



Application for the 2009 Invitation Programme for Japanese-Learning Students at Australian Universities

* Application documents are required by October 2, 2009.

* It is expected that the selection and notification will take place by October 23, 2009.

1. Personal Information

For multiple choices, leave the one which applies to you and delete others.

Attach your Photograph	Name		Full Name (Exactly the same as your passport)		
	Given Name		Family Name		Middle Name (if any)
	Age	Place of Birth (City)		(State)	(Country)
Date of Birth	(Day)	(Month)	(Year)	Sex	M F
				Religion	
Passport	Number		Type of Passport		
			Private Diplomat Official		
	Date of Issue		Date of Expiry		
	(Day)	(Month)	(Year)	(Day)	(Month) (Year)
Place of Issue		Issuing Authority			
For those who need to fly to Sydney: Departing domestic airport on November 29					
Emergency Contact	Given Name	Family Name	Middle Name		Relationship
	Home Address				
	Tel:		Fax:		
	Mobile:		E-mail:		
Profession/Occupation:					
Current Address <small>* if you do not live at above address</small>	Address				
	Tel:		Fax:		
	Mobile:		E-mail:		

2. Medical History and Food Restrictions

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know (*)
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Chronic illness or any pre-existing problem (please describe your condition _____)
Food Allergies or Restrictions	<input type="checkbox"/> Pregnant
	Please check the boxes below which you cannot eat <i>due to religious or allergy reasons</i> . <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shellfish <input type="checkbox"/> egg <input type="checkbox"/> others (Please specify _____)

(*) You are strongly encouraged to figure out and notify us of your blood type before departure, in case of any unexpected injury/illness that might require you to be hospitalised.

3. Vocational Details

Information on Your Company or Organization	Name of Company or Organization
	Address
	E-mail: _____
	Tel: _____ Fax: _____

4. Academic Achievement and Working Experience

Information on Your Academic Achievement and Working Experience	
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5. Previous Visits to Japan

Have you ever visited Japan?	Yes No
If yes, explain in detail:	
When and how long:	
Where:	
Purpose :	

6. Purpose of Participation (Please answer in Japanese)

(1) What motivates you to participate in this programme?

(2) What do you want to achieve out of this programme?

(3) How do you intend to make use of this experience in your future carrer?