

2027 LANGUAGE ASSISTANTS PROGRAM APPLICATION FORM

Application to be completed in English

PERSONAL INFORMATION

Family name	
Given name	
Gender	☐ Male ☐ Female
Date of birth	
Country of birth	
Nationality	

Home street address			
City			
State/Province		Postcode/Zip	

Email address	
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BACKGROUND DETAILS

Career (Please briefly outline your future career plans)

University studies completed (please list college/university degrees, diplomas or other courses completed)			
Year(s) eg. 2023- 2026	University	Major studies	Degree/ Diploma

Subjects studied in Semester 2, 2026

Have you taken teacher-training subjects? ☐ Yes ☐ No

Have you ever had a teaching practicum? ☐ Yes ☐ No

English Language Proficiency Level achieved			
IELTS	☐ Yes ☐ No	If Yes, scored achieved:	
TOEFL	☐ Yes ☐ No	If Yes, scored achieved:	
Eiken	☐ Yes ☐ No	If Yes, scored achieved:	
TOEIC	☐ Yes ☐ No	If Yes, scored achieved:	
Other (please specify):		Score achieved:	

Language(s) studied and number of years (Please list the languages you have studied and the number of years you have studied them)

Countries where you have lived or visited (Please list the countries outside of Japan in which you have lived or visited and the period of time)

Teaching experience (Please outline any experience you have had in teaching, indicating the setting e.g. practicum at junior high school, and the length of time involved)

Hobbies and interests (Please list any hobbies, interests or sports in which you are involved)

Do you suffer from any medical condition that would prevent your full participation in the program?	☐ Yes ☐ No
If Yes, please specify:	
Do you suffer from any allergies? (including foods, animals, medicines etc.)	☐ Yes ☐ No
If Yes, please specify:	
Do have any special dietary requirements? (e.g. vegetarian)	☐ Yes ☐ No
If Yes, please specify:	

PROGRAM PREFERENCES

I would prefer to be placed in:

Primary school	☐	Secondary school	☐	Either	☐
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Rural area	☐	Country town	☐	Metropolitan area	☐	No preference	☐
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Please note: In placing successful applicants, the Department of Education and Training will take preferences into account but cannot guarantee that all preferences will be met.

EMERGENCY CONTACT

Please provide the name, address and telephone number of your next of kin, or another person in Japan who could be contacted in the event of an emergency in Australia.

Full name			
Relationship to you			
Street address			
City			
State/Province		Postcode/Zip	
Telephone		Mobile	
Email			