**[Form 1]**

***Satogaeri* Project Participant Application Form**

1. **General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name**in alphabet, as shown on your passport | Family Name | Middle Name | First Name |
|  |  |  |
| **Your Name\***in alphabet or kanji (if applicable)(*\*will be used for the duration of the project*) | Family Name | First Name |
|  |  |
| **(in katakana)** |  |  |
| Your full name at the time when you were a JET participant (please complete if your name has changed)  |  |
| **Gender** | □ Male　　□ Female |
| **Date of Birth** | Year (19XX) | Month | Day | Your Age |
|  |  |  |  |  |  |  |  |  |
| **Nationality** |  |
| **Workplace (Company/Organisation Name)** |  |
| **Department Name and Job Title** |  |
| **Home Address** |  |
| **TEL** | Telephone Number | Mobile Phone Number |
|  |  |
| **E-mail Address** |  |
| **Languages you can speak fluently** | Please check the boxes that apply. |
| □Chinese　□English 　□French　□Japanese　□Other（\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） |

**[Form 1]**

1. **Brief Personal History** (It is possible to use additional pages if you need more space.)

|  |  |
| --- | --- |
| Year / Month | Personal Background/ Career |
|  |  |

**3. Please indicate if you need any special assistance due to a physical disability.**

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|  |

**[Form 1-1]**

**Accompanying Person Notice\*\***

|  |  |
| --- | --- |
| **Name of the Project Applicant** |  |
| **Relationship to the Project Applicant** |  |

**1. General Information about the Accompanying Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**in alphabet, as shown on your passport | First Name | Middle Name | Family Name |
|  |  |  |
| **Name\***in alphabet or kanji (if applicable)(*\*will be used for the duration of the project*) | Family Name | First Name |
|  |  |
| (in katakana) |  |  |
| **Gender** | □ Male　　□ Female |
| **Date of Birth** | Year (19XX) | Month | Day | Age |
|  |  |  |  |  |  |  |  |  |
| **Nationality** |  |
| **Home Address** |  |
| **TEL** | Telephone Number | Mobile Phone Number |
|  |  |
| **E-mail Address** |  |
| **Languages the accompanying person can speak fluently** | Please check the boxes that apply. |
| □Chinese　□English 　□French　□Japanese　□Other（\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） |

*\*\*If there is more than one accompanying person, please fill out one form per person.*

**[Form 2]**

|  |
| --- |
| **里帰り企画書***Satogaeri* Project Plan |
| Date of Submission (YYYY/MM/DD):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your Contracting Organisation as a JET:** | **Years on the JET Programme (e.g. 2002 – 2005):** |
|  |  |
| **Your JETAA Chapter:** |
| **Your *Satogaeri* Project Theme:** |
| **Project Plan Outline:** |
|  |
|  |
|  |
|  |
|  |
|  |
| **Main Schedule (for the time when you visit your former regional area)** |
| **(Day 1)** |
| Morning:　*Travel to regional area* |
|  |
| Afternoon: |
|  |
|  |
|  |
| **(Day 2)** |
| Morning: |
|  |
|  |
|  |
| Afternoon: |
|  |
|  |
| **Please describe how you would like to reconnect and stay in touch with your former contracting organisation and promote their regional area:** |
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