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**TOKYO JAPANESE COURSE
 ADULT APPLICATION FORM**

Personal Details: Applicant (18 and over only)	
Name: _____	
Address: _____ _____ _____	
Occupation: _____	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone: _____	Mobile: _____
E-mail: _____	<input type="checkbox"/> I would like EIL to email me about Travel Award opportunities, participant stories, EIL news and new programmes. EIL will never rent, sell or share your personal information and you can unsubscribe whenever you wish.
Where did you hear about EIL? _____	
Do you have any allergies that require special medical treatment? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain: _____	Do you have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain: _____
LANGUAGE COURSES: Courses start on specific dates only.	
I wish to enroll for a Japanese language course commencing on this date: _____.	
Arrival Date: _____ Departure Date: _____	
Please note that all flights to Japan are overnight flights, so please take this into consideration when booking flights.	
LANGUAGE LEVEL	
Number of years studying Japanese: _____	
Type of Japanese studied (ie. Hiragana or Katakana): _____	
My competence in Japanese is:	
<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
ACCOMMODATION <input checked="" type="checkbox"/> Host family with half board	
Please note that host families generally live 1-1.5 hours from the language school and travel between is not included in the programme fees.	
Please provide us with the name and phone number of an emergency contact in the event of an emergency.	
Name: _____	Phone: _____
	Mobile: _____
PROGRAMME RULES	
I have read and accept the general terms and conditions for participation on an EIL programme, detailed on the overleaf.	
Participant signature: _____	Date: _____
IMPORTANT NOTES	
<ul style="list-style-type: none"> • Students must be between the ages of 18-50. • Students must be able to read and write in Hiragana and Katakana before arrival to Japan. • Flights should not be booked before confirmation of enrollment by EIL. • Signatures are mandatory. • Incomplete applications will be returned which will slow down the booking process and could result in not getting a placement on the desired dates. 	

EIL INTERCULTURAL LEARNING TERMS AND CONDITIONS

1. Each applicant must complete an application form, submit two passport photographs and a non-refundable deposit of €350 for language courses **AT LEAST SIX WEEKS BEFORE DEPARTURE**. Any additional forms, information or documents may be requested after booking and should be returned to EIL promptly.

2. EIL Intercultural Learning is the Irish national office of The Experiment in International Living.

3. 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.

4. 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.

5. EIL reserves the right to remove from the programme any student under the age of 18 who consumes alcohol, breaks the law or who engages in dangerous or inappropriate behaviour which puts his/her own safety or the safety of others at risk.

6. 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.

7. Participants agree to obey all school rules, to attend class daily and on time, 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.

8. If a participant is expelled from the programme there will be no refund of any unused fees. The participant or his/her legal guardian (if under 18) will be responsible for all repatriation costs.

9. Participants agree to at all times accept any house rules introduced by their hosts, especially in relation to consumption of alcohol, smoking or curfews.

10. Participants agree to contact their nearest EIL Local Representative or EIL Partner school in their host country in the event of any difficulties or problems arising.

11. Applicants should be as flexible as possible in their requirements. Consideration will be given to specific requirements but these can never be guaranteed. Allergies to specific foods cannot necessarily be specially catered to.

12. 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).

13. 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.

14. EIL reserves the right to cancel any programme for which full payment has not been received 14 days before departure.

15. 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.

16. EIL accepts no liability whatsoever for any loss, illness or accident suffered by a participant during the programme howsoever caused.

17. Participants traveling 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.

18. The following scale of cancellation charges shall apply for all programmes:

Loss of deposit: once confirmed

30% if less than 4 weeks in advance

60% if less than 2 weeks in advance or once placement with host family is made

100% for no shows

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.

19. No refund is payable to participants who withdraws from the programme before the finish date.

20. 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 contact information for how to make a claim. We encourage all participants traveling within the European Union to also bring a European Medical Card as well. Please note that you need to purchase additional travel insurance to cover you for delay/cancellation of flights/programme.

21. Please note that participants are responsible for their own flights.

22. 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 cannot 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, pandemic illness, act of God, or other circumstances amounting to force majeure.

23. Participants agree to contribute €30.00 (to be deducted from amount paid for programme) towards the work of The Trust for Education in International Living to promote intercultural programmes which foster international understanding, world peace and the elimination of racist attitudes. Further information on the Trust is available on request.

Checklist - Have you included the following:

- 1 passport photo;
- "Dear Host Family" letter written in KANJI, if possible;
- €350 non-refundable deposit;
- Programme Terms and Conditions read and signed?

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) 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

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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: E-mail :			Fax:

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 できる <input type="checkbox"/> Good できる <input type="checkbox"/> Fair まあまあ <input type="checkbox"/> Poor 少し <input type="checkbox"/> None できない
How do you rate your present English ability? 英語能力について	<input type="checkbox"/> Excellent できる <input type="checkbox"/> Good できる <input type="checkbox"/> Fair まあまあ <input type="checkbox"/> Poor 少し <input type="checkbox"/> None 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))