**2022-2023 Chiba-Wisconsin**

**Assistant Language Teacher (ALT) Program**

**Application Form**

**Personal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  | *Last, First Middle* |
| **Phonetic name:** |  |  | *KATAKANA or phonetics* |
|  |
| **Age:** |  |  |  |
|  |
| **Date of birth:** |  |  | *YYYY/MM/DD* |
|  |
| **Marital status:** |  | **□ Single □ Engaged □ Married** |  |
|  |
| **Sex:** |  | **□ Male □ Female** |  |
|  |

**Academic**

|  |  |  |  |
| --- | --- | --- | --- |
| **University name:** |  |  | *Full name of university* |
|  |
| **University location:** |  |  | *City, State, & Country* |
|  |
| **Degree & Major(s):** |  |  |  |
| **Minor(s):** |  |  |  |
|  |
| **Graduation date:** |  |  | *Anticipated or actual* |
|  |
| **Teachingcertification(s):** |  |  | *List TEFL/TESOL or other teaching certifications.* |
|  |
| **Other** **certification(s):** |  |  | *List other certifications or licenses.* |
|  |
| **Other teaching or tutoringexperience:** |  |  | *List any relevant experience. Include exact dates (YYYY/MM/DD).* |
|  |
| **Further work****experience:** |  |  | *Include exact dates (YYYY/MM/DD) of work experience.* |

**Japan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Study of Japanese culture:** |  |  | *List any relative classes & experiences* |
|  |
| **Study of Japanese language:** |  |  | *List any relative classes & experiences* |
|  |
| **Japanese** **certifications:** |  |  | *Indicate the highest level passed of JLPT, etc.* |
|  |
| **Study in / travel to Japan:** |  |  | *List locations and exact dates (YYYY/MM/DD) as printed in passport.* |
|  |
| **Site preference:** |  |  **□ Urban □ Suburban □ Rural** | *Preferred living site* |

**Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **E-mail address:** |  |  |  |
|  |
| **Current phone:** |  |  | *Mobile phone* |
|  |
| **Permanent phone:** |  |  | *Home landline phone* |
|  |
| **Current postal****address:** |  |  |  |
|  |
| **Permanent postaladdress:** |  |  |  |
|  |
| **Emergencycontacts:** |  | **Name:Address:Phone:****E-mail:** | **Name:Address:Phone:****E-mail:** | *List names, addresses, phone numbers, &* *e-mail for two emergency contacts* |
|  |

**Other**

|  |  |  |  |
| --- | --- | --- | --- |
| **Spoken languages:** |  |  |  |
|  |
| **Other overseas experience:** |  |  | *List locations and dates of other travel abroad* |
|  |
| **Honors:** |  |  |  |
|  |
| **Hobbies &****interests:** |  |  |  |
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**Goals & References**

|  |  |  |  |
| --- | --- | --- | --- |
| **Future goals and** **their relationship** **to this program:** |  |  |  |
|  |
| * **Letters of reference must be submitted by two current or former professors, employers, or mentors.**
* **Letters should address the applicant’s personal and professional suitability for this program.**
* **Letters must be signed, scanned, and submitted directly by your mentors to this link:** [**https://forms.gle/BAe3AWLGKRksxuYC9**](https://forms.gle/BAe3AWLGKRksxuYC9)
 |
|  |
| **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 complete the information below to the best of your knowledge.**

**★Applications cannot be processed without this section.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Height / Weight:** |  |  |  |
|  |
| **Blood type:** |  |  | *For emergency treatment* |
|  |
| **Allergies:** |  |  |  |
|  |
| **Medications &** **reasons:** |  |  |  |
|  |
| **Dietary** **restrictions:** |  |  | *Detail any special dietary needs* |
|  |
| **Date & reason for****last doctor’s visit:** |  |  |  |
|  |
| **Diseases/ailments****or injuries:** |  |  | *List any injuries/ailments during the last 5 years* |
|  |
| **Recent****hospitalizations:** |  |  | *List the dates of any hospitalizations during the last 5 years* |
|  |
| **Ever receivedpsychiatric care:** |  | **□ Yes 　 □ No** | *★ If “Yes”, please explain the circumstances in the section below.* |
|  |
|  | **(Explanation)** |  |
|  |

**Statement of Purpose**

**In a separate file, include a clear Statement of Purpose in which you:**

1. reiterate the relationship between your future goals and the Chiba-Wisconsin 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, double-spaced with 1 inch 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 would like to accept the position of Assistant Language Teacher (ALT).” or “No, I would like to decline the position of Assistant Language Teacher (ALT).” 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 of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**★Signature and date must be handwritten.**

**Completing Your Application**

**In order to complete your application, you are required to submit the following pieces of documentation:**

1. This completed Application Form (with handwritten signature and date)
2. Completed Statement of Purpose (two pages, double spaced with 1 inch margins)
3. Official transcript(s) or school record(s) of all university courses (scanned or digital)
4. Copy of your graduation diploma OR a letter from your university certifying your future graduation date (scanned)
5. FBI Identity History Summary Check (for applicants living in the U.S. only)

**Submit the required pieces of documentation as PDF files to this link:** [**https://forms.gle/6Dya4KGwp8RNatARA**](https://forms.gle/6Dya4KGwp8RNatARA)

**In addition, two letters of reference must be submitted directly by your designated mentors. Your mentors can submit their signed, scanned letters of references as PDF files to this link:** [**https://forms.gle/BAe3AWLGKRksxuYC9**](https://forms.gle/BAe3AWLGKRksxuYC9)

* **All application materials, including letters of reference, must be submitted no later than January 7th, 2022.**
* **For more information, please contact:**

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| Chiba Prefectural Board of EducationEducational Supervisors DivisionATTN: KONISHI Kazuhisa & Maximilian GUMBLE1-1 Ichiba-chō, Chuo-kuChiba-shi, Chiba-ken 260-8662 JAPANTel: (+81) 43-223-4057 FAX: (+81) 43-221-6580Email: [kysidou@mz.pref.chiba.lg.jp](file:///C%3A%5CUsers%5Cdelfopj%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CHZ6OSME7%5Ckysidou%40mz.pref.chiba.lg.jp) | 〒 260-8662日本国千葉県千葉市中央区１－１市場町　　千葉県教育庁教育振興部学習指導課ＡＬＴ担当　小西　一央、マクシミリアン・ガンブル　電話　043-223-4057　　ＦＡＸ　043-221-6580　電子メール　[kysidou@mz.pref.chiba.lg.jp](file:///C%3A%5CUsers%5Cdelfopj%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CHZ6OSME7%5Ckysidou%40mz.pref.chiba.lg.jp) |