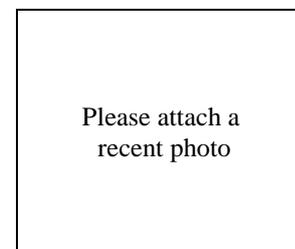


# The Japan Foundation Study-Tour Program 2007

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
		19	/	/		
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 <input type="checkbox"/> Male	Date of Birth    Year    Month    Day 19    /    /
Name of Applicant Institution	Country	Blood Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB ( <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**      \_\_\_\_\_

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 : \_\_\_\_\_