

The Japan Foundation Study-Tour Program 2008

For Secondary-School Educators

PARTICIPANT'S DATA SHEET

Please attach a recent photo

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		
	19	/	/		
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:		
Home Address:		Tel:			
		Fax:			
		Mobile:			
		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

*Status of School (Private, Public, etc)

*Year of Foundation

*Total Number of Teachers

*Total Number of Students

*Working Hours for Teachers

*Class Hours per Teacher per Week

*Brief Outline of Career taken by Students after Graduation

What is your main interest during your stay in Japan?

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** _____

Passport details PASSPORT N: _____	Validity: from 20 / / to 20 / /
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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 : _____