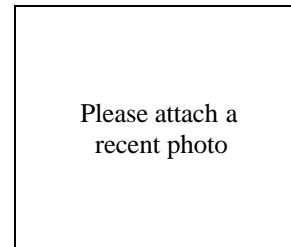


# The Japan Foundation Study-Tour Program 2003

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

Name	Family	First	Middle		
	*Please write down your name exactly as it appears in your passport				
Date of Birth:	Year	Month	Day	Sex	Nationality:
	19	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address:				Tel:	
				Fax:	
				E-Mail:	
Present Occupation	Name of School, Institution	In English:			
		In Original Language:			
	Position	In English:	Specialization	In English:	
	Office Address				Tel:
				Fax:	
				E-Mail:	
Curriculum Vitae	Education	Institution	City	Duration	Subject
	Occupation				
Nearest Airport:					
Meal Restriction, If Any : <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes"→ in detail					
Health Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If "Poor"→ Explain					
Previous Stay in Japan, If Any: <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes"→ Duration					
English-Language Proficiency : <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> 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

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\*Status of School (Private, Public, etc)

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\*Year of Foundation

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\*Total Number of Teachers

\*Total Number of Students

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\*Working Hours for Teachers

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\*Class Hours per Teacher per Week

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\*Brief Outline of Career taken by Students after Graduation

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What is your main interest during your stay in Japan?

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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

Name of Applicant ( in block letter)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth    Year    Month    Day 19    /    /
Name of Applicant Institution	Country	Blood Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB ( <input type="checkbox"/> Rh+ <input type="checkbox"/> 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:

2. Do you have any food restrictions?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

If your answer is "Yes", then please describe concretely the restricted food below:

3. Have you ever traveled abroad before?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

If your answer is "Yes", then please describe your most recent trip as an example below:

**Country:** \_\_\_\_\_ **Duration: from 20** / / **to 20** / / .

4. Conclusion

1. In your opinion, how is your present health and physical 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**    \_\_\_\_\_

I hereby inform you of my health condition as described above. There is no dishonest description in the contents of my report.

Date : 20 / /

Signature : \_\_\_\_\_