

**Applicants must submit the following documents to the Embassy of Japan in Barbados by hand, before 4:45PM, Friday, 18<sup>th</sup> December, 2020. All documents should be submitted single sided, do not staple. The Embassy does not make copies.** Early submission of applications and documents is encouraged. The submitted documents will not be returned.

Required Document	Original	Copy
1) Application Form (using the 2021 form)	1	2
2) JET Programme Applicant Self-Report of Medical Conditions (using the 2021 form) <ul style="list-style-type: none"> <li>● If you suffer, or have ever suffered from any physical or mental illness, you must submit an explanation from your physician using the 2021 Statement of Physician Form.</li> </ul>	1	2
3) Certified Record/Transcript <ul style="list-style-type: none"> <li>● Inclusive of all college/university courses.</li> <li>● If a physical copy is not provided by your institution, a printed copy of the digital version must be submitted.</li> </ul>	1	2
4) Essay (Statement of Purpose) <ul style="list-style-type: none"> <li>● 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.</li> </ul>	1	2
5) Certification of Graduation <ul style="list-style-type: none"> <li>● If you have not graduated yet, you must submit a certificate of expected date of graduation.</li> <li>● If a physical copy is not provided by your institution, a printed copy of the digital version must be submitted.</li> <li>● The certified copy with the stamp of the university is considered as original.</li> </ul>	1	2
6) Letters of Reference <ul style="list-style-type: none"> <li>● References written in either Japanese or English and signed by the referee must be submitted.</li> <li>● If you have not graduated yet, one of the referees must be someone related to your university.</li> </ul>	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) <ul style="list-style-type: none"> <li>● 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 the interview date.</li> <li>● Please see 6. 1) in regards to obtaining a Criminal Record.</li> </ul>	1	0

## 2021 JET PROGRAMME APPLICATION FORM

## 第 35 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, 2021) (年齢 2021 年 4 月 1 日現在)

## 6. Nationality (国籍)

### 6a. 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。)

### 6b. Dual Nationality (二重国籍の有無)

Do you possess dual nationality with Japan? (日本との二重国籍の有無) ☐ Yes (はい) ☐ No (いいえ)

## 7. Home State and Hometown (出身州・出身地)

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Home State (出身州)

Hometown (出身地)

\*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 (including even those which you believe to have been expunged or otherwise removed from your record) 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, (記録から抹消されていると考えられるものを含め,) 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, may 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)

\* If you are to graduate this year, check the degree you are going to earn.

(今年度卒業見込者は取得見込みの学位を選択。)

☐ 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 an appropriate two digit code for your specialisation. In the case of 'other' codes (16, 29, 40, 59, 70, 80), also enter the name of your specialisation 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。「その他」の専攻科目コード(16, 29, 40, 59, 70, 80)の場合は、具体的な専攻名も記載する。)

### 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. (直近のものから順に。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週当たりの時間数)
	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			

	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) ☐ In Progress (取得途中)

#### 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)

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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)			

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。)

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(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)

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(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)

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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)

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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

☐Rural

☐Urban

☐No Preference

(島嶼)

(地方)

(都市部)

(希望無し)

\* Please choose only one.



(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 after April but before September 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 after April but before September 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)

\_\_\_\_\_

## 2021 JET PROGRAMME APPLICATION FORM CHART SHEET

**Chart 1 (Interview Location)**

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

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

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

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

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

**Chart 4 (Academic Specialisation)**

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

# THE JAPAN EXCHANGE AND TEACHING PROGRAM

## 2021 SELF-REPORT OF MEDICAL CONDITIONS

(健康状況自己報告書)

Name of Applicant: \_\_\_\_\_

(as printed in passport) Last Name (氏) First Name (名) Middle Name (ミドルネーム)  
(参加者氏名)

Interview Location: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(面接地) (出身地)

Your application cannot be processed without this form. It is important that you submit accurate information regarding your medical history. This information will be used when assigning your placement as well as in serving as a quick reference should any medical emergencies arise while you are participating in the program.

***If you suffer, or have ever suffered from any physical or mental illness, please attach an explanation from your physician, using the 2021 Physician's Form, stating whether you are fit to participate in the 2021 JET Program and, as such, to live and work overseas.***

(この書類の提出がないと、応募申請手続きが進められません。病歴について、正しい情報を提出することが重要です。この情報は、配置先の決定やJET参加期間中に医療的な緊急事態が起こった際に参照するために使用されます。もし、過去もしくは現在に身体的・精神的な病気を有する場合には、2021年度のJETプログラム参加、ないしは海外で生活し、働くことに問題がないか否かを明記した2021年度版の医師の診断フォームを添付してください。)

### 1. Current Treatment of Any Physical Conditions

(健康状況に係る現在の治療状況)

Are you currently seeing a physician and/or undergoing treatment? (except for colds, fevers, visiting OB/GYN facilities, or consultations for requesting contraception)? If yes, you must provide details as to when, why, the duration of treatment below AND have your doctor fill out the Physician's Form.

(現在通院や治療・薬物治療を受けているか(風邪、発熱、婦人科または避妊の相談を除く)。該当する場合、詳細(時期、事由、治療の時期)を明記し、医師の報告書を添付すること。)

### 2a. Physical Condition(s) in the Past Five (5) Years

(過去5年における健康状況)

What serious diseases, injuries and/or medical conditions have you had in the past five years? If any of these resulted in hospitalization, please give details as to when, why, and the duration of treatment below AND have your doctor fill out the Physician's Form.

(過去5年間にどのような深刻な病気、怪我または病態となったか。結果として、入院した場合には、詳細(時期、事由、治療の期間)を以下に明記し、医師の報告書を添付すること。)

### 2b. Other Undisclosed Conditions

(その他引き続いている健康状況)

Other than those stated in 2a., have you ever been treated for any other serious diseases, injuries, and/or medical conditions, including but not limited to heart disease, blood disease, auto immune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving permanent damage? If yes, you must provide details below AND have your doctor fill out the Physician's Form.

(2aに明記した以外で、過去に心疾患、血液疾患、自己免疫疾患、癌、てんかん、先天性疾患、再発性のある病気、キャリア状態の病気(肝炎等)、現在に後遺症が残る病気及び怪我を含む深刻な病気や怪我または病態で治療を受けたことがあるか。該当する場合には、詳細を明記し、医師の報告書を添付すること。)

### 3. History of Nervous or Mental Conditions in Your Lifetime

(神経・精神的疾患に関する病歴)

**Have you ever** suffered from any nervous or mental disorders? If yes, you must provide details below AND have your doctor fill out the Physician's Form. Please note that we may contact your doctor if further information is necessary.

(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。)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anxiety (神経不安症)         | <input type="checkbox"/> Depression (うつ病)                      | <input type="checkbox"/> Obsessive-Compulsive Disorder (強迫神経症)           |
| <input type="checkbox"/> Bipolar Disorder(双極性障害) | <input type="checkbox"/> Attention Deficit Disorder (ADD)      | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Eating Disorder (摂食障害)  | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Other (その他)                                     |

### 4. Foreseeable Difficulty in Navigating Stairs

(階段の昇降で予見される困難)

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で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. Allergies

(アレルギーについて)

What allergies do you have, if any? Are you currently undergoing treatment? If yes, provide details.

(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. Medications

(投薬について)

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. Eyesight and Hearing

(視力と聴力について)

Are you color blind or do you have any disabilities related to your eyesight or hearing? (Excluding the use of prescription glasses and contact lenses to correct vision) If yes, please provide details. If you have a driver's license, please describe whether it affects your ability to drive.

(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)   ☐ Colorblindness (色盲)   ☐ Hearing Impaired (聴覚障害)

If you provided information for question 7 and have a driver's license, does this affect your ability to drive?

☐ Yes   ☐ No

(もし7に該当し、運転免許を所持している場合、運転能力に影響はあるか。)

## 8. Dietary Restrictions

(食事制限について)

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)

### Food

☐ 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 (果物)   ☐ Other (その他)

### Reasons

☐ Allergies (アレルギー)  
☐ Religion (宗教上)  
☐ Other medical reasons (その他の疾病のため)  
☐ Other (その他)

## 9. Other Health Related Issues or Disabilities

(その他健康にかかわる問題や障害)

Please explain any other health-related issues/ disabilities (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)

## 10. Tattoos or Piercings / Miscellaneous

(タトゥー・ピアス／その他について)

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)

**I understand that false statements may result in disqualification from the Programme.**

**I also understand that if I suffer, or have ever suffered from any physical or mental illness, I must also submit the Physician's Form in which my physician clearly states my ability to live and work overseas on the JET Program.**

(申告書に虚偽の申告をした場合、本プログラムへの参加資格を取り消されることがあることを理解しています。また、過去及び現在において、いかなる身体的・精神的疾患を有する場合にも、JETプログラム参加者として海外で働き、生活をするできると医師により明確に記載されている診断書を提出する必要があることを理解しています。)

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(応募者自署) (日付)



## THE 2021 JAPAN EXCHANGE AND TEACHING (JET) PROGRAMME

## STATEMENT OF PHYSICIAN

Explanation of items as indicated by patient

**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 Japan as a:

- **Assistant Language Teacher (ALTs)** work for local boards of education to assist in foreign language instruction at primary, junior and senior high schools.
- **Coordinator for International Relations (CIRs)** work in local public offices or international exchange organisations handling international projects, exchange programmes, interpretation, etc.
- **Sports Exchange Advisor (SEAs)** work in local boards of education to assist with sports and physical education in schools and the local community.

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 the JET Programme can be both **emotionally** and **physically** demanding. Participants must adapt to working and living in a different culture and may be placed in rural areas **with limited access to mental and or physical health care services** in their native language(s). **If a candidate is experiencing current medical difficulties, physical or psychological, or has only recently recovered from such difficulties, the adjustment demands of the JET Programme can severely exacerbate the participant's conditions or be cause for a relapse.** 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 accurate information so as to better meet any special requirements applicants may have.

**Applicant's Name:**

**Name of Medical Condition** is to be filled in by the applicant (from Self-Report of Medical Condition(s) 1, 2a, 2b, 3 etc.)

**Please note ANY missing medical history may postpone or even PREVENT participation.**

**All other medical details** should be completed by the examining physician. Physician must not be a relative of the applicant.

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

Filled out by APPLICANT		Filled out by PHYSICIAN		
Medical Condition	Details and Explanation:	Prescribed Medicines	Amount/ Frequency and period taken	Regular Check-Ups (frequency)

To be completed and signed by the examining physician.

**Are there any additional medical conditions not listed above or special consideration to be noted regarding this applicant's participation on the JET Programme?**

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. It may be necessary for the applicant to submit medical import forms for certain medication.