

JAL PROJECT 2014

Project for inviting, giving training to, and exchanging with, Japanese-art librarians
from outside Japan

Application Form / 申込書

Please fill in the application form clearly in type or print, create PDF files of the completed and signed form and an evidence of your Japanese-language skills (photocopy of a language certificate or a reference letter from your language teacher), and send them as attachments to an e-mail to jal2014plus@momat.go.jp no later than August 31, 2014. In addition, a PDF file of a signed letter of recommendation from your organization should be sent to the same address by the same date.

申請用紙をタイプまたは手書き(ブロック体もしくは楷書体)でご記入の上、日本語能力を証明する書類(日本語能力試験等の証明書のコピー、または日本語教師からの推薦状)をスキャンしてPDF化して添付ファイルとして「海外日本美術資料専門家(司書)の招へい・研修・交流事業実行委員会」まで電子メールにてこのアドレス:
jal2014plus@momat.go.jp へご提出ください。また推薦者の署名入り推薦状も上記同様にPDF化して添付ファイルにして上記アドレスにお送りください。
全ての書類の提出期限は 2014年8月31日(必着)です。

1. Biographical data

| | |
|--------------------------|--|
| Photo | |
| Name | Family First, Middle <p style="text-align: right;">Prof. / Dr. / Mr. / Ms. / Other ()</p> |
| Name in Japanese letters | |
| Sex | male / female |
| Date of Birth | (month / day / year) / / |

| | | | |
|--|--|-------------|--|
| Country of Birth | | Nationality | |
| Area of Specialty | | | |
| Position or Title | | | |
| Organization | | | |
| Business Address | | | |
| Phone | | Fax | |
| E-mail | | | |
| Home Address | | | |
| Phone | | Fax | |
| Mobile phone | | | |
| E-mail | | | |
| Preferred Address | Please indicate which address you want us to use for future correspondence: () work () home | | |
| Japanese skills | Speaking: () Fluent () Good () Fair | | |
| | Writing : () Fluent () Good () Fair | | |
| Education | | | |
| Professional Experience | | | |
| Publications, works, rewards, etc. | | | |
| Recommender/Referee: The person who signs the letter of recommendation Name: Position or Title Organization: Contact address | | | |

2. Motive for Application / 志望動機
日本語で記入してください。(A4判1枚以内)

3. Your Job Status (current tasks and issues concerning Japanese-art-related materials in your work or researches)/ 現職の内容と課題
日本語で記入してください。(A4判1枚以内)

I hereby certify that all the information given above is true.

この申込書の記載事項は事実と相違ありません。

Signature

Date

4. Application Agreement / 申込同意書

Please read the Terms and Conditions. By signing below you certify that you have read and agree to abide by all the Terms and Conditions listed below.

Terms and Conditions:

I am eligible to cover all my expenses during the JAL project except the accommodation expenses for the nine nights from December 1 to 11, 2014 and the cost of a round-trip plane ticket* (economy class and the shortest route).

* The upper limit may be set depending on the distance

Signature

Date

Name in print

Please send the completed application forms to the following:

JAL Project Executive Committee

Library

The National Museum of Modern Art, Tokyo

3-1 Kitanomaru-koen, Chiyoda-ku, Tokyo 102-8322

Tel: +81-3-3214-2606

Fax: +81-3-3214-2576

E-mail: jal2014plus@momat.go.jp

URL: <http://www.momat.go.jp/art-library/JAL/JAL2014.html>

申込書類の宛先は以下のとおりです。

海外日本美術資料専門家(司書)の招へい・研修・交流事業実行委員会

E-mail: jal2014plus@momat.go.jp

URL: <http://www.momat.go.jp/art-library/JAL/JAL2014.html>

〒102-8322 東京都千代田区北の丸公園3-1

東京国立近代美術館アートライブラリ

Tel: (03)3214-2606

Fax: (03)3214-2576

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全ての書類の提出期限は 2014年8月31日(必着)です。

1. Biographical data

| | |
|--------------------------|--|
| Photo | |
| Name | Family First, Middle Naomi Ohashi Prof. / Dr. / Mr. / <input checked="" type="radio"/> Ms. / Other () |
| Name in Japanese letters | 大橋 直美 |
| Sex | male / <input checked="" type="radio"/> female |
| Date of Birth | (month / day / year) 10 / 05 / 1967 |

| | | | |
|--|--|-------------|--------------|
| Country of Birth | Japan | Nationality | Japan |
| Area of Specialty | Tokyo | | |
| Position or Title | Staff worker | | |
| Organization | Tokyo-Yokohama Art center | | |
| Business Address | 3-1 Kitanomaru-koen, Chiyoda-ku, Tokyo 102-8322 | | |
| Phone | 03-3333-4444 | Fax | 03-3333-4445 |
| E-mail | emailaddress@mail.com | | |
| Home Address | 3-1 Katakura-cho, Kanagawa-ku, Yokohama 221-0865 | | |
| Phone | 045-456-6789 | Fax | 045-456-7890 |
| Mobile phone | 090-1234-5678 | | |
| E-mail | mobileaddress@mobile.com | | |
| Preferred Address | Please indicate which address you want us to use for future correspondence: (<input type="radio"/>) work (<input type="radio"/>) home | | |
| Japanese skills | Speaking: (<input type="radio"/>) Fluent (<input type="radio"/>) Good (<input type="radio"/>) Fair | | |
| | Writing : (<input type="radio"/>) Fluent (<input type="radio"/>) Good (<input type="radio"/>) Fair | | |
| Education | Yokohama art and design University | | |
| Professional Experience | None | | |
| Publications, works, rewards, etc. | None | | |
| <p>Recommender/Referee: The person who signs the letter of recommendation</p> <p>Name: Joseph Smith</p> <p>Position or Title Chief</p> <p>Organization: Tokyo-Yokohama Art center</p> <p>Contact address 3-1 Kitanomaru-koen, Chiyoda-ku, Tokyo 102-8322</p> | | | |

2. Motive for Application / 志望動機

日本語で記入してください。(A4判1枚以内)

日本美術と資料について

日本建築と写真資料について

秋葉原におけるアニメ文化とマンガ資料について

日本の古典文様とその伝承方法について

3. Your Job Status (current tasks and issues concerning Japanese-art-related materials in your work or researches)/ 現職の内容と課題
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日本建築と写真資料について
秋葉原におけるアニメ文化とマンガ資料について
日本の古典文様とその伝承方法について
資料収集とデータベース作成

I hereby certify that all the information given above is true.

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Signature

Date

Name in print

Naomi Ohashi

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