

Attachment 3: Application Forms

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

| Applicant Information | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. Name (as shown in the passport) Family name | | <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>photo copy</p> <p>4cm x 3cm</p> </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 | | | |

| 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"/> | |

| Japanese | | | | | | Certificate |
|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------|
| | Excellent | Good | Fair | Poor | None | |
| 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

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 (血压) | |
| | 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 (治療中の病気) | 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

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</p> <p>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: _____