

**SAMPLE**

Reg.No. \_\_\_\_\_

# Entry Form for JENESYS2016

( Japan )

## 1. Personal Information

\* Please fill in the form in BLOCK LETTERS

Photo  
(taken within 3 months)  
Please write your name on the back of your photo.

Name	Full Name (Exactly the same as your passport)		
	English <i>TARO YAMADA</i>		
Given name (English)	Family Name (English)	Middle Name (if any)(English)	
<i>TARO</i>	<i>YAMADA</i>	<i>DAVID</i>	
Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)	
<i>山田太郎</i>		<i>TARO</i>	

Date of Birth	Day/Month/Year <i>25/12/1989</i>	Age (as of the day of the flight to Japan)	<i>18</i>
Nationality	<i>Japanese</i>	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Religion	<input checked="" type="checkbox"/> Buddhist <input type="checkbox"/> Christian ( <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ( )		
Mother Tongue	<i>Japanese</i>		
Passport**	Number <i>TG123456</i>	Type of Passport <input checked="" type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	Date of Issue (Day) (Month) (Year) <i>3 3 2010</i>	Date of Expiry (Day) (Month) (Year) <i>3 3 2010</i>	
Social Media User Name(s) <small>*on a voluntary basis</small>	Facebook <i>yamada taichi</i>	Twitter <i>taichi-yamada</i>	Instagram others
	<small>※MOFA and JICE might use your postings related to JENESYS through above mentioned SNS in our reports and website, that will possibly be open to the public.</small>		
Current Address	<i>kita shinjuku 1-2-4, Tokyo, Japan 123-0045</i>		
	Tel : <i>03-999-9999</i>		
	Mobile : <i>030-456-9999</i> E-mail : <i>taro@yamada.co.jp</i>		
Contact Person in Emergency <small>*It shall be your parent. *If you live with him/her, please leave address blank.</small>	Full Name : <i>TAICHI YAMADA</i>		Relationship : <i>father</i>
	Address : <i>minami shinjuku 5-6-7, Tokyo, Japan 123-0099</i>		
	Tel : <i>03-456-7890</i>		
	Mobile : <i>03-456-7890</i> E-mail : <i>taichi@yamada.co.jp</i>		
*If you do not have phone at your current address, please write contact person and	Profession/Occupation: <i>Singer</i>		
	Name :	Phone Number :	E-mail :

\*\*Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

## 2. Health Condition

Health Condition	<input checked="" type="checkbox"/> Good
	<input type="checkbox"/> Previously diagnosed serious 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 checked="" type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly (Specified )
Pregnancy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Food Allergies (only for physical reason)	<input checked="" 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 religion or custom reason)	<input type="checkbox"/> none
	<input checked="" 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 ( ) *Please be noted that JICE will arrange all meals during the program based on the above applied information and the meals provided in the program cannot meet all the requests from the participants.
Other Allergies	<input type="checkbox"/> none
	<input type="checkbox"/> dogs <input checked="" type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ( )
Other Restriction (for religion or custom reason)	<input checked="" type="checkbox"/> none
	<input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ( )
Smoking Habit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ※Smoking is prohibited by Japanese Law in case you are under the age of 20. ※JICE make use of this information only for the homestay arrangement.

## 3. Academic Details/Organization

※Only for Students Information of your School  *Please fill out also this part in case you're working students.	Name of School <i>Shinjuku Graduate School</i>		Location: (city,province) <i>Tokyo</i>		
	Field of Study or Department <i>Economics</i>				
	Grade/School year as of the day of the flight to Japan		<i>1st</i>	Tel: 03-567-1111	
	Title (for supervisor only)				
※Only for Adults Information of your Organization  *Please fill out also this part in case you're working students.	Name of Organization		Location: (city,province)		
	Affiliated dept.				
	Title		Tel:		
Language	English Proficiency certificated score (if any, e.g. TOEFL)		<i>TOEFL 250</i>		
	Level of English		Level of Japanese		
	Speaking : <input checked="" type="checkbox"/> Good Fair Poor		Speaking : Good Fair <input checked="" type="checkbox"/> Poor		
	Writing : Good <input checked="" type="checkbox"/> Fair Poor		Writing : Good Fair <input checked="" type="checkbox"/> Poor		
	Reading : <input checked="" type="checkbox"/> Good Fair Poor		Reading : Good Fair <input checked="" type="checkbox"/> Poor		
Other Language		Japanese learning experience	Year or Month		

#### 4. Personal Activities

	Activities	Period of Involvement
Sports/Clubs	<i>ski</i>	<i>2 years</i>
Hobbies	<i>drawing the cartoon</i>	<i>5 months</i>
Academic Awards (if any)	<i>first prize in English contest</i>	

#### 5. Expectations

<p>Please describe your expectation by participating in this programme.</p>	
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#### 6. Other Information

Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part a

Have you ever been to Japan before?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
If Yes, your visit is financed by	<input checked="" type="checkbox"/> Yourself	Japanese government, JICA, Japan Foundation,	( Others )
If Yes, when, what was the purpose of the visit and where did you visit?	2015, Tokyo, for sightseeing		
If Yes, how long did you stay in Japan?	<input checked="" type="checkbox"/> less than 3 months	<input type="checkbox"/> more than 3 months	

**Declaration**

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature:  Date: 24 / 10 / 2016 (Day/Month/Year)

**Agreement of the Application Guidelines for JENESYS2016**

I hereby agree to all the qualifications written in the Application Guidelines for JENESYS2016..

Signature:  Date: 24 / 10 / 2016 (Day/Month/Year)

**Agreement to handling of personal information.**

I hereby agree to the matters stipulated in Application Guidelines with regards to the handling of my personal information(Annex1).

Signature:  Date: 24 / 10 / 2016 (Day/Month/Year)

**Parent/guardian (if applicant is under 18 years of age) :**

Signature:  Date: 24 / 10 / 2016 (Day/Month/Year)