

(Batch Name: Timor-Leste 2nd Batch)
(Your Country: Timor-Leste)

Req.No.

1. Personal Information

*** Fill in All the Columns and Sections. Blank Columns are Not Accepted.**

<div>Photo (taken within 3 months) Please write your name on the back of your photo.</div>	<div>Name</div> <div>Full Name (Exactly the same as your passport) English</div>				
	<div>Given name (English)</div>	<div>Family Name (English)</div>	<div>Middle Name (if any)(English)</div>		
	<div>Full Name (in Mother Language)</div>		<div>Nickname (English) (the name you like to be called)</div>		
<div>Date of Birth</div>	<div>Day/Month/Year</div>		<div>Age</div>		
<div>Nationality</div>			<div>Sex</div>	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>	
<div>Marital Status</div>	<div><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</div>				
<div>Religion</div>	<div><input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> No Religion</div> <div><input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()</div>				
<div>Mother Tongue</div>					
<div>Passport</div> <div>If you have no passport, leave this section blank.</div>	<div>Number</div>		<div>Type of Passport</div> <div><input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official</div>		
	<div>Date of Issue</div> <div>Day Month Year</div>		<div>Date of Expiry</div> <div>Day Month Year</div>		
<div>Social Media User Account(s)</div> <div>(on a voluntary basis)</div>	<div>Facebook</div>	<div>Twitter</div>	<div>Instagram</div>	<div>others</div>	
<div>※MOFA and JICE may use your postings related to JENESYS through the SNS in its reports and website, that will possibly be open to the public.</div>					
<div>Current Address</div>	<div>Address :</div>				
	<div>Tel :</div>				
	<div>Mobile :</div>		<div>E-mail :</div>		
<div>Contact Person in case of Emergency</div> <div>*It should be your parent.</div>	<div>Full Name :</div>				
	<div>Relationship : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ()</div>				
	<div>Address :</div>				
	<div>Tel :</div>				
	<div>Mobile :</div>		<div>E-mail :</div>		
<div>*If you have no phone at your address, write a contact phone number.</div>	<div>Phone Number :</div>		<div>Holder's Name :</div>		<div>Holder's E-mail :</div>

2. Health Condition

* Fill in All the Columns and Sections. Blank Columns are Not Accepted.

Health Condition	<input type="checkbox"/> Good (Nothing to Declare Below)	
	<input type="checkbox"/> I Have Been Diagnosed (Serious Disease): (Name of Disease: _____ → <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment) <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"/> Others (_____)	
Medicine	<input type="checkbox"/> Not Taking Any Medicine <input type="checkbox"/> Taking Medicine Regularly (Name of Medicine: _____)	
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 religious or custom reason) <small>*Check items even if you are pure vegetarian.</small>	<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 (_____)	
	<small>*Meals during the program will be prepared based on the above information, however, they may not meet all the requests or restrictions.</small>	
Other Allergies or Restrictions	<input type="checkbox"/> none Physical Reason: <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others (_____)	
	Religious or Custom Reason: <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others (_____)	
Smoking Habit	<input type="checkbox"/> Yes <input type="checkbox"/> No ※Smoking under 20 is prohibited by Japanese Law. ※JICE may use this information for homestay arrangement.	

* Fill in All the Columns and Sections. Blank Columns are Not Accepted.

3. Academic Details/Organization

Students Information of your School <small>Fill in this part even if you are working student.</small>	Name of School		Location (City, Province)	
	Field of Study or Department			
	Grade/School Year		Tel:	
	Title (for supervisor)			
Working Youths Information of your Organization <small>Fill in this part even if you are working student.</small>	Name of Organization		Location (City, Province)	
	Department/Division/Office			
	Title :		Tel:	
Language	Official English Test: <input type="checkbox"/> TOEFL (score: _____) <input type="checkbox"/> TOEIC (score: _____) <input type="checkbox"/> IELTS (score: _____) <input type="checkbox"/> Other (_____)(score: _____)			
	Level of English		Level of Japanese	
	Speaking : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Speaking : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Writing : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Writing : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Reading : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Reading : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Other Language		Japanese Learning Experience	Year or Month

4. Personal Activities

* Fill in All the Columns and Sections. Blank Columns are Not Accepted.

Sports/Clubs	→ How many years ? year(s)
Hobbies/Favorites	
(Sports or Academic, if any)	→ When ?

5. Expectations

What Do You Expect in This Program ? (Write Your Wish, Hope or Desire for the Program in Relation to Your Specific Study, Work or Experience.)	
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6. Visiting Japan

Have you ever been to Japan before?	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No → no need to fill in below.	
If Yes, Who Provided Finance?	Financed By <input type="checkbox"/> Yourself <input type="checkbox"/> Japanese Government, Ministry or Agency <input type="checkbox"/> Other ()	
If Yes, What Was the Purpose ?	<input type="checkbox"/> Private Visit/Study <input type="checkbox"/> Official Program () <input type="checkbox"/> Other ()	
If Yes, When and Where Did You Visit ?	When	Where
If Yes, Length of Stay	<input type="checkbox"/> 3 months or less	<input type="checkbox"/> more than 3 months

Applicants who have visited Japan through any invitation program financed by Japanese Government, Ministry or Agency or those who have studied or stayed in Japan for more than 3 months are not qualified in this program.

Declaration

1. I hereby certify that the filling in and statements by myself in this form are true and correct.

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

2. I hereby agree to all the Terms and Conditions and Qualifications for Participants in the Application Guidelines for JENESYS2016 or JENESYS2016(Theme:Economics).

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

3. I hereby agree to the Handling of Personal Information (Application Guidelines Annex1).

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

4. Parent/Guardian (if applicant is under 18 years of age) :

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