



Republika ng Pilipinas

Kagawaran ng Edukasyon

Tanggapan ng Pangalawang Kalihim

MEMORANDUM

17 July 2017

**FOR: All Regional Directors
ARMM Secretary
Education Support Services Division (ESSD) Chiefs
School Governance and Operations Division (SGOD) Chiefs
Youth Formation Coordinators**

**SUBJECT: CALL FOR APPLICATIONS TO THE JAPAN-EAST ASIA
NETWORK OF EXCHANGE FOR STUDENTS AND YOUTHS
(JENESYS) 2017 PROGRAM**

The Japanese Government, through the Japan International Cooperation Center (JICE) and the Japanese Embassy in Manila in partnership with the Department of Education is now opening the application for the Japan East-Asia Network of Exchange for Students and Youths (JENESYS) 2017.

JENESYS 2017 is a people-to-people exchange program between Japan and the Asia-Pacific region launched by the Japanese government.


The programs aims to promote mutual trust and understanding among the peoples of Japan and the Asia-Pacific region and to build a basis for future friendship and cooperation. It also encourages an understanding and dissemination of Japan's economics, society, history, diverse culture, politics, and diplomatic relations.

For this year, there are two (2) programs under the JENESYS 2017 program through DepEd namely:

- Japan-ASEAN Rugby Youth Exchange
- Japanese Language Communication/Exchange in Japanese culture

To: All School Administrators, Principals
School Heads (Elem. & Secondary)
Public only

FOR YOUR INFORMATION AND GUIDANCE.
PLEASE SUBMIT APPLICATION DOCUMENTS
TO MR. JIMMY SANTOS - PLANNING OFFICE


FEDERICO P. MARTIN, Ed.D. CESO VI
Schools Division Superintendent



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For this year, there are two (2) programs under the JENESYS 2017 program through DepEd namely:

- Japan-ASEAN Rugby Youth Exchange
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Office of the Undersecretary for Administration

(Administrative Services, Information and Communications Technology, Disaster Risk Reduction and Management, Schools Health, Youth Formation, Baguio Teachers' Camp, Education Facilities/School Buildings)

Department of Education, Central Office, Meralco Avenue, Pasig City

Room 519, Mabini Building; Mobile: +639260320762; Landline: +6326337203, +6326376207

Email: usec.admin@deped.gov.ph; Facebook/Twitter @depedtayo



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Each program shall have different set of qualifications and requirements:

Table 1: Important Requirements and Deadlines

Program	Age Requirement	Required Participants by JICE	Application Deadline*
Japan-ASEAN Rugby Youth Exchange	15-18 years old (strictly born between April 1, 1999 to March 31, 2002)	6 male students 6 female students 3 supervisors	August 11, 2017
Japanese Language Communication/Exchange in Japanese Culture	15-18 years old	20 high school SPFL in Nihongo students 2 supervisors	September 8, 2017

*The applicants must submit their JENESYS 2017 application to their respective division office.

A. Qualifications for the Student Participants

- ✓ Must meet the age requirement stated above.
- ✓ For those who wish to apply for the Japanese Language Communication/Exchange in Japanese Culture program, they must be presently majoring in Special Program for Foreign Language (SPFL) in Nihongo in a DepEd school.
- ✓ Philippine passport holder (valid until April 10, 2018 or later)
- ✓ Mentally and physically fit to travel
- ✓ Must be presently enrolled in high school
- ✓ Must have strong interest in the theme of program, Rugby Sport/Japanese Language and Japanese Culture

B. Requirements for the Student Participants

- ✓ **Accomplished JENESYS 2017 Registration Form.** Fill out the form with necessary information and answer in BLOCK LETTERS.
- ✓ **Passport-sized photo.** Staple the passport-sized photo taken within the last three (3) months on the allocated space on the JENESYS 2017 Entry Form.

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- ✓ **VISA Application Form.** Write complete name in BLOCK LETTERS and then sign using ballpoint pen, other areas on the form must be left blank.
- ✓ **45mm x 45 mm photo.** Staple the 45mm x 45mm photo taken within the last three (3) months on the allocated space on the VISA application form.
- ✓ **Original Passport** (valid until April 10, 2018 or later)
- ✓ **Original and updated (2017) NSO Birth Certificate.** Photocopy and/or Expired NSO Birth Certificate will not be accepted.
- ✓ **Scanned copy of Information Page and Emergency Contact Page of Passport**
- ✓ **Scanned copy of Official School Registration Form**
- ✓ **DSWD Clearance.** Fill out the attached DSWD Clearance Form and submit to the nearest DSWD Field Office; DSWD Field Office may require other documentary requirements (*For minor participants only*), (for the requirements, please refer to <http://www.dswd.gov.ph/faqs/travel-clearance-for-minors/>)

Note: Submission of plagiarized documents would mean automatic disqualification to the program.

C. Qualification for Teacher Participants

- ✓ A bona fide Filipino citizen, under the age of 40
- ✓ Philippine passport holder (valid until April 10, 2018 or later)
- ✓ Mentally and physically fit to travel
- ✓ Must have strong interest in the theme of program, Rugby Sport/Japanese Language and Japanese Culture

D. Requirements for Teacher Participants

- ✓ **Accomplished JENESYS 2017 Registration Form.** Fill out the form with necessary information and answer in BLOCK LETTERS.
- ✓ **Passport-sized photo.** Staple the passport-sized photo taken within the last three (3) months on the allocated space on the JENESYS 2017 Entry Form.
- ✓ **VISA Application Form.** Write complete name in BLOCK LETTERS and then sign using ballpoint pen; other areas on the form must be left blank.
- ✓ **45mm x 45 mm photo.** Staple the 45mm x 45mm photo taken within the last three (3) months on the allocated space on the VISA application form.
- ✓ **Original Passport** (valid until April 10, 2018 or later)
- ✓ **Original and updated (2017) NSO Birth Certificate.** Photocopy and/or Expired NSO Birth Certificate will not be accepted.
- ✓ **Scanned copy of Information Page and Emergency Contact Page of Passport**

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- ✓ **Original NSO-certified Marriage Certificate.** Photocopy of Marriage Certificate will not be accepted (For married participants only.)
- ✓ **Approved Travel Authority** (for the requirements, please refer to DepEd Order No. 43 s. 2014) (for qualified applicants only)

Note: Submission of plagiarized documents would mean automatic disqualification to the program

The following are automatically disqualified:

- Applicants who have already studied/stayed in Japan for over three months period
- Applicants who have already participated in JENESYS/KIZUNA, SSEAYP, JICA, Japanese Government (Monbukagakusho: MEXT) Scholarship Program, Invitation Program of Japan Foundation (JF), Japan National Tourism Organization (JNTO), or HIDA.

D. Terms and Conditions of the Program

The Japan International Cooperation Center (JICE) shall cover the ff. program-related expenses:

- Roundtrip economy class ticket from/to the international airport in home country to/from Japan;
- Visa application fee
- Overseas travel insurance
- Accommodation, transportation, and meals within the program in Japan
- Admission fees for scheduled activities in Japan

For the Pre-Departure Orientation and Formation Program, travel expenses within the Philippines from their residence (province) to Manila (NAIA) and back shall be charged against their local funds, MOOE. Board and lodging, and meals for the qualified student and teacher delegates shall be charged against 2017 CO-GAS funds, all subject to the usual accounting and auditing rules and regulations.

Please note that no cash allowance is provided to the participants. Participants shall pay their personal expenses, including passport fee, and purchasing souvenirs or personal goods before or during the program.

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E. Application Procedures

Step 1: Division Level

1. The Division Office (DO) through the School Governance and Operations Division (SGOD) shall receive the application of interested students, and teacher participants from the schools.
2. The Project Development Officer I (Youth Formation Coordinator) shall be the focal person for the JENESYS 2017 receipt of applications in the division level. The YFC shall also facilitate the creation of the division level JENESYS 2017 Screening Committee and conduct an evaluation and interview of applicants.
3. The division level JENESYS 2017 Screening Committee shall ensure that the applicants have met and completed all the documentary requirements needed.
4. The DO shall forward to the Regional Office the shortlisted applicants to the program.

Step 2: Regional Level

1. After receiving the JENESYS 2017 nominations from the division offices, each Regional Office (RO) through the Education Support Services Division (ESSD) must conduct a regional screening and must submit to the Central Office (CO) a **total of six (6) nominees** for both programs.

Table 1: Nominees per Region

Program	Male Student	Female Student	Supervisor
Rugby Exchange	1	1	1
Language and Culture Exchange	1	1	1
TOTAL	2	2	2

2. The shortlisted applicants should scan the application documents and save it into one (1) PDF file in at least 300 dpi resolution.
3. The RO must submit to the Central Office the scanned document requirements in PDF file on or before the application deadline of each program. *(Please see Table 1: Important Requirements and Deadlines)*
4. Each nominee should forward an advance soft copy to: blss.yfd@deped.gov.ph with subject heading:

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LASTNAME_REGION_SCHOOL_JENESYS2017 (ex. DELA CRUZ_REGION
1_JUAN G. MACARAEG NHS_JENESYS2017)

5. The shortlisted applicants per region must submit to the CO their original and scanned application documents **on or before August 25, 2017 (for Rugby Sports Exchange program)** and **on or before September 29, 2017 (for Japanese Language Communication/Exchange in Japanese Culture program)**. Scanned documents must be sent via e-mail at blss.yfd@deped.gov.ph.

Step 3: **National Level**

1. The Central Office through the Youth Formation Division (YFD) will review the applications and conduct the national screening and interview.
2. The YFD will deliberate and provide the list of official Philippine delegates to the JENESYS 2017 program.

F. Timeline of Activities

E. 1 For Rugby Exchange Program

Activity	Date
Application Period	August 7-10, 2017
Application Deadline	August 11, 2017
Division level Screening	August 16-18, 2017
Regional level Screening	August 21-23, 2017
Submission of the Regional Office's consolidated list of nominees to Central Office	August 25, 2017
National Screening and Interview	August 30-September 1, 2017
Announcement of the final Philippine Delegation	September 4, 2017
Pre-Departure Orientation and Formation Program	October 7-9, 2017
Rugby Youth Exchange Program in Japan	October 10-17, 2017

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E.2 For Japanese Language Communication/Exchange in Japanese Culture Program

Activity	Date
Application Period	September 4-6, 2017
Application Deadline	September 8, 2017
Division level Screening	September 18-20, 2017
Regional level Screening	September 25-27, 2017
Submission of the Regional Office's consolidated list of nominees to Central Office	September 29, 2017
National Screening and Interview	October 4-6, 2017
Announcement of the final Philippine Delegation	October 10, 2017
Pre-Departure Orientation and Formation Program	November 11-13, 2017
Japanese Language Communication/Exchange in Japanese Culture in Japan	November 14-21, 2017

For inquiries, all concerned may contact Ms. Jen Pascua of the Youth Formation Division at (02) 637-9814, or e-mail at blss.yfd@deped.gov.ph or jennifer.pascua@deped.gov.ph with the subject heading: Query: JENESYS 2017.

For immediate dissemination and appropriate action.


ALAIN DEL B. PASCUA
Undersecretary



Attachments:

1. JENESYS 2017 Application Form
2. VISA Application Form

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Program Title ()
 Your Country ()

* Read and confirm Qualifications for Participants in the Application Guidelines for JENESYS2017 before filling out this Entry Form.
 * Refer to the Sample and Fill in All the relevant Columns and Sections . Blank Columns are Not Accepted.

1. Personal Information

Photo
 (taken within 3
 months)
 Please write
 your name on
 the back of your
 photo.

Name	Full Name (Exactly the same as Your Passport)	
	English	
Full Name (in Mother Language)		Nickname (English) (the name you like to be called)

Date of Birth	Day/Month/Year / /		Age	
Nationality			Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> No Religion <input type="checkbox"/> Other → ()			
Mother Tongue				
Passport If you have no passport, leave this section blank.	Number		Type of Passport	
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	Date of Issue Day/Month/Year / /		Date of Expiry Day/Month/Year / /	
Social Media User Account(s)	Facebook	Twitter	Instagram	others
※ Your postings may be used in the program reports or website which will be open to the public.				
Current Address / Phone Number	Address :			
	Tel :		Mobile :	
	E-mail :			
※ Your E-mail will be sent notices or requests from JICE or Japanese government after the program.				
Contact Person in case of Emergency *It should be your parent.	Full Name			
	Relationship : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other → ()			
	Address :			
	Tel :		Mobile :	
	E-mail :			
*If you have no phone at your address, write a contact phone number.	Contact Phone Number	Holder's Name	Holder's E-mail	

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

Health Condition

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"/> No <input type="checkbox"/> Yes → Stop the Entry Form and consult with Focal Point or Japanese Embassy
Physical Difficulty	<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, What Difficulty? ()
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"/> shellfis <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"/> shrim <input type="checkbox"/> crab <input type="checkbox"/> shellfis <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others → () ※ Meals during the program may not meet all the requests or restrictions.
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"/> other → () Religious/Custom Reason: <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> other → ()
Smoking Habit	<input type="checkbox"/> No <input type="checkbox"/> Yes ※ Smoking under 20 is prohibited in Japan. This information may be used for homestay arrangement.

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

3. School /Company /Organization

Are you Student or Working Youth ?	<input type="checkbox"/> Graduate Student <input type="checkbox"/> University / College Student <input type="checkbox"/> High School / Vocational / Other School Student <input type="checkbox"/> Working Youth <input type="checkbox"/> Working Student		
School <small>Working student needs to fill in this part.</small>	Name of School		Location (City or Province)
	Field of Study or Name of Faculty / Department		
	Grade / School Year:		
	Job Title (for supervisor):		
Company / Organization <small>Working student needs to fill in this part.</small>	Name of Company / Organization		Location (City or Province)
	Department / Division / Office		
	Job Title:		
Language	Official English Test (If any)	<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		
Have you done anything related to Japan or Japanese? <small>Ex. Japanese Study, Resarch, Business, Culture</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Japanese Learning Experience	Year(s) / Month(s)

4. Visiting Japan

Have you been to Japan before?	<input type="checkbox"/> Yes ↓ <input type="checkbox"/> No → no need to fill in below.
If Yes, how long did you stay in Japan?	<input type="checkbox"/> More than 3 months → Stop the Entry Form and consult with Focal Point or Japanese Embassy <input type="checkbox"/> 3 months or less
If Yes, did you join any of the following?	<input type="checkbox"/> JENESYS / KIZUNA <input type="checkbox"/> SSEAYP <input type="checkbox"/> JICA <input type="checkbox"/> MEXT <input type="checkbox"/> JF <input type="checkbox"/> JNTO <input type="checkbox"/> HIDA → Stop the Entry Form and consult with Focal Point or Japanese Embassy <input type="checkbox"/> None of the above

5. Personal Activities

Sports/Clubs		→ How Many Years ?	(year(s))
Hobbies/Favorites			
Prizes/Awards (Sports or Academic, if any)		→ When ? ()

6. 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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Declaration (Please sign 1 and 2. If the applicant is under 18, parent or guardian needs to sign 3.)

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

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

2. I have read and agree to all the Qualifications for Participants, Terms and Conditions and the Handling of Personal Information in the Application Guidelines for JENESYS2017.

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

3. (Parent/Guardian) I assure everybody concerned that the declaration above is true and correct.

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

Program Number (Composite 1st)
 Your Country (Japan)

* Read and confirm Qualifications for Participants in the Application Guidelines for JENESYS2017 before filling out this Entry Form.
 * Refer to the Sample and Fill in All the relevant Columns and Sections . Blank Columns are Not Accepted.

1. Personal Information



Name	Full Name (Exactly the same as Your Passport) English Naomi Christine Yamada		
	Full Name (in Mother Language) ナオミ クリスティン ヤマダ		Nickname (English) (the name you like to be called) Chris
Date of Birth	Day/Month/Year 25/7/1992	Age	25
Nationality	Japanese	Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Marital Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input checked="" type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> No Religion <input type="checkbox"/> Other → ()		
Mother Tongue	Japanese		
Passport <small>If you have no passport, leave this section blank.</small>	Number JN1234567	Type of Passport <input checked="" type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	Date of Issue Day/Month/Year 15/3/2015	Date of Expiry Day/Month/Year 15/3/2025	
Social Media User Account(s) <small>(on a voluntary basis)</small>	Facebook naomi.yamada	Twitter naomin	Instagram christine@naomi
	<input type="checkbox"/> others ※ Your postings may be used in the program report or website which will be open to the public.		
Current Address / Phone Number	Address : 2-7-1, Nishi-Shinjuku, Shinjuku-ku, Tokyo, 163-0716 Japan		
	Tel : 03-6838-2730		Mobile : 080-1234-5678
	E-mail : chris@jice.ezweb.jp		
Contact Person in case of Emergency <small>*It should be your parent.</small>	Full Name Ken Robert Yamada		
	Relationship : <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Other → ()		
	Address : 2-7-1, Nishi-Shinjuku, Shinjuku-ku, Tokyo, 163-0716 Japan		
	Tel : 03-6838-2730		Mobile : 090-9012-3456
*If you have no phone at your address, write a contact phone number.	Contact Phone Number		Holder's E-mail
	Holder's Name		

Health Condition

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

Health Condition	<input checked="" 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 checked="" type="checkbox"/> Not Taking Any Medicine <input type="checkbox"/> Taking Medicine Regularly → Name of Medicine: (_____)
Pregnancy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → Stop the Entry Form and consult with Focal Point or Japanese Embassy
Physical Difficulty	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, What Difficulty? (_____)
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"/> 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 checked="" 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 → (_____) ※Meals during the program may not meet all the requests or restrictions.
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 checked="" type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others → (_____)
Smoking Habit	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ※Smoking under 20 is prohibited in Japan. This information may be used for homestay arrangement.

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

3. School /Company /Organization

Are you Student or Working Youth ?	<input type="checkbox"/> Graduate Student <input type="checkbox"/> University / College Student <input type="checkbox"/> High School / Vocational / Other School Student <input type="checkbox"/> Working Youth <input checked="" type="checkbox"/> Working Student		
School <small>Working student needs to fill in this part.</small>	Name of School Japan International Business School		Location (City or Province) Tokyo
	Field of Study or Name of Faculty / Department Accounting		
	Grade / School Year 2nd year		
	Job Title (for supervisor):		
Company / Organization <small>Working student needs to fill in this part.</small>	Name of Company / Organization ABC International Co., Ltd.		Location (City or Province) Tokyo
	Department / Division / Office International Investment Division		
	Job Title: Assistant Manager		
Language	Official English Test (If any) <input checked="" type="checkbox"/> TOEFL (score: 100) <input checked="" type="checkbox"/> TOEIC (score: 745) <input type="checkbox"/> IELTS (score: _____) <input type="checkbox"/> Other (_____)(score: _____)		
	Level of English		Level of Japanese
	Speaking : <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	Speaking : <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Writing : <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Writing : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	
Reading : <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Reading : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor		
Have you done anything related to Japan or Japanese? <small>Ex. Japanese Study, Resarch, Business, Culture</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Japanese Learning Experience	Year(s) / Month(s) 3 months

VISA APPLICATION FORM TO ENTER JAPAN

*Official use only

(Paste photo here)

45mm x45mm

or 2inx2in

Surname (as shown in passport) _____

Given and middle names (as shown in passport) _____

Other names (including any other names you are or have been known by) _____

Date of birth _____ Place of birth _____
(Day)/(Month)/(Year) (City) (State or Province) (Country)

Sex: Male Female Marital status: Single Married Widowed Divorced

Nationality or citizenship _____

Former and/or other nationalities or citizenships _____

ID No. issued to you by your government _____

Passport type: Diplomatic Official Ordinary Other

Passport No. _____

Place of issue _____ Date of issue _____

Issuing authority _____ Date of expiry _____
(Day)/(Month)/(Year) (Day)/(Month)/(Year)

Purpose of visit to Japan _____

Intended length of stay in Japan _____

Date of arrival in Japan _____

Port of entry into Japan _____ Name of ship or airline _____

Names and addresses of hotels or persons with whom applicant intends to stay

Name _____ Tel. _____

Address _____

Dates and duration of previous stays in Japan _____

Your current residential address (if you have more than one address, please list them all)

Address _____

Tel. _____ Mobile No. _____

Current profession or occupation and position _____

Name and address of employer

Name _____ Tel. _____

Address _____

*Partner's profession/occupation (or that of parents, if applicant is a minor):

Guarantor or reference in Japan (Please provide details of the guarantor or the person to be visited in Japan)

Name _____ Tel. _____

Address _____

Date of birth _____ Sex: Male Female
(Day)/(Month)/(Year)

Relationship to applicant _____

Profession or occupation and position _____

Nationality and immigration status _____

Inviter in Japan (Please write 'same as above' if the inviting person and the guarantor are the same)

Name _____ Tel. _____

Address _____

Date of birth _____ Sex: Male Female
(Day)/(Month)/(Year)

Relationship to applicant _____

Profession or occupation and position _____

Nationality and immigration status _____

*Remarks/Special circumstances, if any _____

Have you ever:

- been convicted of a crime or offence in any country? Yes No
- been sentenced to imprisonment for 1 year or more in any country? ** Yes No
- been deported or removed from Japan or any country for overstaying your visa or violating any law or regulation? Yes No
- been convicted and sentenced for a drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulants or psychotropic substances? ** Yes No
- engaged in prostitution, or in the intermediation or solicitation of a prostitute for other persons, or in the provision of a place for prostitution, or any other activity directly connected to prostitution? Yes No
- committed trafficking in persons or incited or aided another to commit such an offence? Yes No

** Please tick "Yes" if you have received any sentence, even if the sentence was suspended.

If you answered "Yes" to any of the above questions, please provide relevant details.

"I hereby declare that the statement given above is true and correct. I understand that immigration status and period of stay to be granted are decided by the Japanese immigration authorities upon my arrival. I understand that possession of a visa does not entitle the bearer to enter Japan upon arrival at port of entry if he or she is found inadmissible."

"I hereby consent to the provision of my personal information (by an accredited travel agent, within its capacity of representing my visa application) to the Japanese embassy/consulate-general and (entrust the agent with) the payment of my visa fee to the Japanese embassy/consulate-general, when such payment is necessary."

Date of application _____ Signature of applicant _____
(Day)/(Month)/(Year)

* It is not mandatory to complete these items.

Any personal information gathered in this application as well as additional information submitted for the visa application (hereinafter referred to as "Retained Personal Information") will be handled appropriately in accordance with the Act on the Protection of Personal Information Held by Administrative Organs (Act No. 58 of 2003, hereinafter, "the Act"). Retained Personal Information will only be used for the purpose of processing the visa application and to the extent necessary for the purposes stated in Article 8 of the Act.