

PARTICIPANT'S DATA SHEET

Group Tours Program for Secondary School Educators 2005

Please attach a recent photo

*Please type or write in BLOCK LETTERS in English.
 This Data Sheet will be used only for the purpose of this program.

NAME	Family			First			Middle		
*Please write down your name exactly as it appears in your passport.									
Passport No.									
Date of Birth	Year	Month	Day						
Sex	Male Female		Nationality						
Home Address									
TEL									
FAX									
Email									
Present Occupation									
Name of the Institution					Position				
					Major				
Office Address									
TEL									
FAX									
Career	Institution					Duration			
Nearest Airport/ City									
*Please write the nearest airport from your home when going to Japan									
Previous stay in Japan ; Yes No									
If Yes ; Duration									
English-Language Proficiency									
Excellent Good Fair Poor None									
*the common language during your stay in Japan will be English, and participants are required to have English language proficiency									

Conditions for Participation

- (1) A chronic disease, a disease or injury under treatment, or a medical treatment for pregnancy are not covered by the Foundation's travel insurance policy during the study-tour program. Applicants who correspond to such cases mentioned above should be responsible for their medical treatment of any disease or condition originated from those disease or condition mentioned above, and in such case, they also have to pay all the expenses by themselves.
- (2) As this program is a study-tour that requires all the participants to stay together as a group with a completely fixed schedule, if the applicants are not able to stay together in a group due to their health condition, they are requested not to participate in the tour.
- (3) If any applicants have a health condition that is not covered by the Foundation's insurance policy and still want to participate in the study-tour, they are requested to have a physician's health check no later than one month prior to the travel. The expenses for the physician's health check should be paid by applicants themselves. For the health check, please use the Foundation's "Health Condition Certification" form. Ask the Foundation for the form through the applying Japan Foundation overseas offices or Japanese Embassy or Consulate General of Japan. The Foundation will permit those applicants to participate in the study-tour only when the physician confirms with the form that the applicants are in a health condition able to participate.
- (4) During the study-tour program, the Foundation cannot meet all the requests of participants who have strict food restriction. The special food that cannot be prepared by the Foundation will have to be prepared by the participants themselves.
- (5) In case some health-related problem should arise during the study-tour program due to a withholding of information on this self assessment sheet, the Foundation is not responsible for any of the participant's medical treatment nor payment for expenses.