

2. Health Condition

Health Condition	<input type="checkbox"/> Good (Nothing to Declare Below)
	<input type="checkbox"/> I Have Been Diagnosed (Serious Disease) Name of Disease : () → <input type="checkbox"/> fully recovered <input type="checkbox"/> under treatment <input type="checkbox"/> Having Chronic Disease → <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 → ()
Medicine	<input type="checkbox"/> Not Taking Any Medicine <input type="checkbox"/> Taking Medicine Regularly → Name of Medicine: ()
Pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Yes → Stop the Entry Form and consult with Focal Point or Japanese Embassy
Physical Difficulty	<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, What Difficulty ? ()
Food Allergies (only for physical reason)	<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 → ()
Food Restriction (for religious or custom reason) <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.
Other Allergies or Restrictions	<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 → ()
Smoking Habit	<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

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

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

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.)	
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== After you complete filling this form, please read and sign on (Annex2) Letter of Understanding JENESYS2018. ==