JENESYS 2017

Entry Form 2017

JICE

Program Title: Laos 3rd batch (Culture) Exchange in Japanese Culture

Your Country:（Lao PDR ）

*** Read and confirm Qualifications for Participants in the Application Guidelines for JENESYS2017 before filling out this Entry Form.**
*** Refer to the Sample and Fill in All the relevant Columns and Sections . Blank Columns are Not Accepted.**

1. Personal Information

Photo (taken within 3 months) Please write your name on the back of your photo.	**Name**	**Full Name (Exactly the same as your Passport, make sure to check the Endorsements)** English		
	Full Name (in Mother Language)		**Nickname** (English) （the name you like to be called）	
Date of Birth	Day/Month/Year / /		**Age**	
Nationality			**Sex**	☐ M ☐ F
Marital Status	☐ Single ☐ Married ☐ Widowed ☐ Divorced			
Religion	☐ Buddhist ☐ Christian ☐ Muslim ☐ Hindu ☐ No Religion ☐ Other → （ ）			
Mother Tongue				
Passport If you have no passport, leave this section blank.	**Number**		**Type of Passport** ☐ Private ☐ Diplomat ☐ Official	
	Date of Issue Day/Month/Year / /		**Date of Expiry** Day/Month/Year / /	
Social Media User Account(s)	**Facebook**	**Twitter**	**Instagram**	**others**
	※ Your postings may be used in the program reports or website which will be open to the public.			
Current Address / Phone Number	**Address :**			
	Tel :		**Mobile :**	
	E-mail :			
	※ Your E-mail will be sent notices or requests from JICE or Japanese government after the program.			
Contact Person in case of Emergency *It should be your parent.	**Full Name**			
	Relationship : ☐ Mother ☐ Father ☐ Other → ( )			
	Address :			
	Tel :		**Mobile :**	
	E-mail :			
***If you have no phone at your address, write a contact phone number.**	**Contact Phone Number**	**Holder's Name**	**Holder's E-mail**	

*** Fill in All the Columns and Sections. Blank Columns are Not Accepted.**

2. Health Condition

Health Condition	☐ Good (Nothing to Declare Below) ☐ **I Have Been Diagnosed (Serious Disease)** Name of Disease : ( ) → ☐ fully recovered ☐ under treatment ☐ **Having Chronic Disease** → ☐ Chronic lung disease (asthma, chronic obstructive lung disease etc.) ☐ Immunodeficiency state (T cell immunodeficiency etc.) ☐ Chronic heart disease (congenital heart disease, coronary artery disease etc.) ☐ Metabolic disease (diabetes) ☐ renal dysfunction ☐ obesity ☐ myasthenia gravis ☐ Others → ( )
Medicine	☐ Not Taking Any Medicine ☐ **Taking Medicine Regularly** → Name of Medicine : ( )
Pregnancy	☐ No ☐ **Yes → Stop the Entry Form and consult with Focal Point or Japanese Embassy**
Physical Difficulty	☐ No ☐ Yes → If Yes, What Difficulty ? ( )
Food Allergies (only for physical reason)	☐ none ☐ pork ☐ beef ☐ chicken ☐ mutton/lamb ☐ shrimp ☐ crab ☐ shellfish ☐ fish ☐ egg ☐ others → ( )
Food Restriction (for religious or custom reason) ***Check items even if you are pure vegetarian.**	☐ none ☐ pork ☐ beef ☐ chicken ☐ mutton/lamb ☐ shrimp ☐ crab ☐ shellfish ☐ fish ☐ egg ☐ others → ( ) ※ Meals during the program may not meet all the requests or restrictions.
Other Allergies or Restrictions	☐ none Physical Reason : ☐ dogs ☐ cats ☐ house dust ☐ other → ( ) Religious/Custom Reason : ☐ dogs ☐ cats ☐ house dust ☐ other → ( )
Smoking Habit	☐ No ☐ Yes ※ Smoking under 20 is prohibited in Japan. This information may be used for homestay arrangement.

*** Fill in All the Columns and Sections. Blank Columns are Not Accepted.**

3. School /Company /Organization

Are you Student or Working Youth ?	☐ Graduate Student ☐ University / College ☐ High School / Vocational / Other School Student ☐ Working Youth ☐ Working Student			
School Working student needs to fill in this part.	**Name of School**		**Location (City or Province)**	
	Field of Study or Name of Faculty / Department			
	Grade / School Year :			
	Job Title (for supervisor) :			
Company / Organization Working student needs to fill in this part.	**Name of Company / Organization**		**Location (City or Province)**	
	Department / Division / Office			
	Job Title :			
Language	**Official English Test (If any)**	☐ TOEFL (score:)	☐ TOEIC (score:)	
		☐ IELTS (score:)	☐ Other →( )(score:)	
	Level of English		**Level of Japanese**	
	Speaking : ☐ Good ☐ Fair ☐ Poor		Speaking : ☐ Good ☐ Fair ☐ Poor	
	Writing : ☐ Good ☐ Fair ☐ Poor		Writing : ☐ Good ☐ Fair ☐ Poor	
	Reading : ☐ Good ☐ Fair ☐ Poor		Reading : ☐ Good ☐ Fair ☐ Poor	
Have you done anything related to Japan or Japanese? **Ex. Japanese Study, Resarch, Business, Culture**	☐ Yes ☐ No		**Japanese Learning Experience**	Year(s) / Month(s)

*** Fill in All the Columns and Sections. Blank Columns are Not Accepted.**

4. Visiting Japan

Have you been to Japan before?	☐ Yes ↓ ☐ No → no need to fill in below.
If Yes, how long did you stay in Japan?	☐ **More than 3 months** **→ Stop the Entry Form and consult with Focal Point or Japanese Embassy** ☐ 3 months or less
If Yes, did you join any of the following?	☐ **JENESYS / KIZUNA** ☐ **SSEAYP** ☐ **JICA** ☐ **MEXT** ☐ **JF** ☐ **JNTO** ☐ **HIDA** **→ Stop the Entry Form and consult with Focal Point or Japanese Embassy** ☐ None of the above

5. Personal Activities

Sports/Clubs		**→ How Many Years ?**	(year(s))
Hobbies/Favorites			
Prizes/Awards (Sports or Academic, if any)		**→ When ?**	( )

6. Expectations

What Do You Expect in This Program ? (Write Your Wish, Hope or Desire for the Program in Relation to Your Specific Study, Work or Experience.)	

Declaration (Please sign 1 and 2. If the applicant is under 18, parent or guardian needs to sign 3.)

1. I hereby certify that the filling in and statements in this form have been made by myself and are true and correct.

Signature: _____ **Date: / / (Day/Month/Year)**

2. I have read and agree to all the Qualifications for Participants, Terms and Conditions and the Handling of Personal Information in the Application Guidelines for JENESYS2017.

Signature: _____ **Date: / / (Day/Month/Year)**

3. (Parent/Guardian) I assure everybody concerned that the declaration above is true and correct.

Signature: _____ **Date: / / (Day/Month/Year)**