KAKEHASHI Project

Entry Form
for KAKEHASHI Project
（2021 - 2022）

JICE

Check before you start

Have you read the Application Guidelines ? ☐ yes ☐ no

Do you understand the Mandatory Assignments for all Participants ? ☐ yes ☐ no

Do you understand the Terms and Conditions ? ☐ yes ☐ no

→ If any of your answer is "no", do not start and please tell your supervisor.

1. Personal Information

Photo
(taken within 3 months)

* Please type or fill in legible BLOCK LETTERS.
* Send this form in Excel format or PDF.
* Fill in everything with nothing left blank.

Surname	First Name	Middle Name

Preferred Name	How you would like to be called (It will be on your name tag)	**Age** (as of the 1st day of the trip)
Date of Birth	Day/Month/Year	**Sex** ☐ M ☐ F

Nationality	☐ US citizen
	☐ non US citizen → **Country issuing your passport** → ( )
	→ **Do you have US Permanent Resident Card ?** ☐ yes ☐ no* → (*) **Tell your supervisor.**

Passport (Leave it blank if being applied) →	**Passport Number**	**Date of Expiration**
		Day/Month/Year
	Can you get a new passport by a month before the trip ? ☐ yes ☐ no* → (*) **Tell your supervisor.**	

Religion (optional)	☐ Christian ☐ Roman Catholic ☐ Protestant ☐ Other) ☐ Not Applicable ☐ Buddhist ☐ Hindu ☐ Muslim ☐ Other → ( )

Social Media Accounts (on a voluntary basis)	Facebook	Twitter	Instagram	Others
	Your postings related to KAKEHASHI may be used in the program report or website which will be open to the public.			

Address / Phone Number E-mail	**Current Address**	**Phone or Mobile**
	E-mail	Post program questionnaires will be sent. Do not fill in two or more addresses.

Emergency Contact Information *It should be your parent/guardian/spouse.	**Person to Contact (Full Name)**	
	Relationship ☐ Mother ☐ Father ☐ Spouse ☐ Other → ( )	
	Current Address	**Phone or Mobile**
	E-mail	

2. Health Condition   * Check "none" if not applicable.

JICE needs to know your health condition to best accommodate you in the program including homestay program. Please let us know anything that you expect relevant to your participation. The information is irrelevant to the choice of participants and will remain strictly confidential. JICE may share the information with your host family if we decide it is necessary.

Health / Physical Condition	☐ none (nothing to declare)
	☐ yes, I have something to tell, or I'm diagnosed with a chronic/ mental/ physical illness or condition. (please describe)
	Do you need any accommodations during the trip ? Please describe if any.

Medication (required by Japanese law)	☐ none (I will bring no medications in Japan)
	☐ yes, taking medication regularly (I will bring in Japan) ↓
	Name of medicine: (fill in complete name)
	Note : JICE will tell you if your medication is illegal in Japan. "*If you are found with illegal medicine, you could be arrested as a criminal on the spot, immediately, without a warrant in principle*" (Bureau of Health and Welfare) .

Smoking Habit	☐ no ☐ yes
	Note : Smoking under 20 is prohibited by Japanese law.

Food Allergy / Restriction, Other Allergy, if any	**Please fill in only if you have allergies or dietary restrictions :**
	yes, I have ☐ allergies ☐ dietary restrictions (for religious/ cultural/ personal reasons)
	Check if applicable → ☐ vegan ☐ vegitarian ☐ pescetarian
	Check your allergies or restrictions below :
	☐ pork ☐ beef ☐ chicken ☐ mutton/lamb ☐ shrimp ☐ crab ☐ shellfish
	☐ fish ☐ egg ☐ nuts ☐ other food → ( )
	Please answer → ☐ no, I cannot eat its soup stock, either. ☐ yes, I can eat its soup stock.
	☐ dogs ☐ cats ☐ house dust ☐ others → ( )
	Note : Your allegies or dietary restrictions will be taken care of. All meals may not meet your requirements.

Allergic Reaction	**Describe your allergic reaction when serious and its treatment.**

3. School / Company / Organization

Are You a Student or Working ?	☐ graduate student ☐ undergraduate student ☐ high school student
	☐ working ☐ other → ( )

School / Company / Organization (that you currently belong to)	Name of School/ Company/ Organization that you belong to	Location (city / state)
	Field of Study/ Business or Name of Faculty/ Department	
	Grade/School Year: (students)	
	Job Title/ Position: (working youths)	

Language	**Level of Japanese:**			
	Speaking : ☐ High ☐ Middle ☐ Low ☐ n/a			
	Writing : ☐ High ☐ Middle ☐ Low ☐ n/a			
	Reading : ☐ High ☐ Middle ☐ Low ☐ n/a			
	Other Languages:		Japanese Learning Experience	Year(s) / Month(s)

Experience related to Japan	Are you studying Japan or Japanese language ?	☐ yes (year(s))	☐ no
	Have you been involved in Japanese culture or sports?	☐ yes (year(s))	☐ no
	Have you been involved in business related to Japan?	☐ yes (year(s))	☐ no

4. Activities

Sports/ Clubs	Please list any sports, clubs and/or activities you participate in, and the length of your involvement.
Hobbies/ Interests	Please tell us about your hobbies and interests.
Prizes/ Awards (Academic or Sports, if any)	Have you won any prizes or awards ? If so, when ?

5. Essay

Expectation/ Dissemination	(1) Why are you intersted in participating in the KAKEHASHI Project ? What does being a "kakehashi" (bridge) between cultures mean to you ?
	(2) How would you share your experience in Japan with peers, friends, family, classmates or coworkers during and after the program ?

6. Visiting Japan

Have you been to Japan before?	☐ yes ↓ ☐ no → No need to fill in below.
Did you join Japanese government-related program ?	☐ no
	☐ yes (*) → What program ? ☐ Japanese government ☐JICA ☐ JICE ☐ Japan Foundation ☐ other → ( )
	(*) Tell your supervisor if you are applicable.
Did you stay in Japan for over a year ?	☐ no
	☐ yes (*) → For how long ? ( )
	(*) Tell your supervisor if you are applicable.

Please make sure you have filled in everything. Incomplete form will not be accepted.

End of Entry Form