

FORM 1

Letter of Recommendation

To the President of the Overseas Fishery Cooperation Foundation of Japan

Recommender

Name of recommender / title (Mr, Ms, etc.)
Title / Position
Organization

I recommend the person below as a candidate to the OFCF training in Japan.

Date	Signature
_____	_____

Candidate

Name of candidate
Title of training course the Leadership Training Course on Fisheries Management and Administration (LTCFMA)

*OFCF will send the notification of application result. Please write the name of the person to whom it is addressed, if you need different person's name from the recommender.

Name / title (Mr, Ms, etc.)	Title / Position
_____	_____
Organization	

FORM 2

Applicant Information

1. Name (as shown in the passport) Family name			<div style="border: 1px solid black; padding: 5px;"> photo copy 4cm x 3cm </div>
Middle name			
Given name			
2. Nationality			
3. Date of birth (dd mmmm yyyy)	4. Age	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single			
7. Place of birth: country	city	town	
8. Home town : country	city	town	
9. Organization, Title / Position Organization (Ministry, etc)			
Department, Division			
Present Title / Position			
10. Contact information : Office Address			
Office Tel		Office Fax	
e-mail address 1		e-mail address 2	
11. Passport No.		Date of expiration (dd mmmm yyyy)	
12. Place to apply VISA: city		13. Nearest international airport	
14. Past entry into Japan <input type="checkbox"/> Yes <input type="checkbox"/> No	Most recent date of entry (dd mmmm yyyy) from _____ to _____		16. Food and drink prohibition (if any)
Number of entries time(s)	Purpose of entry		
15. Family in Japan <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Others <input type="checkbox"/> None			

FORM 2

17. Employment history				
month / year (mm/yyyy)		Organization (Ministry, Department, Division)	Title / Position (in detail) (e.g. Fisheries planning officer)	Permanent / Temporary
start	end			

18. Education background					
month / year (mm/yyyy)		Name of School, College, University, etc.	Specialty or Major	Language used in School, etc.	Location
start	end				

19. Past overseas stay				
year (yyyy)	country	Period	Purpose	Official / Private

20. Language skills						
English						
	Excellent	Good	Fair	Poor	None	Certificate (e.g. TOEIC, TOEFL)
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FORM 2

Japanese						
	Excellent	Good	Fair	Poor	None	Certificate
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schooling, Private lessons, Self-study (incl. period)
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other languages: describe other language skills (if any)						

I declare that all information written in this form is correct and I shall follow the training regulation of OFCF including compensation rule covered by accident insurance.

Date

Name of applicant (print)

Signature

FORM 3

Medical Certificate			
Full Name (Mr/Ms)		Date of birth (dd mmmm yyyy)	Age
1. Hight (身長) cm	4. Eye Trouble (眼疾)		
2. Weight (体重) kg	5. Visual Acuity (視力)		
		Naked	Corrected
3. Internal Examination (内科所見)	Left		
	Right		
	6. Colour Blindness (色神)		
	7. Blood Pressure (血圧)		
	8. Urine Protein (蛋白) Glucose (糖)		
	9. Ear Troubles (耳疾)		
	10. ESR Erythrocyte sedimentation rate (血沈)		
11. Tuberculin Test (ツベルクリン反応)			
12. Chest X-Ray (胸部X線) Indirect (間接撮影) Direct (直接撮影)	13. Medical History		
14. Under Medical Treatment (治療中の病氣)	15. Remarks (特記事項)		

I hereby certify that all information given is correct.

Date

Name of Hospital

Address

Name of Doctor (print)

Signature

FORM 4

Employment Certificate
I hereby certify that the candidate mentioned below is our employee, and guarantee their status when they return
Name
Sex
Age
The date when the nominated candidate joined this organisation (dd mmmm yyyy)
Present title / position of the nominated candidate

Certified by :

Name

Organization

Title / position (Minister, Secretary, Director)

Date

Signature

Academic Background

I hereby certify that the person mentioned below has satisfactorily completed the requirement for graduation as prescribed by the Department of Education, and is awarded this diploma given

at _____ on _____

Full Name
Sex
Age
The date when the applicant graduated from the educational institution. (dd mmmm yyyy)
Name of the educational institution

Certified by :

Name _____

Title / position (Principal, schoolmaster)

Date _____

Signature _____

送出し機関概要書 (外国の所属機関・その他研修の準備に関与する外国の機関)

Overview of the Organization to which the applicant belongs

1. Foreign sending organization (Organization to which the applicant belongs to) 機関名: _____			
2. Minister, Ministry, etc. 経営者名: _____			
3. Address 所在地: _____			
4. Established 設立年月日: _____			
5. Business relations 受入機関との関係: _____			
6. Type of Business, Staple commodities 業種・主要製品: _____			
Capital 資本金	Annual Sales (latest fiscal year) 売上げ	Number of full-time employees 常勤職員数	Main Trade 主要取引
Name of Manager 責任者名: _____			
<p>Whether or not the foreign sending organization, operator or manager used or provided forged documents or hid a relevant fact concerning misconduct relating to the training or technical internships of foreign nationals in order to have a foreign national unlawfully receive permission to enter and stay in Japan 外国人に不正に入国・在留に係る許可を受けさせ、又は外国人の研修・技能実習に係る不正行為に関する事実を隠ぺいする目的で、偽変造の文書・図画若しくは虚偽の文書・図画の行使・提供を行ったことの有無</p> <p style="text-align: center;"> <input type="checkbox"/> YES (あり) <input type="checkbox"/> NO (なし) </p>			
<p>Fill in the following when the answer is "YES" 上記において、「あり」に該当する場合に記載</p> <p>Time (時期) : _____</p> <p>Details (内容) : _____</p>			

Date: _____

Organization: _____

Name: _____

Title / Position:
(Minister, Secretary,
Director) _____

Signature: _____