The Japan Foundation Study-Tour Program 2004 For Secondary-School Educators

PARTICIPANT'S DATA SHEET

DATE: SIGNATURE:

*This Data Sheet will be used solely for the purpose of this program *Please type or write in **BLOCKLETTERS** in English

Please attach a recent photo

| | Family | Family First | | | | Middle | |
|---|---|---------------------------|-----------|----------|-------------|--------------|---------|
| Name | | | | | | | |
| | *Please write down | your name exactly as it a | | port | | | |
| Date of Birth: | | Year Mon 19 / | th Day | Sex | Male Female | Nationality: | |
| Home Address | : | | | ' | | Tel: | |
| | | | | | | Fax: | |
| | | | | | | | |
| Present Occupation | Name of School, Institution | | | | | | |
| | | In Original Langua | ige: | | | | |
| | Position | In English: | | Special | ization | In English: | |
| | | | | | | Tel: | |
| | Office Address | Fax: | | | | | |
| | | In ati | | City | | E-Mail: | Cubiant |
| | | Institution | | City | L | Ouration | Subject |
| Curriculum | Education | | | | | | |
| Vitae | | | | | | | |
| | Occupation | | | | | | |
| Nearest Airpor | t: | | | | | | |
| Meal Restriction, If Any: If "Yes"→ in detail | | □No □Y | ´es | | | | |
| Health Conditi If "Poor"→Exp | | Good | Fair Poor | | | | |
| | n Japan, If Any: od, Purpose, Progr any | □No □Y am | 'es | | | | |

| English-Language Proficiency: Excellent Good Fair Poor None *please note that the common language during this study tour will be English, and all the participants are required to have English language proficiency | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| OUTLINE OF SCHOOL | | | | | | |
| *Name of School | | | | | | |
| *Status of School (Private, Public, etc) | | | | | | |
| | | | | | | |
| *Year of Foundation | | | | | | |
| *Total Number of Teachers | | | | | | |
| *Working Hours for Teachers | | | | | | |
| *Class Hours per Teacher per Week | | | | | | |
| *Brief Outline of Career taken by Students after Graduation | | | | | | |
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| What is your main interest during your stay in Japan? | | | | | | |
| That is your main intorest during your sary in supuit. | | | | | | |
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| Please write anything of your interest or activities besides your career as a teacher, including your hobbies. | | | | | | |
| * Please note that this information will be given to your Japanese host family | | | | | | |

SELF-ASSESSMENT OF HEALTH

| F- | | | | | | | | | | | |
|---|--|----------------------|---------------|----------------|--------------|----------|--|--|--|--|--|
| Name o | f Applicant (in block letter) | Sex Female Male | Date of Bir | rth Year 19 | Month I | Day | | | | | |
| Name of | f Applicant Institution | Country | | Blood Type | □ A □ B □ 0 |) | | | | | |
| | | | | 21 | (Rh+ | | | | | | |
| | | | | | | | | | | | |
| 1. Do you have any disease or problem in your present health condition that should be reported to the Japan Foundation before travel to Japan such as: chronic disease, disease or injury under treatment, pregnancy, or any kind of mental or physical disorder? | | | | | | | | | | | |
| | Your Answer Yes No | | | | | | | | | | |
| | If your answer is "Yes", then please describe concretely your present condition: | | | | | | | | | | |
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| 2. | Do you have any food restrictions? | | | | | | | | | | |
| | | | | | | | | | | | |
| | Your Answer Yes No | | | | | | | | | | |
| | If your answer is "Yes", then please describe concretely the r | restricted food belo | w: | | | | | | | | |
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| L | | | | | | | | | | | |
| 3. | Have you ever traveled abroad before? | | | | | | | | | | |
| | Your Answer Yes No | | | | | | | | | | |
| - | | | | | | | | | | | |
| | If your answer is "Yes", then please describe your most recen | nt trip as an examp | le below: | | | | | | | | |
| | | | | | | | | | | | |
| | Country: | Duration: fi | om 20 | / / to | 20 / | <u> </u> | | | | | |
| | | | | | | | | | | | |
| L | | | | | | | | | | | |
| 4. | Conclusion | al candition? | | | | | | | | | |
| | 1. In your opinion, how is your present health and physical | ar condition? | | | | | | | | | |
| | Your Answer Good Fair | Poor | | | | | | | | | |
| | | | | | | | | | | | |
| 2. In your opinion, are you physically able to go abroad to participate in a study-tour programme? | | | | | | | | | | | |
| Your Answer Yes No | | | | | | | | | | | |
| | Tour Answer 1 tes 1 No | _ | | | | | | | | | |
| I hereby inform you of my health condition as described above. There is no dishonest description in the contents of my report. | | | | | | | | | | | |
| 1 nereby | niform you of my health condition as described above. There | e is no dishonest de | escription in | tne contents | or my report | • | | | | | |
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| | | | | | | | | | | | |

Signature :

Date : 20 / /