



# Application Form

Please fill out this application form in BLOCK CAPITALS.

Country you wish to travel to: \_\_\_\_\_

Please tick ONE  LANGUAGE COURSE – Name of Language School: \_\_\_\_\_  
of the following:

SECONDARY SCHOOL ABROAD  HOMESTAY ONLY

OTHER – Please specify: \_\_\_\_\_

Travel Dates From: \_\_\_\_\_ To: \_\_\_\_\_

## PERSONAL DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

School attended in Ireland \_\_\_\_\_  
\_\_\_\_\_

Sex: Male  Female

Marital Status: Single  Married

Mother's occupation \_\_\_\_\_

Father's occupation \_\_\_\_\_

Please describe your family (names, ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you lived or travelled abroad? (please list year and country) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect from this programme? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about E.I.L.? \_\_\_\_\_

## PARENT / GUARDIAN (if under 18)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Do you wish us to communicate with you by E-mail?

Yes  No

If yes, include E-mail address below.  
(only include e-mail address if checked on a regular basis)

\_\_\_\_\_

Do you smoke? Yes  No

Do you have any allergies that require special medical treatment?

Yes  No

Do you have any dietary restrictions? Yes  No

## CHECKLIST Have you included:

EIL Application Form  Programme Application Form  Passport photos  Host Family Letter (if applicable)  Deposit

INCOMPLETE APPLICATIONS WILL SLOW DOWN THE APPLICATION PROCESS AND MAY RESULT IN STUDENTS NOT BEING PLACED IN THEIR DESIRED COURSE.

DECLARATION: *'I hereby declare that all the information on this application is true and accurate and that I have read and accept the terms and conditions of this booking outlined overleaf.'*

If applicant is under 18, parent/guardian must sign here: \_\_\_\_\_



# Terms & Conditions

Please read carefully before signing declaration overleaf.

- Each applicant must complete an application form and submit along with a letter to the prospective host family describing themselves and their interests, two photographs and a non-refundable deposit of €250 for classic homestays, €350 for language courses or €500 for academic programmes **AT LEAST SIX WEEKS BEFORE DEPARTURE.** *(Please see supplementary information for Academic Programme deadlines and cost).*
  - EIL Study Abroad is part of EIL Intercultural Learning which is the Irish national office of The Experiment in International Living.
  - Applications to participate in EIL Programmes are welcome from those with a sincere desire to develop understanding and friendship between people of different cultures and backgrounds and with the ability to adapt easily to daily life in another culture.
  - EIL reserves the right to refuse participation on any programme to any person(s) demonstrating discriminatory attitudes in relation to race, class, occupation, religion or colour.
  - EIL reserves the right to remove from the programme any student who consumes alcohol; breaks the law or who engages in dangerous or inappropriate behaviour which puts their own safety or the safety of others at risk. *'Students under the age of 18.'*
  - Participants agree at all times to consider themselves ambassadors of Ireland and will at all times behave in a way that reflects positively on Ireland and the Irish people. Participants agree at all times to respect the property of their hosts.
  - Participants agree to attend class daily, on-time and in a condition to actively participate in class. Failure to do so could result in disciplinary measures imposed by the school up to and including expulsion from the programme.
  - If a participant is expelled from the programme there will be no refund of any unused fees. The participant, his/her legal guardian (if under 18) will be responsible for all repatriation costs.
  - Participants under 18 years of age agree to at all times accept any house rules introduced by their hosts especially in relation to consumption of alcohol, smoking or curfews.
  - Participants agree to contact their nearest EIL Local Representative in the event of any difficulties or problems arising. *'Academic Programme only'*
  - Host family availability may vary according to country, city or region and time of year. EIL does not accept requests for friends or relatives to be placed in the same host family and is unable to accept requests for friends or relatives to be placed in the same location or in a location near to each other. Applicants should be as flexible as possible in their requirements. Consideration will be given to specific requirements but these can never be guaranteed.
  - Accommodation details will, where possible, be sent 14 days before departure, except in the case of special requests, late applications and certain countries (please ask for details).
  - All prices are quoted in Euro. The balance of the programme fee should be paid not later than 4 weeks before departure. Late applications are accepted subject to additional charges of €25 if less than six weeks before departure or €50 if less than 4 weeks before departure. Make cheques payable to 'EIL – Intercultural Learning'. If bookings are made 4 weeks or less before departure the entire fee must accompany the booking form.
  - EIL reserves the right to cancel any programme for which full payment has not been received 14 days before departure.
  - Charges are based upon currency rates in operation at the time of publication. EIL reserves the right to alter or withdraw programmes if the arrangements as originally published are no longer feasible at a reasonable cost.
  - EIL accepts no liability whatsoever for any loss, illness or accident suffered by a participant during the programme howsoever caused.
  - Participants travelling to destinations outside of The European Union, the United States of America and Switzerland agree to seek medical advice on any vaccinations or medical/dietary requirements prior to departure.
  - The following scale of cancellation charges shall apply for all programmes** except for language courses and academic programmes. After booking: loss of deposit; After receipt of placement details: 50% or deposit (whichever is highest); No show: 100%. The cancellation charges for specific language courses and academic programmes are outlined on the supplementary information sheets for each programme and course. If you are unclear about these charges please inform us immediately. In all cases there will be a loss of deposit if the booking is cancelled after receipt of the application. Participants are strongly advised to take out 'trip – cancellation' insurance as cancellation charges are non-negotiable.
  - No refund is payable to participants who withdraw from the programme before the finish date.
  - Insurance is included in the cost of each EIL programme. Key features:**  
**Medical expenses in case of accident...** Unlimited  
**Medical evacuation...** € / US \$100,000  
**Accidental disability...** Max. € / US\$ 50,000  
**Liability Insurance...** € / US\$ 500,000  
**Toll-free, multi-lingual 24/7 emergency hotlines**  
**Host family - property damage...** € / US 1,000  
**Family member to bedside of insured...** € / US\$ 2,500  
**Theft / damage of personal property...** € / US\$ 1,500
- Before travel we send full details of the cover including your insurance identity card and instructions on how to make a claim. We encourage all participants travelling within the European Union to also bring an E111 form as well. **Please note that you need to purchase additional travel insurance to cover you for delay/cancellation of flights/programme.***
- Please note that participants are responsible for their own flights.
  - The possibility exists of transport delays or cancellations due to weather conditions, industrial disputes or other causes; whilst EIL greatly regrets any inconvenience caused to participants, it can not be held responsible for any repercussions, financial or otherwise caused by weather conditions, war, fire, flood, strike, industrial dispute, terrorist activities, hostilities, political unrest, riot, civil commotion, inevitable accident, act of God, or other circumstances amounting to force majeure.

# 東京日本語センター入学願書

APPLICATION FORM (TOKYO JAPANESE LANGUAGE CENTER)

(alphabet name) \_\_\_\_\_

1. 氏名  
Name

(漢字名) \_\_\_\_\_  
Please write in KANJI, if possible.

2. 国籍  
Nationality

\_\_\_\_\_

3. 生年月日  
Date of birth

19                      年                      月                      日  
(year)                      (month)                      (day)

4. 性別  
Sex

男 · 女  
(male) (female)

出生地  
place of birth

\_\_\_\_\_

5. 旅券番号  
Passport No.

\_\_\_\_\_

ビザの種類  
type of visa

\_\_\_\_\_

6. 現在の職業  
Occupation

○をして下さい。(Choose from below)

学 生 · 公 務 員 · 会 社 員 · 自 営 · そ の 他  
(student) (government employee) (company employee) (owner of business) (other)

\_\_\_\_\_



7. 職歴 (Employment history)

会社名 (name of company)	勤務期間 (period of employment)	(year month)
	年 月 ~	年 月
	年 月 ~	年 月
	年 月 ~	年 月
	年 月 ~	年 月

8. 本国の住所 (国での)

Address(in your country) \_\_\_\_\_

tel \_\_\_\_\_

来日後の住所

Address(in Japan) \_\_\_\_\_

tel \_\_\_\_\_

9. 出入国歴 (Dates of entry into Japan, if applicable)

入国年月日  
Date of entry

出国年月日  
Departure Date

在留資格  
Visa Status

入国目的  
Purpose of Travel

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

10. 日本語学習予定期間

Expected period of study

開始 (start on)      年 (year)    月 (month)    日 (day)      ~ 終了 (finish on)      年 (year)    月 (month)    日 (day)

11. 日本語学習終了後の予定 ○をして下さい。(Choose from below)

Specific plans after learning Japanese

進学 (学校名・学科) (higher education(school name,desired faculty))    就職 (work)    事業 (personal business)    帰国 (return country)    その他 (other)

(志望大学名・学科等  
できるだけ具体的に)  
(please be specific)

12. 学歴 (6歳以降) Education history-after age 6

学校名 name and type	期間 period (year and month)	備考 (note)
	19 年 月 ~ 19 年 月	
	19 年 月 ~ 19 年 月	
	年 月 ~ 年 月	
	年 月 ~ 年 月	
	年 月 ~ 年 月	

13. 在日家族 (父・母・配偶者・子など) Family in Japan(Father,Mother,Spouse,Son,Daughter,etc.)

氏名 (name)	年齢 (age)	続柄 (relationship)	国籍 (nationality)	職業 (occupation)

14. 日本語学習経験

Have you previously studied Japanese?

有 YES    無 NO

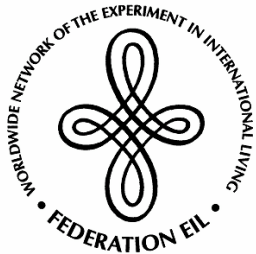
(有の場合) (if so,when?)    年 (year)    月 (month)    日 (day)    ~    年 (year)    月 (month)    週 (week)    時間 (hours)

学校名 (name and location of school(s)?)

15. 上記の通り相違いありません。

(I hereby declare the above statement is true and correct.)

申請日 date      年 (year)    月 (month)    日 (day)      署名 signature



# JAPANESE ASSOCIATION OF THE EXPERIMENT IN INTERNATIONAL LIVING

Hirakawacho Fushimi Bldg.3F, 1-4-3 Hirakawacho, Chiyoda-ku, Tokyo 102-0093 Japan  
Tel. +81-3-3261-3451 Fax +81-3-3261-9148 E-mail: info@eiljapan.org

## Application Form ( IHP )

Please type or print in black ink. (黒のペンかタイプでご記入ください)

### 1. Applicant's General Information (参加者本人について基本事項)

Name 名前	(First Name /名) (Middle Name) (Family Name /姓)			Photo/ 写真 (Please attach here)
Gender 性別	<input type="checkbox"/> Male /男 <input type="checkbox"/> Female /女	Marital Status 結婚	<input type="checkbox"/> Single /未婚 <input type="checkbox"/> Married /既婚	
Date of Birth 生年月日	Age/ 年齢 ( ) (Month(月) / Day(日) / Year(年))	Nationality 国籍		
Occupation 職業				
Current Address 現住所	Tel: _____ Fax: _____ E-mail : _____			

### 2. Background Information (本人の経歴など背景について)

How many years have you studied Japanese? 何年日本語を勉強していますか?	
Where / How? 日本語研修の場所と方法は?	
How do you rate your present Japanese ability? 日本語能力について	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None よくできる できる まあまあ 少し できない
How do you rate your present English ability? 英語能力について	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None よくできる できる まあまあ 少し できない
What language is spoken in your home? 母国語は?	
Other languages you speak and their level 他に話せる言語とレベルについて	

### 3. Homestay Information (ホームステイについて)

Exact dates you wish to have homestay ホームステイ希望期間	Arr. 到着	Month(月)/Day(日)/Year(年)	Dep. 出発	Month(月)/Day(日)/Year(年)
Area in which you prefer your homestay (Please choose one area from A~E) ホームステイ希望地域 (A~Eより選んでください)				
Number of weeks ホームステイ希望期間(週数)	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks			
Do you like children? 子供は好きですか?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, can you adjust to living in a home with children? 子供のいる家庭でも滞在できますか?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you like pets? ペットは好きですか?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, can you adjust to living in a home with indoor pets? 屋内でペットを飼っている家庭でも滞在できますか?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Kind of pets you dislike 嫌いなペット	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other : _____			
Reasons 嫌いな理由	<input type="checkbox"/> Allergies <input type="checkbox"/> Fear <input type="checkbox"/> Other : _____			
Do you smoke? タバコを吸いますか?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, can you adjust to living in a home where others smoke? 喫煙者のいる家庭でも滞在できますか?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Homestay Information, continued (ホームステイについて、続き)**

Health and diet or physical restrictions 食事、運動など健康上の制限について			
Are you on medication? 薬を服用していますか?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason and Dosage 理由と服用量について
Kind of foods you like or dislike (What do you usually eat in your country?) 好きな食べ物、嫌いな食べ物は? いつもどのようなものを食べていますか?			

**4. Family Information (家族について)**

Name/名前	Relationship/続柄	Age/年齢	Gender/性別	Occupation/職業

**5. Contact Information (in Japan) (もしある場合は、日本での連絡先)**

Name/名前	Relationship/続柄	Occupation/職業
Address/住所		
Tel :		Fax :
E-mail :		

**6. Activities and Interests (好きな活動、興味について)**

Interests, Hobbies /趣味,興味 :
Sports /好きなスポーツ :
School clubs/学校のクラブ活動 :
Religion, etc. /宗教活動、その他 :
How would you like to spend time with the host family? (受入家庭とどのように過ごしたいですか?)

**7. Others**

What plans do you have immediately before and after homestay? (ホームステイ開始前および終了後の予定は?)
What do you hope to gain from this program/experience? (このプログラムに期待すること、参加する目的は?)
How did you hear about this program? (このプログラムをどこで知りましたか?)

**Signature of Participant :** \_\_\_\_\_ **Date :** \_\_\_\_\_

(参加者のサイン)

日付(Month(月) / Day(日) / Year(年))

(For participant under 18/18歳以下の参加者の場合)

**Signature of Parent / Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(保護者のサイン)

日付(Month(月) / Day(日) / Year(年))