

JENESYS^{2.0} Entry Form for JENESYS 2.0 Programme

(Country: _____)

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) (in English)	
	Given name (English)		Family Name (English)	
	Middle Name (English) (if any)			
	Full Name (in Mother language)			
Date of Birth (as shown on your passport)	(Day) _____ /	(Month) _____ /	(Year) _____	Age (as of the starting day of the programme)
Nationality				Sex <input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input 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			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Passport**	Number		Type of Passport	
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	Date of Issue		Date of Expiry	
	(Day) _____ /	(Month) _____ /	(Day) _____ /	(Month) _____ / (Year) _____
Current Address	Address			
	Tel:		Fax:	
	Mobile:		E-mail:	
Contact Person in Emergency *It shall be your parent. *If you live with him/her, please leave address blank.	Full Name			Relationship
	Address			
	Tel:		Fax:	
	Mobile:		E-mail:	
Profession/Occupation:				
*If you do not have phone at your current address, please write contact person and number.	Full Name			Relationship
	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

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Having Chronic disease Please specify: <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"/> infectious diseases (Specified: _____) <input type="checkbox"/> others (_____)
	1. A permission letter by doctor is required in the pre-departure orientation. 2. Medical treatment cost related to the chronic disease is not covered by the programme insurance.
Medicine	<input type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly (Specified: _____)
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No *Pregnant women <u>cannot</u> participate in JENESYS 2.0 Programme owing to maternal and child health reason.
Food Allergies (which may cause allergic reaction)	<input type="checkbox"/> None
	<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 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 the meals provided in the programme cannot meet all the requests from the participants.
Dietary Requirements	<input type="checkbox"/> None
	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Halal <input type="checkbox"/> Others (_____)
Other Allergies and Restriction	<input type="checkbox"/> None
	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> House dust <input type="checkbox"/> Others (_____)

3. Academic Details and Professions

Information of your School/Organization	Name of Organization		Location (city,province)	
	Tel:		Fax:	
	Profession (for non-student only)			
	Field of study (for university student only)			
	Grade/school year (for student) as of the day of the flight to Japan			
	Title (for supervisor only)			
Language	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Japanese	
	Speaking :	Good Fair Poor	Speaking :	Good Fair Poor
	Writing :	Good Fair Poor	Writing :	Good Fair Poor
	Reading :	Good Fair Poor	Reading :	Good Fair Poor
Other Language		Japanese learning experience	Year or Month	

4. Personal Activities

	Activities	Period of Involvement
Sports/Clubs		
Hobbies		
Academic Awards (if any)		

5. Essay

*Please answer the two questions in 250 - 300 words. You may attach additional pages as needed.

<p>1. Why do you want to participate in the JENESYS 2.0 Programme?</p> <p>2. What will you be able to contribute to it?</p>	
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6. Other Information

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, what was the purpose of the visit and where did you visit?				
*In principle, any candidates who have participated in JENESYS 2.0 Programme before are <u>not</u> allowed to take part again.				

Declaration

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

Agreement of the Application Guidelines for JENESYS 2.0

I have read and understood the terms and conditions in the "Application guidelines for JENESYS 2.0."

Agreement of the Handling of Personal Information

I agree that my personal information in the Entry Form will be used in accordance with the Handling of Personal Information (ANNEX).

(Day) (Month) (Year)

Signature: _____ Date: _____ / _____ / _____



With regard to the Handling of Personal Information

(Managed by Japan Overseas Cooperative Association, for Jenesys2.0 applicants)

The Association observes the laws and ordinances of Japan, principles, guidelines and other regulations determined by the government with regard to protection of personal information. As to JENESYS2.0, in order to ensure the actions are in accordance with these guidelines, please agree with the following points and submit the application.

Note

1 Intended Purposes

The purposes of the personal information you provide are intended to be for recruitment, selection, program participation procedures, and report of achievement of the program (including for public relations regarding the project on the Association's home page and bulletin) as to JENESYS2.0 ASEAN Short-Term Invitation Project. Collected information will not be used for other purposes.

2 Entrustment of Personal Information

Personal information you provide may be entrusted to travel agencies, insurance agents, or printing companies with which the Association may contract.

3 Provision to Third Parties

Personal information you provide may be shared with third parties in order to smoothly manage the program or report achievement of the project.

(Entities to which the personal information will be provided) Ministry of Foreign Affairs of Japan, ASEAN, partner exchange schools, host families, etc.

(Information to be provided) Matters described in applications, passport information

4 Voluntariness of the Provision of Personal Information

Your personal information is to be provided voluntarily. However, your non-provision of necessary information may result in difficulties upon participation in the program.

5 Disclosures, Corrections, Additions, Deletions, etc. of Personal Information

You have the right to request notice of the intended purpose, disclosure, and correction of personal information, addition and deletion of some items of information, and the deletion, disuse, and suspension of use of the personal information itself. When you wish to request disclosure of your personal information, etc., please contact the following consultation service representative.

[Personal Information Consultation Service Representative]

5th Floor, Nihonseimei Ichibancho Building., 23-3 Ichiban-cho, Chiyoda, Tokyo, 102-0082

General Affairs Department of Japan Overseas Cooperative Association, Contact for Personal Information Consultation Services: Daisuke Watanabe

Tel : 03-6261-0261 Email : kojinhoho@joca.or.jp

[Contact Information as to JENESYS2.0]

Japan Overseas Cooperative Association, Third Division of Operation Department, Division in charge of JENESYS2.0

Tel : 03-6261-0247 FAX : 03-6261-0249 Email : bunka3@joca.or.jp

JENESYS2.0 PARTICIPATION AGREEMENT TERMS AND CONDITIONS

I _____ ,
(name)

hereby acknowledge that I understand and agree to the following terms and conditions regarding my participation in JENESYS2.0.

All participants including chaperons/supervisors will need to be physically fit and capable of walking extensive distances and climbing numerous stairs. Candidates with medical conditions which may impede full participation in physical activities should not be considered.

Each participant must declare all the health problems in the application form and is fully responsible for health condition and its costs associated with those diseases. Participants including chaperons/supervisors have to comprehend that medical treatment cost related to the chronic disease is not covered by the program insurance.

Airfare, lodging, transportation, meals and admission fees for scheduled activities are provided for all JENESYS2.0 participants. Participants are expected to cover personal expenses and bring sufficient funds for pocket money and for the purchase of items for personal use.

A participant is fully responsible for costs associated with last-minute cancellations or changes, initiated by the participant.

Participants with behavioral issues may result in dismissal from the JENESYS2.0 program and leave Japan at their own expense.

All participants including chaperons/supervisors have to attend all the programs planned by the implementing agency and they need to follow the rules/guidelines made by the implementing agency.

(Signature)

(DD) (MM) (YYYY)