

**Program Title: (Culture) Japan-ASEAN Students Conference**

**Your Country: ( Lao PDR )**

**Batch: 23rd Batch (19/February -- 26/February/2019)**

- \* Read and confirm Qualifications for Participants in the Application Guidelines for JENESYS2018 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

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

## 2. Health Condition

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

## 3. School /Company /Organization

<b>Are you Student or Working Youth ?</b>	<input type="checkbox"/> Graduate Student <input type="checkbox"/> University / College <input type="checkbox"/> High School / Vocational / Other School Student <input type="checkbox"/> Working Youth <input type="checkbox"/> Working Student			
<b>School</b> <small>Working student needs to fill in this part.</small>	<b>Name of School</b>		<b>Location (City or Province)</b>	
	<b>Field of Study or Name of Faculty / Department</b>			
	<b>Grade / School Year :</b>			
	<b>Job Title (for supervisor):</b>			
<b>Company / Organization</b> <small>Working student needs to fill in this part.</small>	<b>Name of Company / Organization</b>		<b>Location (City or Province)</b>	
	<b>Department / Division / Office</b>			
	<b>Job Title :</b>			
<b>Language</b>	<b>Official English Test (If any)</b>		<input type="checkbox"/> TOEFL (score: ) <input type="checkbox"/> TOEIC (score: ) <input type="checkbox"/> IELTS (score: ) <input type="checkbox"/> Other → ( ) (score: )	
	<b>Level of English</b>		<b>Level of Japanese</b>	
	Speaking : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Speaking : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Writing : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Writing : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Reading : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Reading : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>If you have ever learned Japanese language, is your Japanese teacher a dispatched person as "NIHONGO Partners" by ASIA Center in Japan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Japanese Learning Experience</b>	<b>Year(s) / Month(s)</b>	

#### 4. Visiting Japan

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

#### 5. Experiences related to Japan

Are you a learner of Japanese language, or a Japan scholar?	<input type="checkbox"/> Yes <input type="checkbox"/> No    → If "Yes" How Many Years ? (    year(s))
Have you ever been involved in Japanese culture or Japanese sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No    → If "Yes" How Many Years ? (    year(s))
Have you ever been involved in business related to Japan?	<input type="checkbox"/> Yes <input type="checkbox"/> No    → If "Yes" How Many Years ? (    year(s))

#### 6. Personal Activities

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

#### 7. Expectations

<b>What Do You Expect in This Program ?</b>  (Write Your Wish, Hope or Desire for the Program in Relation to Your Specific Study, Work or Experience.)	
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== After you complete filling this form, please read and sign on (Annex2) Letter of Understanding JENESYS2018. ==