

*English translation is for reference purposes. Please complete and submit the form in Japanese.

Training Program in Japan for Overseas Teachers Participant Application Form

Date (MMM DD, YYYY): _____

Applicant details

Fill in clearly in your native language, alpha-numeric characters and Japanese in the sections labeled Your language, English and Japanese, respectively.
Mark any boxes (☐) that apply to you with a tick (✓).

Name	Your language	(First Name) (Family Name)		Photo (5cmx4cm)
	English	(First Name) (Family Name)		
	Japanese	(First Name) (Family Name)		
Nationality	English			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth (MMM/DD/YYYY)	/ /
Home address	Your language			
	English			
	Tel: +		Fax: +	
	Mobile: +			
E-mail address: @				
Place of work	Your language			
	Name			
	English			
	Your language			
	Address			
English				
Tel: +		Fax: +		
E-mail address: @				

Complete all sections clearly in Japanese.
Mark any boxes (☐) that apply to you with a tick (✓).

Teaching experience				
Record your teaching experience prior to your current job, in newest to oldest order				
Year	to year	School name		
Subject <input type="checkbox"/> Japanese <input type="checkbox"/> Other () Tick (✓) both if both taught				
School type <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Other				
Lesson type <input type="checkbox"/> Formal lessons (compulsory/elective) <input type="checkbox"/> Other				

Year	to year	School name		
Subject <input type="checkbox"/> Japanese <input type="checkbox"/> Other () Tick (✓) both if both taught				
School type <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Other				
Lesson type <input type="checkbox"/> Formal lessons (compulsory/elective) <input type="checkbox"/> Other				

Year	to year	School name		
Subject <input type="checkbox"/> Japanese <input type="checkbox"/> Other () Tick (✓) both if both taught				
School type <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Other				
Lesson type <input type="checkbox"/> Formal lessons (compulsory/elective) <input type="checkbox"/> Other				
Japanese lessons currently taught				
Grade (student age)	Class size	Class length	Frequency	Level
Grade (age to age)		min	/week	<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Grade (age to age)		min	/week	<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Grade (age to age)		min	/week	<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Time spent in Japan				
If you cannot record all visits in this space, record your main visits				
Year	to year	Purpose: <input type="checkbox"/> Tourism <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Other ()		
Year	to year	Purpose: <input type="checkbox"/> Tourism <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Other ()		
Similar training received				

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Training Program in Japan for Overseas Teachers

Letter of Consent

To: Hakuho Foundation

I give consent for _____ (applicant) to participate in the Training Program in Japan for Overseas Teachers, a Hakuho Scheme for a Global Children's Japanese Language Network program.

If my school is selected for participation in the coming Japan Experience Program for Overseas Children and Overseas Experience Program for Japanese Children, I will actively send students to Japan and host students from Japan at my school.

Date (MMM DD, YYYY) _____

Applicant name _____

Title of person giving consent and name of organization _____

Name of person giving consent _____

Signature of person giving consent (handwritten) _____