

2019-2020 Chiba-WI ALT Program Application

Personal

Name:	<input type="text"/>	<i>Last, First Middle</i>
Phonetic name:	<input type="text"/>	<i>In KATAKANA and/or phonetics</i>
Age:	<input type="text"/>	
Date of birth:	<input type="text"/>	<i>YYYY/MM/DD</i>
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Academic

University name:	<input type="text"/>	<i>Full name of your university</i>
University location:	<input type="text"/>	<i>City, State, & Country</i>
Degree & Major(s):	<input type="text"/>	<i>List major & degree (B.A. / B.S.)</i>
Minor(s):	<input type="text"/>	<i>List minor</i>
Graduation date:	<input type="text"/>	<i>Either anticipated or actual</i>
Teaching certification(s):	<input type="text"/>	<i>List TEFL/TESOL or other teaching certifications/licenses</i>
Other certification(s):	<input type="text"/>	<i>List certifications/licenses</i>
Other teaching experience:	<input type="text"/>	<i>List any additional relevant teaching/tutoring experience</i>
Further work experience:	<input type="text"/>	<i>List all other work experience</i>

Japan

Study of Japanese culture:	<input type="text"/>	<i>List any classes & experiences related to Japanese culture</i>
Study of Japanese language:	<input type="text"/>	<i>List any classes & experiences related to Japanese language</i>
Japanese certifications:	<input type="text"/>	<i>JLPT, BJT, J-Test, etc. List the highest level passed</i>

Study in / travel to
Japan:

List location and dates of prior
studies/trips in/to Japan

Site preference:

Urban

Suburban

Rural

Preferred living site

Contact

E-mail address:

★ For definite contact

Current phone:

If possible, list your mobile here

Permanent phone:

Phone at permanent residence

Current postal
address:

Please specify the dates during
which this address is valid

Permanent postal
address:

Emergency
contacts:

Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:

List names, addresses, phone
numbers & e-mail for 2
emergency contacts

Other

Spoken
languages:

Other overseas
experience:

List locations and dates of
other studies/travel abroad

Honors:

Be specific

Hobbies &
interests:

Goals & References

Future goals and
their relationship
to this program:

Proposed direction of future
profession and its relationship to
the Chiba-WI ALT Program

★ Each applicant must submit two sealed letters of reference either from professors or current employers.

★ Letters should address the applicant's personal & professional suitability for this program.

Reference #1:

Name:	
Occupation:	Phone Number:
Address:	
E-mail Address:	

Name, Occupation, Address, E-mail Address & Phone number of Reference

Reference #2:

Name:	
Occupation:	Phone number:
Address:	
E-mail Address:	

Name, Occupation, Address, E-mail Address & Phone number of Reference

Medical Assessment

Please fill out in the data below to the best of your knowledge. ★Applications cannot be processed without this section. (Selectees may be required to submit a separate medical report from their physician.)

Height / Weight:

Blood type:

For Emergency treatment

Allergies:

List any allergies you have

Medications & reasons:

List any medications you take and why you take them

Dietary restrictions:

Detail any special dietary needs

Date & reason for last doctor's visit:

List the date & reason for your last consultation with a doctor

Diseases/ailments or injuries:

List any injuries/ailments or diseases during the last 5 years

Recent hospitalizations:

Dates & reasons for any recent (past 2 years) hospitalizations

Ever received psychiatric care:

 Yes No

Indicate if you have ever been treated by a psychiatrist or psychologist.

★ If you answer "Yes", please explain on a separate sheet.

Statement of Purpose

Include a clear Statement of Purpose in which you

- ① reiterate the relationship between your future goals and the Chiba-WI ALT Program,
- ② state the reasons why you desire to participate in this particular program,
- ③ express what you hope to gain from this teaching and overseas experience,
- ④ support with concrete and pertinent examples why you yourself would be beneficial to this Sister State program and ALT position, and
- ⑤ relate in detail any other experiences relevant to this overseas program and teaching position.

★Essays should be no more than 2 pages in length, typewritten and double-spaced with margins.

Signature

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge. Furthermore, if I am selected as an Assistant Language Teacher, I agree to adhere to my response of "Yes, I am ready to go to Japan" or "No, I am not ready to go to Japan" on the official Reply Form, abide by Japanese laws and regulations and the regulations of the host institution, and carry out my duties to the best of my ability. Moreover, I will not engage in any other activities except those allowed upon my entrance into Japan. Final and foremost, I understand that during my stay in Japan I must not participate in any political activities nor do anything to disturb the public peace.

★Signature and date must be handwritten.

Signature of Candidate: _____ Date: _____

Completing Your Application

★Note well a completed application is comprised of the following 6 documentation.

- ① Completed application form (1 original, 1 copy)
- ② Completed statement of purpose essay (1 original, 1 copy)
- ③ Sealed letters of reference from two mentors
- ④ Certified record/transcript of all university courses (1 original, 1 copy)
- ⑤ A) 2 copies of your graduation certificate
OR
 B) 1 letter from the university certifying your graduation (1 original, 1 copy)
- ⑥ 3 color passport-style photographs (4.5cm H x 3.5cm W)

★Note measurements! Standard US-sized passport photographs are the wrong size, so you will need to carefully trim them!

★Please send all documentation to the following address.

★All EXPRESS MAIL packets must be shipped by and dated December 15th 2018

Chiba-WI ALT Sister-State Program

Supervisory Section - Chiba Prefectural Board of Education

学習指導課 - 千葉県教育委員会

ATTN: Mr. Issaku Nakamura & Mr. Patrick Grimes

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JAPAN

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★In addition to the above materials, successful applicants may be required to submit an official medical report signed by a licensed practicing physician.

★No document submitted can be returned.

