
❑ Job Search Website	❑ YouTube	❑ Twitter	❑ Kenjinkai
❑ 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 Conditions". If you currently have, or have ever had **ANY physical or mental conditions**, 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.

The use of personal information submitted by applicants during the application period is limited to Programme selection, placement, travel arrangement, and orientation use by the Embassies and Consulates of Japan; Ministry of Internal Affairs and Communications (MIC); Ministry of Foreign Affairs (MOFA); Ministry of Education, Culture, Sports, Science and Technology (MEXT); CLAIR; contracting organisations, including host prefectures and designated cities; and private contracting companies in charge of services related to the management of the Programme.
The personal information (name, date of birth, nationality, email address) of those selected as JET Programme participants may also be made available to JET Alumni Associations (JETAA) and their supporting organisations for use in providing information during and after Programme participation.
Personal information may also be shared with the aforementioned organisations after the arrival of participants in Japan for administrative matters (**) in cases of emergency or early termination of participation on the Programme.
*** Specific details about relevant administrative matters are listed below:*

1) *Replacement of a participant in the case of early termination of participation*
2) *Settlement of insurance matters and financial discrepancies*
3) *JET Accident Insurance contract and management-related matters*
4) *Amendment of the list of participants*
5) *Response to an emergency situation*
6) *Other procedures necessary for the smooth management of the Programme*

① *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.*

② *I, the undersigned, acknowledge that, in accordance with the provisions set forth in the Application Guidelines, I am obligated to promptly notify the appropriate Embassy or Consulate of Japan of any changes or updates to the personal information provided in this Application Form, the Self-Report of Medical Conditions, and all other application materials, including but not limited to changes in health status, marital status, or nationality.*

Signature of **Applicant**: (DO NOT SIGN DIGITALLY) Date: / / 2026

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, TUESDAY 1 DECEMBER 2026

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: / / 2026

(DO NOT SIGN DIGITALLY)

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 2027 JET Application Guidelines.

REFERENCE ONE	
Name	
Title/Occupation	
Organisation	
Telephone	

REFERENCE TWO	
Name	
Title/Occupation	
Organisation	
Telephone	

2027 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 currently have, or have ever had any physical, mental or developmental conditions, please attach an explanation from your physician, using the 2027 JET Programme "Statement of Physician" Form, stating whether you are fit to participate in the 2027 JET Programme and, as such, to live and work overseas.

Personal Details (as printed on passport)

NAME: _____ _____ _____
Last **First** **Middle**

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

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

2a. Chronic or Lifelong Physical Condition(s): Have you **ever** been diagnosed and/or treated for any serious diseases, injuries, and/or medical conditions, including but not limited to heart disease, blood disease, autoimmune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition that may potentially involve chronic or lifelong effects? If yes, you must provide details below **AND** have your doctor fill out the Statement of Physician.

2b. Serious Condition(s) in the Past Five (5) Years: Other than those stated in 1 and 2a, have you had **any** serious diseases, injuries, and/or medical conditions **in the past five years**? If yes, please provide details below as to when, why, and for how long you received treatment. **If any of these resulted in hospitalisation, have your doctor ALSO fill out the Statement of Physician.**

3a. History of Mental Health or Development Disorders, or Gender Dysphoria/Incongruence in Your Lifetime: Have you **ever** been diagnosed with any mental health or development disorders (including ADD/ADHD, autism etc.)? If **yes**, even if it was a minor case or condition you have recovered from, you must provide diagnosis and treatment details below **AND** have your doctor fill out the "Statement of Physician". Please note that we may contact your consulate or embassy if further information is required.

Note: Please enter details about learning disabilities such as dyslexia in **4.**

❑ Anxiety	❑ Depression	❑ Obsessive-Compulsive Disorder
❑ Bipolar Disorder	❑ Eating Disorder	❑ Post-Traumatic Stress Disorder (PTSD)
❑ Tic Disorder/Tourette Syndrome	❑ Autism Spectrum Disorder (ASD)	❑ Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)
❑ Gender Dysphoria/Gender Incongruence	❑ Other:	

3b. Counselling/Therapy/Psychiatry: If you are **currently receiving**, or **have received in the last five years**, therapy or similar services (excluding couples counselling), please indicate the following details, as well as any other relevant information.

Format (check **all** that apply)	Frequency (i.e. 2 times/month)	Period	Purpose
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	
❑ Remote ❑ In-person	____ times / ______ ____ times / ______	**Start:** **End:**	

* Write 'present' after 'End:' if current.

4. Learning Disabilities: If you have learning disabilities (such as dyslexia), please provide details. In particular, **please describe whether or not you are currently receiving treatment or require support for these conditions**, as well as details of any complications or educational support needs (i.e. for reading and writing handwritten/typed text). Please note that we may contact your consulate or embassy if further information is required.

❑ Dyslexia	❑ Dysgraphia	❑ Dyscalculia
❑ Dyspraxia	❑ Auditory Processing Disorder	❑ Language Processing Disorder
❑ Other:		

5. 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)? If **yes**, please provide details.

❑ Colour Blind	❑ Visually Impaired	❑ Hearing Impaired

If you wrote **yes** for question 5 **AND** have a driving licence, does this affect your ability to drive?

❑ Yes	❑ No

6.Foreseeable Difficulty in Navigating Stairs: Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs, carrying heavy items on a daily basis, and/or riding a bicycle? If **yes**, please provide details.

7. Allergies: Please provide details about any allergies you have, including severity and details of any treatment (prescription medication, EpiPen, etc.).

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

Foods:				**Reasons:**
❑ Beef	❑ Chicken	❑ Dairy Products	❑ Eggs	❑ Allergies
❑ Gluten	❑ Tree Nuts	❑ Peanuts	❑ Pork	❑ Religion
❑ Wheat	❑ Shellfish	❑ Soy	❑ Finfish	❑ Other medical reasons:
❑ Fruit	❑ Other:			❑ Other:

9a. Medication(s): Please write down any prescription medication (other than for common colds/viruses, oral contraceptives, or acne medications) you are **currently taking**, or **have taken in the last five years**. Make sure to describe the conditions for which you take any medications listed here in questions 1-3 or 7 above. If you are **not currently taken, nor have taken any medication in the last five years**, please write 'Not Applicable' in the first field.

Medication (generic names preferred)	Condition(s)	Dosage & Frequency	Period
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**
		____ times / _____	**Start:** **End:**

9b. Medication Illegal in Japan: Are you currently taking medication which is illegal in Japan (including Adderall and many other amphetamines, medical marijuana, etc.)?

❑ Yes	❑ No

If yes, will you cease to take or change said medication by submission of your Reply Form (April 2027)?
Note: If you are selected as either a shortlist OR alternate candidate, you will need to submit **an additional Statement of Physician** for proof by the above date.

❑ Yes	❑ No

10. Other Health-Related Issues or Disabilities: Please explain any other health-related issues or disabilities. (e.g. use of a wheelchair, other medical devices, pending medical treatment or diagnosis, etc.)

I understand that false statements about my medical history made on this form or elsewhere may result in disqualification from the JET Programme.
I also understand that if I have, or have ever had any physical, mental, or developmental condition, 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: / / 2026
(DO NOT SIGN DIGITALLY)