

Local Government Officials Training Program in Japan

Trainee Application Form

Photograph (Taken Within the Past 3 Months) 4cm high × 3cm wide

① Applicant Name

- Please type or print your name in the standard alphabet format

Name as it appears officially in your passport

/

Surname (Family Name)

Given Name(s)

② Nationality

③ Sex

Male Female Check the appropriate box.

④ Date / Place of Birth Date: _____ Yr/ _____ Mon/ _____ Day Place: _____

⑤ Dietary Restrictions:

(Including those relating to religious reasons)

⑥ Marital Status

Married Single Check the appropriate box

⑦ Occupation (Please clearly type or print your employer's full contact details in English)

Workplace	Department	Provincial / Municipal Government Name	
Work Address	Postal Code		
Your Position/ Title			
Work Telephone	(Mobile)	Fax Number	
		E-mail	
Contact Person (Supervisor)	(Position/Title) (Name)	Telephone	
		Fax Number	

⑧ Home Address

Full home address, telephone number, and contact information in your home country in case of an emergency.

Home Address	Postal Code		
Home Telephone		Fax number	
		Your Personal E-mail	
Emergency Contacts (2 people)	Name	Relation	Tel/Fax
	Name	Relation	Tel/Fax

⑨ Do you have a passport? Yes No Check the appropriate box.

Passport Number		Date of Issue	
Date of Expiration		Issuing Authority	

⑩ Have you ever been to Japan? Yes No Check the appropriate box.
(If yes, please indicate when, where, and why)

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⑪ Educational Institutions Attended:

Name of Institution	Dates Attended	Specialization	Qualification(s) Earned

⑫ Qualifications (Please indicate if you have any special language qualifications, etc)

Type of Qualification	Date Received

⑬ Work Experience

Dates	Employer	Position / Description of Work
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~		
~		
~		

⑭ Have you received any overseas training before? Yes No Check the appropriate box.

Country/Host Organization	Training Period	Contents of Training (Please be specific)
	~	
	~	

⑯ Details of Desired Field of Training

(1) Please provide a detailed description of your **work experiences** focusing on aspects relating to your desired field of training in Japan. (If the space provided is insufficient, please use additional sheets of paper.)

(2) Desired Field of Training :

Please indicate your desired field of training as well as detailed, specific reasons for your application.
(If the space provided is insufficient, please use additional sheets of paper.)

- (i) Focusing on your desired field of training, please outline the current situation and pressing issues that must be addressed in your local government.
- (ii) Please indicate specific details of what you would like to learn while in Japan. Please include details of institutions you would like to visit, events you would like to attend, technologies you would like to study, etc.
- (iii) Please indicate how you would apply what you have learned in Japan to your work upon returning to your home country.

⑯ Experience in Desired Field of Training (Please summarize item (1) of section ⑮)

Dates	Details of Experience
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~	

⑰ Language Ability Check the most appropriate response

	Japanese	English
Listening	<input type="checkbox"/> None <input type="checkbox"/> Greetings <input type="checkbox"/> Daily Conversations <input type="checkbox"/> Can understand Japanese radio or TV <input type="checkbox"/> No trouble understanding native speakers	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Simple daily conversations <input type="checkbox"/> Basic explanations <input type="checkbox"/> News, speeches, debates
Speaking	<input type="checkbox"/> None <input type="checkbox"/> Greetings <input type="checkbox"/> Daily Conversations <input type="checkbox"/> Expressing opinions about general topics <input type="checkbox"/> No trouble communicating at all	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Simple daily conversations <input type="checkbox"/> Basic explanations <input type="checkbox"/> Expressing opinions without difficulties
Reading	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input type="checkbox"/> Some Chinese characters (____ characters) <input type="checkbox"/> Simple newspaper articles <input type="checkbox"/> Advanced newspaper articles	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Simple newspaper articles <input type="checkbox"/> Advanced newspaper articles
Writing	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input type="checkbox"/> Some Chinese characters (____ characters) <input type="checkbox"/> Simple sentences <input type="checkbox"/> Expressing opinions	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Short paragraphs on general topics <input type="checkbox"/> Summaries and expressing opinions

⑱ Language Learning (Please type or print in detail)

Language	Period/Frequency of Study	Method/Content of Study	Institution	Qualification(s) Earned
Japanese				
English				
Languages other than your mother tongue				

(19) Period Available for Training 15 May 2016 ~ _____ / _____ / _____
Day Month Year

* Training is between 6 to 12 months. The exact length of your stay in Japan will be decided by your host institution upon consideration of your individual circumstances.

I hereby apply for the position of "Trainee" with the attached Written Pledge and Medical Checkup Sheet. I pledge that the above stated information is true and factual.

____ Day ____ Month ____ Year

Signature of Applicant _____

(To be filled out by the applicant's supervisor)

I hereby certify that the above Application Form and Medical Checkup Sheet are accurate. I also believe the applicant to be a suitable candidate for this training program, and recommend the applicant wholeheartedly.

____ Day ____ Month ____ Year

Name of Organization _____

Address _____

Tel _____ Fax _____

Name of Department Head _____

Signature of Department Head _____