

Entry Form for JENESYS 2.0

(Name of 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	Name		Full Name (Exactly the same as your passport)	
			English	
	Given name (English)		Family Name (English)	Middle Name (if any)(English)
Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)		
Date of Birth	Day/Month/Year		Age (as of the day of the flight to Japan)	
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)	(Year)	(Day) (Month) (Year)
Current Address	Address			
	Tel		Fax	
	Mobile		E-mail	
Contact Person in <u>Emergency</u> *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.	Name	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: <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. "Letter of Consent "(Attached form) and a permission letter by doctor are required. 2. Medical treatment cost related to the cronic 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 cannot participate in JENESYS2.0 owing to the below reasons. ・Maternal and child health
Food Allergies (only for physical 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 ()
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.
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

Information of your School/Organization	Name of School or Organization		Location: (city,province)	
	Field of study(for university student only)			
	Grade/school year (for student) as of the day of the flight to Japan		Tel:	
	Title (for supervisor only)		Fax:	
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 experienc	Year or Month

4. Personal Activities

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

5. 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 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.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Agreement of the Use of Personal Information

I hereby agree to the use of my personal information for the purpose of the operation of JENESYS2.0 in accordance with ANNEX.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

ANNEX

About Personal Information Protection Law for JENESYS 2.0

In 2005, Personal Information Protection Law took fully effect in Japan. Therefore, personal information collected under the JENESYS 2.0 shall be treated in compliance with this law when we utilize the collected personal information for the project. For that matter, please be kindly understood the following contents.

Handling of Personal Information

The Japan International Cooperation Center (JICE) ensures the appropriate handling of personal information. We kindly request you carefully read the following and give your consent to the provision of personal information.

JICE will be collecting personal information for the purpose of operating the JENESYS 2.0 and making reports of the program and also for the use of our PR materials. (website, annual report etc.) Personal information collected by the center will not be used for any other purpose.

Personal information may include the religion in order to operate the JENESYS 2.0.

The center may outsource the handling of personal information to travel agencies and publishers in order to operate the JENESYS 2.0 and make reports of the program and also for the use of our PR materials.

The center may also provide personal information to a third party under the following conditions in order to perform the JENESYS 2.0 by means of Postage, fax or E-mail.

- | | |
|---|---|
| (1) Recipient | : Ministry of Foreign Affairs of Japan, ASEAN Secretariat, the cooperating high schools, host families, travel agencies, publishers and etc |
| (2) Reason for provision | : Operating and reporting the JENESYS 2.0 |
| (3) Items of personal information disclosed | : Information described in the Entry Form and the passport.
Photographs and videos taken by JICE staffs during the program |

The disclosure of personal information to the center is left to the sole discretion of the individual. However, there are times when it is impossible to pass suitable judgment in relation to operating the JENESYS 2.0 without access to certain personal information.

You have the right to be informed of the usage of your personal information as per this communication and request the access to, changes, additions and/or deletion of items of personal information held by the center and the discontinued use and/or removal of your personal information.

Please contact the Personal Information Consultation Counter below if you wish to have access to your personal information held by the center.

Japan International Cooperation Center, General Affairs Department, Personal Information Consultation Counter
TEL: +81-3-5925-7499 E-mail: privacy@jice.org

Inquiries regarding JENESYS 2.0

JICE Planning & Administration Division, International Exchanges Department
TEL: +81-3-5925-7530

(JAPAN)

1. Personal Information

* Please fill in the form in BLOCK LETTERS

Photo (taken within 3 months) Please write your name on the back of	Name Full Name (Exactly the same as your passport) English <i>TARO YAMADA</i>	
	Given name (English) <i>TARO</i>	Family Name (English) <i>YAMADA</i>
	Middle Name (if any)(English) <i>DAVID</i>	
	Full Name (in Mother language) <i>山田太郎</i>	
Nickname (Please specify the name you would like to be called) <i>TARO</i>		
Date of Birth Day/Month/Year <i>25/12/1989</i>	Age (as of the day of the flight to Japan) <i>18</i>	
Nationality <i>Japanese</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Religion <input checked="" 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 <i>Japanese</i>	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	
Passport**	Number <i>TG123456</i>	
	Type of Passport <input checked="" type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
Date of Issue (Day) (Month) (Year)		
Date of Expiry (Day) (Month) (Year)		
Current Address <i>kita shinjuku 1-2-4, tokyo, Japan 123-0045</i>		
Tel <i>03-999-9999</i> Fax <i>03-456-9999</i>		
Mobile <i>030-456-9999</i> E-mail <i>taro@yamada.co.jp</i>		
Contact Person in Emergency *It shall be your parent. *If you live with him/her, please leave address blank.	Full Name <i>TAICHI YAMADA</i>	
	Relationship <i>father</i>	
	Address <i>minami shinjuku 5-6-7, tokyo, Japan 123-0099</i>	
	Tel <i>03-456-7890</i> Fax <i>03-456-7890</i>	
	Mobile <i>03-456-7890</i> E-mail <i>taichi@yamada.co.jp</i>	
Profession/Occupation: <i>Singer</i>		
*If you do not have phone at your current address, please write contact person and	Name	
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 checked="" type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know
Health Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Having Chronic disease: <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. "Letter of Consent " (Attached form) and a permission letter by doctor are required in the pre-departure orientation. 2. Medical treatment cost related to the chronic disease is not covered by the programme
Medicine	<input checked="" 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 owing to the below reasons. ・Maternal and child health
Food Allergies (only for physical reason)	<input checked="" 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"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
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Other Allergies and Restriction	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input checked="" type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

Information of your School/Organization	Name of School or Organization <i>Shinjuku high school</i>		Location: (city, province) <i>Tokyo</i>	
	Field of study (for university student only)			
	Grade/school year (for student) <i>as of the starting day of the programme</i>		<i>3rd</i>	Tel: <i>03-567-1111</i>
	Title (for supervisor only)		Fax: <i>03-567-1112</i>	
Language	English Proficiency certificated score (if any, e.g. TOEFL)		<i>TOEFL 250</i>	
	Level of English		Level of Japanese	
	Speaking: <input checked="" type="checkbox"/> Good Fair Poor		Speaking: Good Fair <input checked="" type="checkbox"/> Poor	
	Writing : Good <input checked="" type="checkbox"/> Fair Poor		Writing : Good Fair <input checked="" type="checkbox"/> Poor	
	Reading : <input checked="" type="checkbox"/> Good Fair Poor		Reading : Good Fair <input checked="" type="checkbox"/> Poor	
Other Language		Japanese learning experience	Year or Month	

4. Personal Activities

	Activities	Period of Involvement
Sports/Clubs	<i>ski</i>	<i>2 years</i>
Hobbies	<i>drawing the cartoon</i>	<i>5 months</i>
Academic Awards (if any)	<i>first prize in English contest</i>	

5. Other Information

Have you ever been to Japan before?	Yes	<input checked="" type="checkbox"/> 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 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.

Signature:

Date: 24 / 10 / 2012

(Day/Month/Year)



Agreement of the Use of Personal Information

I hereby agree to the use of my personal information for the purpose of the operation of JENESYS 2.0 in accordance with ANNEX.

Signature:

Date: 24 / 10 / 2012

