

LIST OF REQUIRED DOCUMENTS

Document	Original	Copy
1) Application Form	1	2
2) JET Programme Applicant Self-Report of Medical Condition(s)	1	2
3) Certified Record/Transcript ● It must cover all college/university courses	1	2
4) Essay (Statement of Purpose) ● It must be typed, single-sided, double-spaced on A4 paper (210mm x 297mm) or letter-sized paper (8.5in x 11in), not exceeding two pages. This page limit must be strictly observed.	1	2
5) Certification of Graduation ● If you have not graduated yet, you must submit a certificate of expected date of graduation.	1	2
6) Letters of Reference ● References written in either Japanese or English must be submitted. ● If you have not graduated yet, one of the referees must be someone related to your university and must contain a reference to your expected date of graduation.	2	2 each
7) Teaching or language proficiency qualifications (TEFL/TESL/TESOL/JLPT) (*Only for applicants with these types of qualifications)	0	3
8) Document which shows your nationality (passport, etc.)	0	3
9) Criminal Record (*Only for applicants with a criminal history, or applicants who indicate on their application an interest in an April arrival or Early arrival) ● In the case the applicant is unable to obtain his/her Criminal Record by the time of application, a document proving you have applied will be accepted. In this instance, the Criminal Record itself must then be submitted by 24 May, 2019. ● Please see 6. 1) in regards to obtaining a Criminal Record.	1	0
10) Certificate of Health (*Only for applicants who indicate on their application an interest in an April arrival or Early arrival) ● Please have a physician fill in the designated form provided in either Japanese or English.	1	0

2019 JET PROGRAMME APPLICATION FORM

第 33 期 J E T プログラム 応募 申請書

INSTRUCTIONS (記入上の注意)

1. The application should be typed if possible, or neatly handwritten in block letters. (明瞭に記入すること。)
2. Numbers should be in Arabic numerals. (数字は算用数字を用いること。)
3. Years should be written using the Anno Domini system. (年号はすべて西暦とすること。)
4. Proper nouns should be written in full and not abbreviated. (固有名詞はすべて正式な名称とし、一切省略しないこと。)

**Personal data entered in this application will only be used for programme selection purposes, and contact information such as e-mail addresses will only be used for related purposes after the participant returns home and for sending information by the Japanese Government.*

(本申請書に記載された個人情報については、本プログラムの選考のために使用するほかは、特にE-mail アドレス等の連絡先については、帰国後に関連する目的及び日本政府より各種情報を送信する以外には使用しない。)

1. Position Type for which you are Applying (応募職種)

- CIR (Coordinator for International Relations) (国際交流員)
- ALT (Assistant Language Teacher) (外国語指導助手)
- SEA (Sports Exchange Advisor) (スポーツ国際交流員)

2. Interview Location (面接地)

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*Using Chart 1 of the chart sheet, please enter the four digit code of the location where you would like to be interviewed. If your location is not listed, enter its name in full. Regardless of where you are now living, you must have an interview at the Embassy or Consulate General of Japan in the country whose nationality you possess.

(チャート1に記された4桁の面接地コードを入力すること。リストに無い場合は具体的な名前を記入する。現在の居住地に関わらず、応募者の国籍国の日本大使館または総領事館で面接を受けなければならない)

3. Name (氏名)

Last Name (姓)

First name (名)

Middle name (ミドルネーム)

*Please write your name exactly as it appears in your passport (パスポートと同じ名前を記載すること)

漢字表記 (中国人応募者のみ : for Chinese Applicants only)

(姓)

(名)

4. Sex (性別) Male (男) Female (女)

5. Date of Birth (生年月日)

Year (年)

Month (月)

Day (日)

Age (as of April 1, 2019) (年齢 2019年4月1日現在)

6. Nationality (国籍)

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*Using Chart 2 of the chart sheet, please enter the two digit code of your nationality. If your nationality is not listed, enter its name in full.

(チャート2に記された2桁の国籍コードを入力すること。リストに無い場合は具体的な名前を記入する。)

Do you possess Japanese nationality? (日本国籍の有無) Yes (はい) No (いいえ)

7. Home State and Hometown (出身州・出身地)

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*Using Chart 3 of the chart sheet, please enter the abbreviation for your home state and hometown/province/county/district. If no abbreviation is listed, enter its name in full.

(チャート3に記された3桁の出身州等の略語を入力すること。リストに無い場合は具体的な名前を記入する。)

8. Present Address and Telephone Number, Facsimile Number, and E-mail Address

(現住所及び電話番号、ファックス番号、E-mail アドレス)

Present Address (現住所)

Telephone/Facsimile Number (電話番号/FAX 番号)

E-mail Address

* If possible, write an e-mail address at which you can be contacted for periods that include the time before you come to Japan, your stay in Japan and the period after you return home.

(可能な限り、渡日前～日本滞在中～帰国後にわたり使い続けることが予想される E-mail アドレスを記入すること。)

9. Criminal History (犯罪歴)

Have you ever been arrested, charged and/or convicted of any crime other than a minor traffic offense (i. e. speeding or parking ticket), including juvenile offences? (スピード違反, 駐車違反等の軽微な交通違反を除き, これまでに何らかの犯罪で逮捕され, 起訴されまたは有罪となったことがあるか)

Yes (はい) No (いいえ)

*If yes, please explain in detail on a separate sheet, providing information regarding the nature and date of the crime. Please also submit a copy of your complete criminal record which documents the incident at the time of the application. Failure to report items in this question, even those which you believe to have been expunged or otherwise removed from your record that later show up on that history, will in principle result in disqualification.

(ある場合は, 犯罪の性質, 日時等に関する詳細な情報を記載した別紙を提出し, 更に(無)犯罪証明書も添付すること。記録から抹消されていると考えられるものについても, 申請が無ければ, 後日記録が明らかになった場合, 虚偽の申請として失格となることもある。)

10. Current Occupation/University/Employer

(現職: 在籍大学名又は勤務先名まで記入すること。)

11. Educational Background (学歴)

11a. Academic Degree (学位)

Bachelor's Degree (学士) Master's Degree (修士) Doctorate Degree (博士)

11b. Academic Specialisation (専攻科目)

Major

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(If you specialised in two subjects (double-major) or had a sub-specialisation (minor), please write them below)

*Using Chart 4 of the chart sheet, please enter the two digit code of your specialisation. If your specialisation is not listed, enter its name in full.

(チャート4に記載された2桁の専攻科目コードを記入のこと。リストに無い場合は具体的な名前を記載する。)

11c. Academic Record (学歴)

High School Graduation Date(高校卒業年月) _____

Higher Education Level (高等教育レベル)	Name of Institution and Location (学校名及び所在地)	Dates Attended (在学期間)	Duration of Attendances (修学年数)	Major Field of Study (専攻科目)	Degree/Diploma, Date Earned or Expected (学位, 取得/取得予定時期)
		From To			
		From To			
		From To			

*Please provide an official transcript of all courses taken at your undergraduate college/university and postgraduate school. (大学及び大学院で履修した全てのコースの成績証明書を添付のこと)

12. Employment History (職歴)

*Begin with your most recent employment. Include part-time jobs. (直近のもの。アルバイトを含む。)

Name of Employer and Location (勤務先及び所在地)	Period (期間)	Job Title (役職)	Job Description (職務内容)	Hours per Week (1週あたりの時間数)
	From To			
	From To			
	From To			

13. Teaching /Coaching Background (教職歴及びコーチ歴)

13a. Teaching Background (for CIRs and ALTs only) (教職歴: CIR及びALTのみ)

	Name of Organisation and Location (機関名及び所在地)	Period (期間)	Job Title (役職/レベル)	Job Description (職務内容)	Hours per Week (1週あたりの時間数)
Classroom Teaching (教室での教職歴)		From To			

Other Teaching or Tutoring (その他の教職歴)		From To			
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	Name of Organisation and Location (機関名及び所在地)	Period (期間)	Course Description (訓練内容)
Teacher Training (教職訓練の経験)		From To	

Do you possess?

Teacher Certification (教職資格)

Yes (はい)

No (いいえ)

TEFL/TESL/TESOL Qualification (TEFL, TESL, TESOL 資格)

Yes (はい)

No (いいえ)

13b. Coaching Background and Qualifications (for SEAs only) (コーチ歴：SEAのみ)

Institution/Club (機関またはクラブ等)	Period (期間)	Sports (スポーツ種目)	Grade/Level (グレード・レベル)
	From To		
	From To		

Career/Prize(s) in the Sports mentioned above (for SEAs only) (スポーツの競技歴・表彰歴：SEAのみ)

Dates (日付)	Career/Prize(s) Achieved (競技歴・表彰歴)

14. Proposed Direction of Career and its Relation to the JET Programme (将来の目標及び本プログラムとの関連性)

15. Japan-Related Studies (日本に関する学習・研究歴)

	Name of Institution and Course Title (機関及びコース名)	Period of Study (学習期間)	Content (学習内容)
Study of Japanese Language (日本語学習歴)			

Study of Japanese History, Culture, etc. (日本史・日本文化等の学習)			
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16. Japanese Language Proficiency: Evaluate your level and insert an X where appropriate in the following blank space.
(日本語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Advanced (上級)	Semi-Advanced (準上級)	Intermediate (中級)	Elementary (初級)	Introductory (入門)	None (不可)
Reading (読む能力)						
Writing (書く能力)						
Speaking (話す能力)						
Listening (聴く能力)						

Introductory: Familiar with basic greetings and conversations, 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 conversations 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.

Certification of Japanese Language Proficiency (日本語能力試験等の日本語資格)

Name of Certification and Grade (資格と取得級) : _____

Date Earned (取得日) : _____

* Please attach documents of certification (if any) (可能であれば証明書を添付のこと)

17. International/Intercultural Experience (国際経験) (at home or abroad) (国内外)

Country (国)	Purpose (目的)	Dates (期間)
		From To
		From To
		From To

18. Language Proficiency (言語能力)

(a) First Language : Please write your first language.

(第一言語を記入すること。)

(b) Foreign Language Proficiency: Evaluate your level and insert an X where appropriate.

(外国語能力を自己評価のうえ、該当欄に×印を記入すること。)

Foreign Language (外国語)	Excellent (優)	Good (良)	Fair (可)	Poor (不可)

19. Other Activities (その他の活動)

(a) Honors, Awards, Scholarships, etc. (表彰等)

(b) Extra-Curricular/Volunteer Activities, Interests/Hobbies/Sports

(課外活動・ボランティア活動, 関心・趣味・スポーツ等)

20. Are you presently an applicant, or do you intend to apply for any other international exchange programmes or scholarships? (その他の国際交流プログラムや奨学金へ応募しているか?)

Yes (はい) No (いいえ)

If yes, please give details (もしあるなら詳細を記入すること)

21. Have you ever participated on the JET Programme? (過去にJETプログラムに参加したことがあるか)

Yes (はい)

Period (期間) : _____

Contracting Organisation (任用団体) : _____

No (いいえ)

I have applied to the JET Programme. Year(s) of application: _____
(JETプログラムへの応募したことがある。何年に応募したか。)

I have withdrawn my intention of participating on the JET Programme after assignment of contracting organisation.

At what point of the application process and due to what reason(s):

(配置決定後にJETプログラムを辞退したことがある。時期と辞退理由は以下のとおり)

22. Marital Status (婚姻状況) Single (未婚) Engaged (婚約中) Married (既婚)

23. Accompanying Dependents or Co-habiting Family Members (Provide the following information if you plan to bring any family members to Japan, or if there are any family members you plan to live with in Japan.)
 同伴及び同居家族（渡日する場合、同伴予定の家族がいる場合に記入すること、もしくは同居予定の家族がいる場合に記入すること。）

Name (氏名)	Relationship (続柄)	Age (年齢)	JET Applicant? (JET応募者)

24. Do you possess a full driver's license? (運転免許の有無)

* Participants with a full driving licence may be required to operate a motor vehicle as part of their work duties.

** Please check "No", if you only possess a motorcycle license and do not have a full driver's license.

(*運転免許の保有者は、業務の都合上、自動車の運転を求められる場合があります。)

**オートバイの運転免許のみ保有し、自動車の運転免許を保有していない場合はNoにチェックしてください。)

Yes (はい)

No (いいえ)

25. Assignment Preference (配置希望)

* JET participants are assigned to contracting organisations all over Japan. Assignments may not necessarily be made according to your preference.

(*JET参加者は日本各地の任用団体に配置されます。配置は必ずしも希望通りになるとは限りません。)

- (a) Living Area Classification Preference (希望エリア)

Island

(島嶼)

Rural

(地方)

Urban

(都市部)

No Preference

(希望無し)

- (b) Block/Prefecture/Designated City Preference (希望場所)

	Block (地区)	Prefecture/ Designated City (県・市)	Reason (理由)
First Choice 第一希望			
Second Choice 第二希望			
Third Choice 第三希望			

*Using Chart 5 of the chart sheet, please enter the one digit block code and two digit prefecture/designated city code of your prefecture.

**If you wish to engage in disaster-recovery volunteer activities, please indicate so above.

- (c) Specific Request for Placement (e.g. Medical Reasons, Family Members in Japan)

(配置に関する特別な要請 (医療上の理由、家族の理由等))

26a. Interest in work related to international economic exchange affairs (国際経済交流分野への関心)
(For CIR Applicants only) (CIR応募者のみ)

Are you interested in work related to international economic exchange affairs, such as cooperating or advising on planning, designing and implementing international economic exchange projects (e.g. expanding the overseas market for local products or attracting foreign tourists to Japanese localities etc.)?

* Assignments may not necessarily be made according to your preference.

(地域産品の海外販路拡大や外国人観光客の誘致などの国際経済交流事業の企画・立案及び実施に当たっての協力・助言等、国際経済交流分野で活動することへの関心はありますか。

*配置は必ずしも希望通りになるとは限りません。

Yes (はい) No (いいえ)

26b. ALT Placement (ALTの配置希望)

(for CIR Applicants from Australia, Canada, Ireland, New Zealand, Singapore, United Kingdom, United States only)
(英語圏CIR応募者のみ)

If you are not offered a CIR position but are still eligible for an ALT position, would you like to be considered for an ALT position?

Yes (はい) No (いいえ)

26c. Early Placement in April, or Early Placement after April but before July/August Arrival (4月来日の希望)
(for ALT and CIR Applicants from Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, Singapore, South Africa, Trinidad and Tobago, United Kingdom, United States only) (英語圏ALT及びCIR応募者のみ)

If you are offered an early placement in April, or early placement after April but before July/August arrival, would you accept the position?

Yes (はい) No (いいえ)

*If yes, please submit your Criminal Record and Certificate of Health to the Embassy or Consulate General at the time of application.

27. Where did you hear about the JET Programme? (JETプログラムをどこで知ったか)

<input type="checkbox"/> Professor/Advisor/Instructor	<input type="checkbox"/> Magazine Advertisement	<input type="checkbox"/> TV
<input type="checkbox"/> Placement Office	<input type="checkbox"/> Magazine Article	<input type="checkbox"/> Radio
<input type="checkbox"/> Former JET Participant	<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Poster
<input type="checkbox"/> Current JET Participant	<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> Career Fair
<input type="checkbox"/> Embassy/Consulate	<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> JET Alumni
<input type="checkbox"/> Campus Visit	<input type="checkbox"/> Internet Article	<input type="checkbox"/> Other: _____

28. Emergency Contact Information (緊急の際の連絡先)

i) Full Name of Emergency Contact (緊急時の連絡者氏名) :

ii) Address (住所) :

Telephone/Facsimile Number (電話番号/FAX 番号) :

E-mail Address:

iii) Occupation:

(職業) _____

iv) Relationship to Applicant:

(本人との関係) _____

29. 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 on the JET Programme and, to live and work overseas.

(「健康状況自己申告書」を記入のこと。身体及び精神の病歴がある場合は、その説明と、JETプログラムへの参加と海外での生活及び就労が可能である旨の医師のレターを添付のこと。)

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge, and that I have read and agree with the application guidelines. Furthermore, if I am selected as a Coordinator for International Relations, Assistant Language Teacher, or Sports Exchange Advisor, 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 to not engage in any activities prohibited by the terms and conditions of my appointment. I understand that during my stay in Japan I must not participate in any religious or political activities which would affect my duties nor do anything to disturb the public peace.

(私は、私自身及び経歴に関する上記事項が正しいものであり、私の知る限り詳細なものであることを証明します。私は、募集要項の内容をよく理解し、これに同意します。更に、国際交流員、外国語指導助手またはスポーツ国際交流員として合格した際には、日本国法令及び受け入れ団体の規則を遵守し、最善を尽くして職務に専念し、職務または日本の社会秩序に影響を及ぼすような宗教的及び政治活動を行わないことを誓約します。)

Date of Application:

(申請年月日)

Applicant's Signature:

(申請者署名)

2019 JET PROGRAMME APPLICATION FORM CHART SHEET

Chart 1 (Interview Location)

Country	Code	Interview Location	Country	Code	Interview Location
Australia	3010	Canberra	United States	1010	Washington D.C.
	3020	Sydney		1020	Boston
	3030	Melbourne		1030	New York
	3031	Adelaide		1040	Atlanta
	3032	Hobart		1050	Nashville
	3040	Perth		1060	Chicago
	3050	Brisbane		1080	Houston
Canada	5010	Ottawa		1090	Los Angeles
	5020	Montreal		1092	Phoenix
	5021	Halifax		1100	San Francisco
	5022	St.John's		1110	Portland
	5030	Toronto		1120	Seattle
	5050	Calgary		1121	Spokane
	5051	Winnipeg		1130	Anchorage
	5060	Vancouver		1140	Honolulu
Ireland	6010	Dublin		1150	Hagatna
Jamaica	9410	Kingston		1151	Saipan
New Zealand	4010	Auckland		1160	Miami
	4020	Wellington	1170	Detroit	
	4030	Christchurch	1180	Denver	
Singapore	9390	Singapore	1181	Salt Lake City	
South Africa	9140	Pretoria	Other Countries	9999	Designated international airport in city with Japanese embassy or consulate or interview site
	9141	Cape Town			
	9142	Durban			
	9143	Port Elizabeth			
United Kingdom	2100	London			
	2300	Edinburgh			

Chart 2 (Nationality)

Argentina	AR	Germany	GR	Micronesia	FM	South Africa	SA
Austria	AT	Hungary	RH	Mongolia	MN	Sweden	SE
Australia	AU	India	IN	Norway	YN	Switzerland	SC
Barbados	BB	Indonesia	RI	The Netherlands	KN	Spain	SP
Belgium	BE	Ireland	IR	New Zealand	NZ	Tanzania	TZ
Brazil	BR	Israel	IS	Palau	PW	Thailand	TH
Bulgaria	RB	Italy	IT	Peru	PE	Tonga	TO
Canada	CN	Jamaica	JM	The Philippines	PH	Trinidad and Tobago	TT
China	CH	Kazakhstan	RK	Poland	RP	Turkey	TR
Croatia	HR	Kenya	KE	Portugal	PO	Ukraine	UA
Czech Republic	CZ	Korea	KR	Romania	RO	United Kingdom	UK
Denmark	DK	Laos	LA	Russia	RS	United States	US
Estonia	EE	Latvia	LV	Samoa	WS	Uzbekistan	UZ
Ethiopia	ET	Lithuania	LT	Saint Vincent and the Grenadines	VC	Vietnam	VN
Finland	FI	Malaysia	MY	Seychelles	SY		
Fiji	FJ	Malta	MT	Singapore	YS		
France	FR	Mexico	MX	Slovenia	SI		

Chart 3 (Hometown and Home State/Province/County/Department/District)

Australia	
Australian Capital Territory	ACT
Australian External Territories	AET
New South Wales	NSW
Northern Territory	NT
Queensland	QLD
South Australia	SA
Tasmania	TAS
Victoria	VIC
Western Australia	WA

Canada	
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland and Labrador	NL
Nova Scotia	NS
Northwest Territories	NT
Nunavut	NU
Ontario	ON
Prince Edward Island	PE
Quebec	QC
Saskatchewan	SK
Yukon Territory	YT

United States							
Alabama	AL	Idaho	ID	Montana	MT	Puerto Rico	PR
Alaska	AK	Illinois	IL	Nebraska	NE	Rhode Island	RI
American Samoa	AS	Indiana	IN	Nevada	NV	South Carolina	SC
Arizona	AZ	Iowa	IA	New Hampshire	NH	South Dakota	SD
Arkansas	AR	Kansas	KS	New Jersey	NJ	Tennessee	TN
California	CA	Kentucky	KY	New Mexico	NM	Texas	TX
Colorado	CO	Louisiana	LA	New York	NY	Utah	UT
Connecticut	CT	Maine	ME	North Carolina	NC	Vermont	VT
Delaware	DE	Maryland	MD	North Dakota	ND	Virginia	VA
District of Columbia	DC	Massachusetts	MA	Northern Marianas Islands	MP	Virgin Islands	VI
Florida	FL	Michigan	MI	Ohio	OH	Washington	WA
Georgia	GA	Minnesota	MN	Oklahoma	OK	West Virginia	WV
Guam	GU	Mississippi	MS	Oregon	OR	Wisconsin	WI
Hawaii	HI	Missouri	MO	Pennsylvania	PA	Wyoming	WY

Chart 4 (Academic Specialisation)

BUSINESS		HUMANITIES		LANGUAGES		SCIENCE		SOCIAL SCIENCE	
10	Accounting	20	Art	30	Chinese	50	Architecture	60	Asian Studies
11	Business Education	21	Communications	31	English	51	Biology	61	Economics
12	Finance	22	Drama	32	French	52	Chemistry	62	Education
13	Industrial Relations	23	History	33	German	53	Computer Science.	63	Geography
14	Management	24	Linguistics	34	Italian	54	Engineering	64	Government
15	Marketing	25	Literature	35	Japanese	55	Mathematics	65	International Relations
16	Other Business	26	Music	36	Korean	56	Medicine/Nursing	66	Law
		27	Philosophy	37	Portuguese	57	Physics	67	Political Science
		28	Art History	38	Russian	58	Statistics	68	Psychology
		29	Other Humanities	39	Spanish	59	Other Science	69	Sociology
				40	Other languages			70	Other Social Science
				41	TEFL/TESL			80	Other Major

Chart 5 (Prefectures and Designated Cities)

Block	Code	Pref./Desig. City	Block	Code	Pref./ Desig. City
A	01	Hokkaido Prefecture	D	64	Hamamatsu City
A	48	Sapporo City	E	25	Shiga Prefecture
A	02	Aomori Prefecture	E	26	Kyoto Prefecture
A	03	Iwate Prefecture	E	53	Kyoto City
A	04	Miyagi Prefecture	E	27	Osaka Prefecture
A	49	Sendai City	E	54	Osaka City
A	05	Akita Prefecture	E	62	Sakai City
A	06	Yamagata Prefecture	E	28	Hyogo Prefecture
A	07	Fukushima Prefecture	E	55	Kobe City
B	08	Ibaraki Prefecture	E	29	Nara Prefecture
B	09	Tochigi Prefecture	E	30	Wakayama Prefecture
B	10	Gunma Prefecture	F	31	Tottori Prefecture
B	11	Saitama Prefecture	F	32	Shimane Prefecture
B	60	Saitama City	F	33	Okayama Prefecture
B	12	Chiba Prefecture	F	65	Okayama City
B	59	Chiba City	F	34	Hiroshima Prefecture
B	13	Tokyo Prefecture	F	56	Hiroshima City
B	14	Kanagawa Prefecture	F	35	Yamaguchi Prefecture
B	50	Yokohama City	G	36	Tokushima Prefecture
B	51	Kawasaki City	G	37	Kagawa Prefecture
B	66	Sagamihara City	G	38	Ehime Prefecture
C	15	Niigata Prefecture	G	39	Kochi Prefecture
C	16	Toyama Prefecture	H	40	Fukuoka Prefecture
C	17	Ishikawa Prefecture	H	57	Kitakyushu City
C	18	Fukui Prefecture	H	58	Fukuoka City
C	63	Niigata City	H	41	Saga Prefecture
D	19	Yamanashi Prefecture	H	42	Nagasaki Prefecture
D	20	Nagano Prefecture	H	43	Kumamoto Prefecture
D	21	Gifu Prefecture	H	44	Oita Prefecture
D	22	Shizuoka Prefecture	H	45	Miyazaki Prefecture
D	61	Shizuoka City	H	46	Kagoshima Prefecture
D	23	Aichi Prefecture	H	47	Okinawa Prefecture
D	52	Nagoya City	H	67	Kumamoto City
D	24	Mie Prefecture	N		No Preference

3. If you have ever suffered from any nervous or mental disorders (including, but not limited to anxiety, depression, ADD, ADHD, eating disorders, etc.) you must provide details below AND have your doctor fill out the Statement of Physician. Please note that we may contact your doctor if the statement is incomplete or if further information is required.
 (過去に神経性または精神的疾患(例: 不安神経症, 鬱病, ADD, ADHD, 摂食障害等)にかかったことがあるか。もしあるなら, 詳細を明記し, 医師の報告書を添付すること。必要時には医師への問い合わせを行う旨をご了承ください。)
- anxiety (不安神経症) depression (鬱病) obsessive-compulsive disorder (脅迫神経症)
 bipolar disorder (双極性障害) ADD ADHD
 eating disorders (摂食障害) PTSD other (その他)()
- Please, provide details below (詳細を記入)

4. Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis?
 If yes, please explain.
 (数階分の階段の昇降による身体的問題が予測されるか。ある場合は詳細を説明すること。)

5. Do you have any allergies? If yes, are you currently undergoing treatment?
 (アレルギー症があるか。該当する場合に, 治療は受けているか。詳細を以下に明記すること。)

6. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., 3, above.
 (現在または過去5年間に薬物治療を受けている場合(ただし, 経口避妊薬を除く。), 薬品の名前, 目的, 服用頻度も含めてその詳細を記入すること。なお, 上記の設問1, 2a, 2b, 3で挙げた状況に対する処方箋についても明記ありたい。)

7. Are you colour blind or have any disabilities related to your eyesight or hearing? (Excluding the use of prescription glasses and contact lenses to correct vision)
 (視覚障害、色盲、聴覚障害で該当するものがあるか。(眼鏡、コンタクトレンズの使用により矯正済みの場合を除く。) 該当する場合は、詳細を明記すること。運転免許保持者は、運転に支障がないか記入すること。)
- legally blind (視覚障害) colour blindness (色盲) hearing impaired (聴覚障害)
- Please, provide details below (詳細を記入)

If you wrote anything for question 7 and have a driver's license, does this affect your ability to drive? Yes No

8. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical, religious, personal reasons, etc.).
 (現在食事制限を受けている場合, その詳細を記入すること。例: 疾病, 宗教的, 個人的な理由等)
- Foods:**
- Beef (牛肉) Chicken (鶏肉) Dairy Products (乳製品) Eggs (卵)
 Gluten (グルテン) Tree Nuts (ナッツ類) Peanuts (ピーナッツ) Pork (豚肉)
 Wheat (小麦) Shellfish (貝類・甲殻類) Soy (大豆)
 Finfish (魚類) Fruit (果実) Others (その他) ()
- Reasons:**
- Allergies (アレルギー) Other medical reasons (その他の疾病のため)
 Religion (宗教的) Other (その他) ()

9. Please explain any other health-related issues or disabilities below (e.g. confined to wheelchair, pending medical treatment, etc.).
 (その他の健康上の注意事項及び障害について以下に記入すること。例: 車いすの使用, 治療中の事項等)

【以下の赤字は、貴地において適当でないとは判断する場合には削除ありたい】
Candidates who have tattoos and/or body piercings, please provide details of the tattoos, including location and size.
 (タトゥーやピアスがある場合, その詳細を記入)

Tattoos (タトゥー) Number (数) Location (箇所) Size (大きさ)
 Body piercings (ピアス) Number (数) Location (箇所) Size (大きさ)

The answers I have given are correct to the best of my knowledge.
 (申告書の記載事項のとおり相違ありません。)

Signature: (署名)	Date: (日付)
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THE 2019 JAPAN EXCHANGE AND TEACHING (JET) PROGRAMME

STATEMENT OF PHYSICIAN

Explanation of items as indicated by patient on the Self-Report of Medical Condition(s)

To the Examining Physician (*PLEASE READ THOROUGHLY*)

This individual is an applicant to the Japan Exchange and Teaching (JET) Programme and must submit this form concerning his or her health as indicated on his or her Self-Report of Medical Condition(s). The applicant, if chosen, may be offered a year-long contract to work in schools and in public offices in Japan as an Assistant Language Teacher (ALT), Coordinator for International Relations (CIR), or a Sports Exchange Advisor (SEA).

<p>Assistant Language Teacher (ALT)</p> <p>ALTs work in local boards of education to assist in foreign language instruction at the primary, junior and senior high school levels.</p>	<p>Coordinator for International Relations (CIR)</p> <p>CIRs work in local public offices or international exchange organisations handling international projects, exchange programmes, translation, interpretation, etc.</p>	<p>Sports Exchange Advisor (SEA)</p> <p>SEAs work in local boards of education to assist with sports and physical education in schools and the local community.</p>
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While the JET Programme is an invaluable experience and a time of personal and professional development for participants, it is important for candidates and their physicians to understand that by its nature, the JET Programme can also be both *emotionally* and *physically* demanding. Participants must adapt to working in and immersion in a different culture and linguistic environment, and may be situated in rural areas **with limited access to mental and or physical health care services** in their native language(s). This can often involve *emotional* and or *physical* stress during the adaptation period which varies from person to person. **If a candidate is experiencing current medical, emotional, psychological, or family difficulties or has only recently recovered from such difficulties, the adjustment demands of the JET Programme can severely exacerbate such difficulties or even be cause for a relapse.** For this reason, a thorough and accurate profile of each applicant's health status and medical history is required. Information provided in this form will not only be used to determine eligibility, but may also be used to assign working places to applicants, so it is essential **to have complete and accurate information to determine employers and location of work so as to better meet any special requirements applicants may have.**

To be completed and signed by examining physician. Physician must not be a relative of applicant.

Applicant's Name:

<p>Medical Details and Explanation: <i>(Please write as clearly and legibly as possible)</i></p>	<p>Prescribed Medicines</p>	<p>Amount / Frequency</p>	<p>Regular Check-Ups (if yes, write frequency)</p>

Please use generic nomenclature for all listed medicines and refrain from using doctor's shorthand.

Do you foresee any difficulties or special considerations regarding this applicant's participation on the JET Programme?

Based on your current examination and knowledge of this patient's medical history, please describe his or her medical condition and whether you think he or she is physically and mentally fit to work in Japan for one year as a JET Programme participant. In view of the applicant's current medicine regimen, medical history, and the above information, **is it your observation that this patient's health status is adequate to go abroad to participate on the JET Programme for one year?**

YES

NO

Date: _____ Physician's Signature: _____

Physician's Name in Print: _____

Office/Institution: _____

Address: _____

TEL: _____ FAX: _____ E-mail: _____

Note: Japanese law may prohibit importation of certain medications (such as amphetamines and other stimulants). In this case, the applicant may need to use an alternative medication. Additionally, it may be necessary for the applicant to complete medical import forms for importation of certain medication.


CERTIFICATE OF HEALTH

To be completed and signed by examining physician. Physician must not be a relative of applicant.

To the Examining Physician (PLEASE READ THOROUGHLY)

You are asked to evaluate the physical and mental health of the applicant for the JET Programme. Participants of the JET Programme will be assigned for one year to schools or to local government offices in Japan. It is extremely important that all participants be able to adjust to dramatic changes in climate, diet, and living conditions. Living and working overseas can also create **emotional** and **physical** stresses in response to the demands of living in a new and different environment. In some cases, mild disorders can become serious due to the stress of life and work in foreign surroundings. It is essential that your reply be based on a current and thorough physical examination and knowledge of the applicant's medical history.

NOTE: PLEASE FILL IN ALL SECTIONS. ANY MISSING INFORMATION INCLUDING QUESTION 7 MAY HINDER OR PREVENT A CANDIDATE FROM PARTICIPATING.

- 1. Applicant's Name:** _____
 (Last Name) (First Name) (Middle Name)
Date of Birth: M ____ /D ____ /Y ____ **Age:** _____ **Sex:** Male / Female
- 2. Physical Examination** **Height:** _____ cm / inch **Weight:** _____ kg / lbs
 (Please circle "cm" or "inch") (Please circle "kg" or "lbs")
Blood Pressure: _____ mm/Hg ~ _____ mm/Hg **Pulse Rate:** _____ /min
 regular / irregular
Eyesight: (R) _____ (L) _____ (without glasses)
 (R) _____ (L) _____ (with glasses or contact lenses)
Colour Blindness: normal / impaired (If impaired, ok to drive:) **Hearing:** normal / impaired
- 3. Urinalysis:** glucose () protein () occult blood () (neg, +2, -, etc.)
- 4. Past history:** Please indicate with an X if applicant has ever had any of the following, and fill in the specific name of the disorder and the date of recovery:
 Tuberculosis _____ (/ /) Malaria _____ (/ /)
 Other Communicable Disease _____ (/ /)
 Epilepsy _____ (/ /) Renal Disease _____ (/ /)
 Cardiac Diseases _____ (/ /) Diabetes _____ (/ /)
 Drug Allergy _____ (/ /) Functional Disorder in Extremities _____ (/ /)
 Mental Disorder(s) (including but not limited to ADD, ADHD, depression, anxiety, eating disorders, obsessive compulsive disorders) _____ (/ /)
 Other (please specify) _____ (/ /) _____ (/ /)
- 5. X-ray Examination:** Please describe the result of the applicants physical and chest X-ray examination (*X-ray(s) taken more than 3 months prior to the certification is NOT valid*). Results of tuberculosis test must be provided regardless of vaccination history if the X-ray information is not completed below. **Please note: As a rule, all applicants who test positive in a PPD test, regardless of chest X-ray results, MUST SUBMIT A BLOOD TEST, OR TAKE DRUGS TO SUPPRESS TUBERCULOSIS BEFORE COMING TO JAPAN.**
Lung: normal / impaired
Date of X-ray: _____ **Film No.:** _____
Cardiomegaly: normal / impaired
Describe the condition of applicant's lung: _____
- 
- 6.** Please add any other information, whether or not requested on this form, which might be pertinent to the applicant's ability to teach or take part in the activities of the JET Programme (eg. pregnancy, physical disability, drug addiction, etc.).
- 7.** In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to go abroad to participate on the JET Programme? YES NO

<MUST BE SIGNED BY A PHYSICIAN WITH A DOCTORATE IN MEDICINE (M.D.)>

Date: _____ Physician's Signature: _____
 Physician's Name in Print: _____
 Office/Institution: _____
 Address: _____
 TEL: _____ FAX: _____ E-mail: _____