

JAPAN EXCHANGE AND TEACHING (JET) PROGRAMME

REFERENCE FORM

Last Name

First Name

Middle Initial

is applying for the JET Programme.

Please rate, by circling the appropriate number or figure, the applicant's abilities in the following areas:

	High		Average		Low	Unknown
Teaching	5	4	3	2	1	X
Public Speaking	5	4	3	2	1	X
Leadership	5	4	3	2	1	X
Working under pressure	5	4	3	2	1	X
Working within a group	5	4	3	2	1	X

On your institution's letterhead, please give your personal assessment of the applicant's ability as a participant on the JET Programme, indicating the extent of your contact with the applicant. Please include in your comments any information that might assist us in evaluating the applicant's ability to adjust and adapt to a foreign culture. Also, comment specifically on the applicant's ability to work with people, quality of work, and career aspirations that may motivate the applicant to participate in the JET Programme.

Name (please print)

Title: Department

Signature

Date

Institution/Company

Full Address, Telephone Number and email address of Institution/Company

NOTE TO REFEREE: Please send a copy of this Reference Form, duly completed, together with a copy of your personal Letter of Assessment directly to the JET Desk, Embassy of Japan in Ireland at jetapplication@ir.mofa.go.jp.