

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.

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 short-list 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 short-list 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 or Consulate General prior to departure for Japan.

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 2008-2009 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.

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

23. 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 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

25. Present or Most Recent Occupation

	Name, Address, Telephone and Fax Number of Employer	Dates
Full-time		
Part-time or Temporary		
Position and Description of Full-time job:		
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.			
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 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 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.

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 yes, 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?

- 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 _____

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. 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. 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:

DEADLINE:

Authorisation and Release Form

(Only to be completed and signed by those having answered yes to question 10.)

I, (Name) _____,
born at (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 or the Consulate
General of Japan, at its request, any such information and to 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 _____

4. Have you ever been treated for any mental, emotional, nervous or eating disorders, or for depression?

No

Yes (please explain on a separate sheet)

5. If you answered Yes to the above, please provide the name and address of the psychiatrist, therapist or doctor who treated you, so that we may request a confidential report.
6. Have you ever been treated for any other illness or condition previously undisclosed on this Medical Report? If yes, please explain on a separate sheet.
7. Are you capable of walking up several flights of stairs on a daily basis? If no, please explain the reason why.
8. What allergies do you have, if any? Are you currently undergoing treatment?
9. 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 and purpose)..
10. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details.

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

Signature:	Date:
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PLEASE RETURN THIS FORM TO:
DEADLINE: