

2025 JET PROGRAMME APPLICATION FORM

第 39 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. Dates should be formatted as YYYY/MM/DD. (日付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。)

** The use of personal information submitted by applicants during the application period is limited to Programme selection, placement, travel arrangement, and orientation use by the Embassies and Consulates of Japan; Ministry of Internal Affairs and Communications (MIC); Ministry of Foreign Affairs (MOFA); Ministry of Education, Culture, Sports, Science and Technology (MEXT); CLAIR; contracting organisations, including host prefectures and designated cities; and private contracting companies in charge of services related to the management of the Programme.*

The personal information (name, date of birth, nationality, email address) of those selected as JET Programme participants may also be made available to JET Alumni Associations (JETAA) for use in providing information during and after Programme participation.

*Personal information may also be shared with the aforementioned organisations after the arrival of participants in Japan for administrative matters (**) in cases of emergency or early termination of participation on the Programme.*

*** Specific details about relevant administrative matters are listed below:*

- 1) Replacement of a participant in the case of early termination of participation
- 2) Settlement of insurance matters and financial discrepancies
- 3) JET Accident Insurance contract and management-related matters
- 4) Amendment of the list of participants
- 5) Response to an emergency situation
- 6) Other procedures necessary for the smooth management of the Programme

※本申請書に記載された個人情報については、在外公館、総務省、外務省、文部科学省、CLAIR、都道府県、政令指定都市、任用団体及びJETプログラムに係る業務受託者に提供され、選考、配置、渡航、オリエンテーションの実施及びJETプログラムの運営(※)のために使用される。

JETプログラムに参加することとなった者の個人情報のうち氏名、生年月日、国籍、メールアドレスは、プログラム参加中や終了後の各種情報提供に使用するために、元JET参加者の会(JETAA)に提供される場合がある。

また、任用後に緊急事態が発生した場合又は参加期間途中において中途退職する場合にも、その時期、理由等を上記関係各機関に連絡することがある。

※ ここでいうJETプログラムの運営とは、具体的に以下のことを指す。

- 1) 中途退職者の補充業務
- 2) 各種負担金の請求・払戻業務
- 3) JET 傷害保険に伴う契約や管理
- 4) JET プログラム参加者リストの更新
- 5) 緊急事態が生じた場合の対応
- 6) その他JETプログラムの円滑な運営に必要な業務

1. Position Type for Which You Are Applying (応募職種)

- ALT (Assistant Language Teacher) (外国語指導助手)
- CIR (Coordinator for International Relations) (国際交流員)
- 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 and name 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 an Embassy or Consulate General of Japan in the country whose nationality you possess.

※チャート1に記された4桁の面接地コード及び名称を入力すること。リストにない場合は具体的な名前を記入すること。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 on your passport. (※パスポートと同じ名前を記載すること。)

中国からの応募者のみ：漢字表記も記載すること。

For Chinese applicants only: Please write your name in Chinese characters.

(姓)

(名)

4. Sex (性別) Male (男) Female (女) Other (その他)

* There may be procedures in Japan for which you will be required to select either 'male' or 'female' for gender.

※日本国内での手続きでは、性別において男性か女性を選択する必要がある場合がある。

5. Date of Birth (生年月日)

Year (年)

Month (月)

Day (日)

Age (as of 1 April 2025) (年齢 2025

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-letter code and name of your nationality. If your nationality is not listed, enter only its name in full.

※チャート2に記された2桁の国籍コード及び名称を入力すること。リストにない場合は具体的な名前のみを記入すること。

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 (place of longest residence) (出身州・出身地：最も長く住んでいた場所を記入すること。)

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Home State (出身州)

Hometown (出身地)

* Using Chart 3 of the chart sheet, please enter the abbreviation and name of your home state and hometown/province/county/district. If no abbreviation is listed, enter only its name in full.

※チャート3に記された3桁の出身州等の略語及び名称を入力すること。リストにない場合は具体的な名前のみを記入する。

8. Current Address, Telephone Number, and Email Address (現住所及び電話番号、Email アドレス)

Current Address (現住所) :

Telephone Number (電話番号) :

Email Address (Email アドレス) :

* If possible, write an email address which you expect to use continuously before you come to Japan, during your stay in Japan, and after you return home. Please refrain from using a university (.edu, .ac, etc.) or other temporary email address.

※可能な限り、来日前から日本滞在中、帰国後においても使い続けることが予想される Email アドレスを記入すること。「.edu」、「.ac」のような大学のアドレスや一時的に使用しているアドレスは記入しないこと。

9. Criminal History (犯罪歴)

Have you ever been arrested, charged, or convicted of any crime (including juvenile offences and those which you believe to have been expunged or otherwise removed from your record), other than a minor traffic offence (i.e., speeding or parking ticket)?

スピード違反、駐車違反等の軽微な交通違反を除き、これまでに何らかの犯罪で逮捕され、起訴または有罪となったことがあるか (記録から抹消されていると考えられるものや青少年犯罪を含む)

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 as of the time of submitting this 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 your criminal history, may result in disqualification.

※該当する場合は、応募時に犯罪の性質、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、虚偽の申請をした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 going 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 (専攻科目)

* Using Chart 4 of the chart sheet, please enter an appropriate two-digit code and name for your specialisation.

※チャート4に記載された2桁の専攻科目コード及び名称を記入のこと。

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If you specialised in two or more subjects (double-major) or had a sub-specialisation (minor), please write them (code and name) below.

専攻が2つ以上または副専攻がある場合はコード及び名称を記入すること。

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 Attendance (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 place of 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週間当たりの時間数)
	From To			
	From To			
	From To			

13. Teaching/Coaching Background (教職歴及びコーチ歴)

13a. Teaching Background (for ALTs and CIRs only) (教職歴 : ALT 及び CIR 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週間あたりの時間数)
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 the following?

Teacher Certification (教職資格) Yes (はい) No (いいえ)

TEFL/TESL/ESOL 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/Award(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/Award(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)

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 spaces.

(日本語能力を自己評価の上、該当欄に「x」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 Level (資格と取得級) : _____

Date Earned (取得日) : _____

* Please attach certification documents (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。)

(b) Other Language Proficiency: Evaluate your level and insert an 'X' where appropriate.

(その他の言語能力を自己評価のうえ、該当欄に×印を記入すること。)

Other Language (その他の言語)	Excellent (優)	Good (良)	Fair (可)	Poor (不可)

19. Other Activities (その他の活動)

(a) Honours, Awards, Scholarships, etc. (表彰等)

(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)

20. Are you applying for 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 provide details below. (もしあるなら詳細を記入すること)

21. Have you ever participated in 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)

Participation 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 the following point in the application process and due to the following 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. Provide the following information if you plan to bring or live with a spouse/partner or children in Japan.

(配偶者・パートナーまたは子を日本に同伴する、または同居する予定がある場合は、同伴者・同居者の以下の情報を記入すること。)

* Please fill in this information accurately, as it is required for placement. In addition, please be aware that only spouses/partners and children with whom you have a verifiable legal relationship can qualify as accompanying dependents.

※配置先での受け入れにあたって必要な情報となるので、正確に記入すること。また、同伴扶養家族として認められるのは、法的に関係性を証明できる配偶者・パートナー及び子のみであることにご留意ください。)

Name (氏 名)	Relationship (続 柄)	Age (年 齢)	Sex (性別)	JET Applicant (JET 応募 者)

24. Do you possess a full driving licence? (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 licence and do not have a full driving licence.

※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. Placement Preference (配置希望)

* JET participants are assigned to contracting organisations all over Japan. Please note that your placement may not align with your preferences.

※JET プログラム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

(島嶼)

Rural

(地方)

Urban

(都市部)

No Preference

(希望なし)

* Please select only one.

※いずれか1つにチェックしてください。

(b) Block/Prefecture/Designated City Preference (希望場所)

	Block (地区)		Prefecture/ Designated City (県・市)		Reason (理由)
	Code コード	Name 名称	Code コード	Name 名称	
First Choice 第一希望					
Second Choice 第二希望					
Third Choice 第三希望					

* Using Chart 5 on the chart sheet, please denote your preference using either a single-letter block code (A-H or N) followed by a two-digit code (01-67; for a specific prefecture/designated city) or a single-letter block code alone (for a region). Please also fill in the names of your preferences.

** If you wish to engage in disaster-recovery volunteer activities, please indicate so above.

※チャートシートのチャート5を使用し、地区コード(A~H,N)に県・市コード(01~67)及び名称を続けて入力(特定の都道府県・政令指定都市を選択する場合)若しくは地区コード(A~H,N)及び名称を入力(地域を選択する場合)し、ご希望の地域をご指定ください。

※災害復興ボランティア活動に従事することを希望される場合は、上記にその旨をご記入ください。

(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 (for CIR Applicants only)

(国際経済交流分野への関心：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, 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, the United Kingdom, the United States, and the Philippines only

※英語圏 CIR 応募者のみ

If you are not offered a CIR position but are still eligible as an ALT applicant, would you like to be considered for an ALT position?

CIR には選ばれなかったが、ALT 志願者としての応募資格がある場合、ALT としての参加を希望しますか。

Yes (はい) No (いいえ)

26c. Early Arrival Placement (For ALT and CIR Applicants from Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, Singapore, South Africa, Trinidad and Tobago, the United Kingdom, the United States, and the Philippines only; and only for ALT Applicants from India)

(4月(以降早期)来日の希望：英語圏 ALT 及び CIR 応募者のみ)

If you are offered an early placement in or after April but before the designated summer arrival dates, would you like to accept the position?

早期の配置を必要とする団体から要望がある場合、4月来日または早期来日に同意しますか。

Yes (はい) No (いいえ)

* If you select 'Yes', please bear in mind the following:

- You must submit your Criminal Record and Certificate of Health to the Embassy or Consulate General at the time you submit this application.
- The time between receiving notice of your placement to departure is very short, only one month. Early Arrival Placement participants may be asked to depart anytime between 7 April and 26 July.
- Please note that the answer to this question will not influence the selection results. Answering 'Yes' and later withdrawing from Early Arrival Placement will result in your disqualification, so please consider your response carefully.

※4月(以降早期)来日を希望する場合は、以下の点に留意してください

- 応募時に犯罪歴証明書と健康診断書を大使館又は総領事館に提出してください。
- 採用通知から出発までの間は1か月と非常に短く、早期来日の場合は4月7日から7月26日の間、いずれの日も出発日となりうる可能性があります。
- この回答が選抜結果に影響することはありません。また、辞退した場合は参加資格を失うことから、回答については慎重を期してください。

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"/> Kenjinkai: _____
<input type="checkbox"/> Social Media: _____	<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 Number (電話番号) :

Email Address (E メールアドレス) :

iii) Occupation (職業) :

iv) Relationship to Applicant (本人との関係) :

29. Please fill out the attached 'Self-Report of Medical Conditions'. If you currently have or have ever had any physical or mental conditions, please provide details and, if applicable, attach a Statement of Physician form filled out by your physician stating whether you are fit to participate on the JET Programme and to live and work overseas.

(「健康状況自己報告書」を記入のこと。身体及び精神の病歴がある場合は、その詳細と、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診断書を添付のこと。)

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 not to 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 or 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、外国語指導助手又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、職務又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)

THE JAPAN EXCHANGE AND TEACHING PROGRAMME 2025 SELF-REPORT OF MEDICAL CONDITIONS

(健康状況自己報告書)

Name of Applicant: _____
(as printed on 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) (生年月日)

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 Programme.

If you currently have or have ever had any physical or mental conditions, please attach an explanation from your physician using the 2025 Statement of Physician stating whether you are fit to participate in the 2025 JET Programme 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、2025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2025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 (other than acne, common colds, fevers, visits to OB/GYN facilities, or consultations for requesting contraception)? If yes, you must provide details below as to when, why, and for how long you have been receiving treatment AND have your doctor fill out the Statement of Physician.

(現在通院や治療・薬物治療を受けているか(ニキビ、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、治療の期間など)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 hospitalisation, please provide details below as to when, why, and for how long you received treatment AND have your doctor fill out the Statement of Physician.

(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。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 serious diseases, injuries, and/or medical conditions, including but not limited to heart disease, blood disease, autoimmune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving chronic or lifelong effects? If yes, you must provide details below AND have your doctor fill out the Statement of Physician.

(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、がん、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 Mental Health or Developmental Disorders in Your Lifetime (精神的疾患・発達障害に関する病歴)

Have you ever been diagnosed with any mental health disorders (such as anxiety, depression, eating disorders) or developmental disorders (including ADD and ADHD)? If yes, even if it was a minor case or a condition you have recovered from, you must provide diagnosis and treatment details below AND have your doctor fill out the Statement of Physician. If you are currently undergoing therapy, please also include the frequency and type (i.e., in-person or online). Please note that we may contact your consulate or embassy if further information is required.

(過去に精神的疾患(例:不安神経症、鬱病、摂食障害等)または発達障害(例:ADD、ADHD)に診断されたことがあるか。(軽度の疾患、完治・寛解した疾患を含む。)もしある場合、診断や治療の詳細を明記し、医師の報告書を添付すること。セラピーを受けている場合、頻度および形式(対面かオンライン)の詳細も記載してください。必要時には在外公館への問い合わせを行う旨をご了承ください。) *失読症などの学習障害は問9に記載してください。

- | | | |
|---|--|--|
| <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"/> Autism Spectrum Disorder (ASD/自閉症) |
| <input type="checkbox"/> Gender Dysphoria (性別違和) | <input type="checkbox"/> Other (その他) | |

4. Non-medicated Learning Disabilities (学習障害などについて)

If you have non-medicated learning disabilities such as dyslexia, please provide details. Please include details of any complications or educational support needs for reading and writing handwritten/typed text.

(ディスレクシアなどの学習障害がある場合は、詳細を以下に明記すること。特に、手書き及びタイプされた文字の読み書きにおいて、特殊事情や教育的支援が必要な場合は、その詳細をご記入ください。)

5. Eyesight and Hearing (視力と聴力について)

Are you colour 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 licence, please also 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。)

- | | | |
|---|--|--|
| <input type="checkbox"/> Legally Blind (視覚障害) | <input type="checkbox"/> Colour Blind (色盲) | <input type="checkbox"/> Hearing Impaired (聴覚障害) |
|---|--|--|

If you provided information for question 4 and have a driver's licence, does this affect your ability to drive?

- Yes No

(もし4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。)

6. 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 and/or carrying heavy items on a daily basis? If yes, please explain.

(数階分の階段の昇降や荷物の運搬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。)

7. 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、治療は受けているか。詳細を以下に明記すること。)

8. Dietary Restrictions (食事制限について)

Are there any foods or substances that, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical reasons, religion, 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

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Beef
(牛肉) | <input type="checkbox"/> Chicken
(鶏肉) | <input type="checkbox"/> Dairy Products
(乳製品) | <input type="checkbox"/> Eggs
(卵) |
| <input type="checkbox"/> Gluten
(グルテン) | <input type="checkbox"/> Tree Nuts
(ナッツ類) | <input type="checkbox"/> Peanuts
(ピーナッツ) | <input type="checkbox"/> Pork
(豚肉) |
| <input type="checkbox"/> Wheat
(小麦) | <input type="checkbox"/> Shellfish
(貝類・甲殻類) | <input type="checkbox"/> Soy
(大豆) | |
| <input type="checkbox"/> Finfish
(魚類) | <input type="checkbox"/> Fruit
(果物) | <input type="checkbox"/> Other ()
(その他) | |

Reasons

- | |
|---|
| <input type="checkbox"/> Allergies (アレルギー) |
| <input type="checkbox"/> Religion (宗教上) |
| <input type="checkbox"/> Other medical reasons
(その他の疾病のため) |
| <input type="checkbox"/> Other ()
(その他) |

9. 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 for common colds/viruses, oral contraceptives, or acne medications), please give details including the name of the medication, purpose, and period taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., and 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。)

If you are currently taking medication which is illegal in Japan (including many amphetamines such as Adderall), will you change or cease to take said medication before arrival in Japan? If yes, you will need to submit an additional Statement of Physician at a later time.

(現在、日本での違法薬物(アデロールなど、多くのアンフェタミンを含む)を服用中の場合、来日前に代替薬に変更する又は服用を中止するか。該当する場合には、後日医師の報告書を提出すること。)

- Yes No Not applicable

10. 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. learning disabilities such as dyslexia, use of a 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：学習障害、車いすの使用、治療中の事項等)

I understand that false statements may result in disqualification from the JET Programme. I also understand that if I have or have ever had any physical or mental condition, I must also submit the Statement of Physician in which my physician clearly states my ability to live and work overseas on the JET Programme.

(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、生活をする事が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 2025 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 their health as indicated on their Self-Report of Medical Condition(s). The applicant, if chosen, may be offered a year-long contract to work in Japan as a(n):

- **Assistant Language Teacher (ALT)** working for a board of education in foreign language instruction at primary, junior high, and senior high schools.
- **Coordinator for International Relations (CIR)** working in a local public office or international exchange organisation handling international projects, exchange programmes, interpretation, etc.
- **Sports Exchange Advisor (SEA)** working in a board of education to assist with sports and physical education in schools and the 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 it can be **emotionally** and **physically** demanding. Participants must adapt to working and living in a new culture and may be placed in rural areas **with limited access to mental and/or physical healthcare services** in their native language(s).

If a candidate experiences medical difficulties, physical or psychological, or has only recently recovered from such difficulties, the adjustment demands of the Programme can severely exacerbate those conditions or be cause for relapse.

Information provided in this form may be used both to determine eligibility and to assign workplaces, so accurate information is essential for meeting any special requirements applicants may have.

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

All other medical details should be completed by the examining physician, including dates of diagnosis and recovery (if applicable). 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.

Applicant's Name:

For APPLICANT	For PHYSICIAN <i>(must be completed and signed by the examining physician)</i>				
Medical Condition	Details and Explanation	Prescribed Medicine(s)	Amount, Frequency	Frequency of Check-Ups/ Therapy	Status <u>(check one)</u>
	Diagnosed (MM / YYYY)		<input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Online/Phone <input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Ongoing <input type="checkbox"/> Recovered/ In Remission as of (MM / YYYY)
	Diagnosed (MM / YYYY)		<input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Online/Phone <input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Ongoing <input type="checkbox"/> Recovered/ In Remission as of (MM / YYYY)
	Diagnosed (MM / YYYY)		<input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Online/Phone <input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Ongoing <input type="checkbox"/> Recovered/ In Remission as of (MM / YYYY)
	Diagnosed (MM / YYYY)		<input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Online/Phone <input type="checkbox"/> Ended (MM / YYYY)	<input type="checkbox"/> Ongoing <input type="checkbox"/> Recovered/ In Remission as of (MM / YYYY)

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 a minimum of 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.