

Invitation Programme for Creators

For JF use only

(2) Name

Name	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other ()	Alphabet	Family name	Given name, Middle name
		Chinese characters, if any	Family name	Given name, Middle name

(3) Nationality, Birth date

(4) Contact address

Nationality		Birth date (year/month/day) 19 / /	Contact information (Office or current address)	
Permanent residency		Age:	Tel Fax	Nearest Airport : E-mail

(5) Occupation and Affiliation (Fill only 'Occupation' if you are working independently)

Occupation	Occupation		Area of Expertise	
Affiliated Institution/ Department	Name			
	Address			Tel Fax
	City		Country	
	Title/ Position			

(6) Educational Background

(7) Employment

List up to 3 higher education only (In order of recent accreditation)	Employment (In order of recent employment, up to 3 main affiliations)
---	---

(8) Language Proficiency

Language	Level
English	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None
Japanese	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None

(9) Previous stays in Japan

Period, purpose, grants (if any)

(10) Preferred dates of residency

1 st priority	Days total:	20 / /	~ 20 / /	(year / month / day)
2 nd priority	Days total:	20 / /	~ 20 / /	(year / month / day)
3 rd priority	Days total:	20 / /	~ 20 / /	(year / month / day)

Signature _____

(11) Purpose of visit

Brief Outline	

(12) Activity Plan (*No attachment accepted, write in the given space only)

(1) Outline rough timetable and expected activities during your residency

(2) List specific requirements (equipments, assistance, etc.) and/or appointments/visitations pertaining to your activities in Japan

(3) Outline outcomes and potential public presentations/engagements that you may produce during/after your residency

Name _____

Signature _____

(13) Selected list of achievements in the last 5 years, including ongoing projects(in order of recent month/year)

(14) Submit attachment of CV (not exceeding 1 page of A-4 paper) and documentations related to (13) Achievements where necessary (digital images saved on 1 copy, not original, of CD or DVD and/or no more than 3 publications)

Attachment list:

Date _____

Name _____

Signature _____