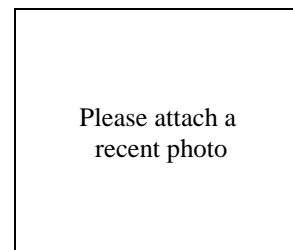


# The Japan Foundation Study-Tour Program 2008

For Secondary-School Educators

## PARTICIPANT'S DATA SHEET



DATE:

SIGNATURE:

\*This Data Sheet will be used solely for the purpose of this program

\*Please type or write in **BLOCKLETTERS** in English

|   |   |                       |                |  |              |
|---|---|-----------------------|----------------|--|--------------|
| Name  | Family  | First                 | Middle         |  |              |
|   | *Please write down your name exactly as it appears in your passport |                       |                |  |              |
| Date of Birth:  | Year  | Month                 | Day            | Sex  | Nationality: |
|   | 19  | /                     | /              | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |              |
| Home Address:   |   |                       | Tel:           |  |              |
|   |   |                       | Fax:           |  |              |
|   |   |                       | Mobile:        |  |              |
|   |   |                       | E-Mail :       |  |              |
| Present Occupation  | Name of School, Institution   | In English:           |                |  |              |
|   |   | In Original Language: |                |  |              |
|   | Position  | In English:           | Specialization | In English:  |              |
|   | Office Address  |                       |                |  | Tel:         |
|   |   |                       | Fax:           |  |              |
|   |   |                       | E-Mail:        |  |              |
| Curriculum Vitae  | Education   | Institution           | City           | Duration   | Subject      |
|   | Occupation  |                       |                |  |              |
| Nearest Airport:  |   |                       |                |  |              |
| Meal Restriction, If Any : <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |                       |                |  |              |
| If "Yes"→ in detail   |   |                       |                |  |              |
| Health Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor   |   |                       |                |  |              |
| If "Poor"→Explain   |   |                       |                |  |              |
| Previous Stay in Japan, If Any: <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                       |                |  |              |
| If "Yes"→ Duration  |   |                       |                |  |              |
| English-Language Proficiency : <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None |   |                       |                |  |              |
| *please note that the common language during this study tour will be English, and all the participants are required to have English language proficiency                                  |   |                       |                |  |              |

# OUTLINE OF SCHOOL

\*Name of School

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\*Status of School (Private, Public, etc)

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\*Year of Foundation

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\*Total Number of Teachers

\*Total Number of Students

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\*Working Hours for Teachers

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\*Class Hours per Teacher per Week

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\*Brief Outline of Career taken by Students after Graduation

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What is your main interest during your stay in Japan?

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Please write anything of your interest or activities besides your career as a teacher, including your hobbies.

\* Please note that this information will be given to your Japanese host family

## SELF-ASSESSMENT OF HEALTH

|                                      |  |  |
|--------------------------------------|--|--|
| Name of Applicant ( in block letter) | Sex <input type="checkbox"/> Female<br><input type="checkbox"/> Male | Date of Birth    Year    Month    Day<br>19    /    /  |
| Name of Applicant Institution        | Country  | Blood Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB<br>( <input type="checkbox"/> Rh+ <input type="checkbox"/> Rh- ) |

1. Do you have any disease or problem in your present health condition that should be reported to the Japan Foundation before travel to Japan such as: chronic disease, disease or injury under treatment, pregnancy, or any kind of mental or physical disorder?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

If your answer is "Yes", then please describe concretely your present condition:

2. Do you have any food restrictions?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

If your answer is "Yes", then please describe concretely the restricted food below:

3. Have you ever traveled abroad before?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

If your answer is "Yes", then please describe your most recent trip as an example below:

**Country:** \_\_\_\_\_ **Duration: from 20**    /    / **to 20**    /    / .

4. Conclusion

1. In your opinion, how is your present health and physical condition?

**Your Answer**     **Good**     **Fair**     **Poor**    \_\_\_\_\_

2. In your opinion, are you physically able to go abroad to participate in a study-tour programme?

**Your Answer**     **Yes**     **No**    \_\_\_\_\_

|  |   |
|--|---|
| Passport details<br><b>PASSPORT N:</b> _____ | <b>Validity: from 20</b> /    / <b>to 20</b> /    / |
|--|---|

I hereby inform you of my health condition as described above. There is no dishonest description in the contents of my report.

Date : 20    /    /

Signature : \_\_\_\_\_