(Form 1)

Recommendation Letter

Dear Mr. Hitoshi Goto, Governor of Yamanashi:

Name

Date of Birth Year　　Month　　Date

We are nominating the above candidate to participate in the 2017 Yamanashi Overseas Technical Training Program. The nomination was reached after a thorough consideration of the Candidate’s qualifications and suitability to the program. Please see the enclosed application documents.

Confidential Report

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| --- |
|  |

Year Month Date

Name of the Nominating Institution

Name of the Representative　　　　　　　　 　　　　（Signature）

E-mail

(Form 2)

Training Application Form

Dear Mr. Hitoshi Goto, Governor of Yamanashi:

I wish to apply for the 2017 Yamanashi Overseas Technical Program. Please see the enclosed application documents.

　　　 Year　　Month　　Date

Name　　　　　　　 (Signature)

Address

TEL/FAX

E-mail

|  |  |
| --- | --- |
| Training Occupation |  |
| Detailed Training Contents |  |

(Attached Documents)

(1) Resume (Form 3)　　　　　　　　　　　　　　　 1 Copy

(2) Personal Date Form (Form 4)　　　　　　　　　　 1 Copy

(3) Certificate of Health (Form 5)　　　　　　　　　　　 1 Copy

(4) Pledge (Form 6)　　　　　　　　　　　　　　　 1 Copy

(5) ID Photographs (Upper body taken within 3 months) 4 Photos

(Form 3)

Resume

Year　　 Month　　 Date Present

|  |
| --- |
| Upper Body ID Photographs |

|  |  |
| --- | --- |
| Name  （English） | （　　　　　　　　　　　） |
| Date of Birth |  |
| Nationality |  |
| Gender |  |
| Location of Birth |  |

|  |  |
| --- | --- |
| Former Nationality or Parents’ Hometown |  |
| Current Address |  |
| Email Address |  |
| Year Month | Education、Employment History、Licenses、Rewards and Punishments |
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（\*）1　Please only indicate the most recent education, including your department and major.

2　For Employment history, please also include the position held in bracket ().

Example: ○○Company (Facility Worker), (Maintenance Mechanic), (Programmer).

(Form 4) Personal Date Form

|  |  |
| --- | --- |
| Name（English） | (　　　　　　　　　　　　) |
| Special Skills  Strong Subjects |  |
| Hobbies  Sports |  |

|  |  |  |
| --- | --- | --- |
| Location of the Issued VISA |  | |
| Past Entry History to Japan | Times | Most Recent Entry  From Year Month Date  to Year Month Date |
| Study Abroad Experience | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of the Affiliated Organization | Name | | | | | Location | | | | |
| Name of the Person in Charge | | | | | Phone Number | | | | |
| Description of the Organization | | | | | | | | | |
| Language Ability | Reading | | | Speaking | | | | Writing | | |
| Language | Advance | Intermediate | Introductory | Advance | Intermediate | | Introductory | Advance | Intermediate | Introductory |
| Japanese |  |  |  |  |  | |  |  |  |  |
| English |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |
| Acquired Language Proficiency Test | | | | | Acquired Qualification (Except for Language) | | | | | |
| Current Position and Work Duties | | | | | Position and Work Duties after Return to Home Country | | | | | |
| Research theme and other achievement | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Status | Name | | Age | Relationship to the Applicant | | Occupation | | Name | Age | Relationship to the Applicant | | Occupation | |
|  | |  |  | |  | |  |  |  | |  | |
|  | |  |  | |  | |  |  |  | |  | |
|  | |  |  | |  | |  |  |  | |  | |
|  | |  |  | |  | |  |  |  | |  | |
| Contact in Yamanashi Prefecture | | Name | | | Relationship to the Applicant | | Address | | | | Telephone Number | |
|  | | |  | |  | | | |  | |

(\*) In case there is no contact in the Yamanashi Prefecture, please write the contact information in Japan.

(Form 5)

Certificate of Health

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth | Year　　Month　　Date | Gender |  |
| Address |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height | ・　　㎝ | Urine Test | Glucose | －　±　＋ | |
| Weight | ・　　㎏ | Protein | －　±　＋ | |
| Blood Pressure | ／　　ｍｍＨｇ | Urobilinogen | Normal・Abnormal | |
| Eye Sight | Right　　（　　　　　） | Blood Test | GOT | IU | / |
| Left　　（　　　　　） | GPT | IU | / |
| Listening Ability | Right　　Normal　・　Abnormal | γ－GTP | IU | / |
| Left　　Normal　・　Abnormal | Total cholesterol | ｍg | / |
| Eye Disease |  | Neutral Fat | ｍg | / |
| Colour Vision |  | Haemoglobin | g | / |
| Otorhinolaryngological Disease |  | Erythrocyte count |  | /μ |
| Speaking ability |  | Ｘ-Ray　　　Direct　・　Indirect | | | |
| Digest System |  | Taken on  　Year　　Month　　Date  Observation | | | |
| Psychoneurosis |  |
| Impaired Motor Function |  |
| Spinal and Chest |  |
| Dermis |  |
| Others |  |
| Physician’s Opinion |  | | | | |
| Examination results are recorded in the chart above.  Year　　Month　　Date  Name of the Hospital  Name of the Physician　　　　　　　　　　　（Signature） | | | | | |

(Form 6)

Pledge

Dear Mr. Hitoshi Goto, Governor of Yamanashi:

Should I be selected as a Yamanashi Overseas Technical Trainee, I agree to obey the following rules:

1　I agree to comply with Japanese laws and regulations in the training institution.

2　I agree to take the full responsibility for compensating for any serious damage and loss caused by my deliberation, oversight or negligence during the training program.

3　I agree to follow the instructions and decisions delivered by the Yamanashi Prefecture.

4　Upon return, I will put the acquired technologies and knowledge into practice and contribute to the economic development and prosperity of my home country as well as play an active part for Yamanashi Prefecture.

Year　 　Month　　Date

Name　　　　　　　　　　　 　(Signature)

(Form 7)

Certificate of Graduation Record

* There is no specific format for the Certificate of Graduation Record. The official copy issued by your school is acceptable.
* Matriculated students should submit a proof of enrolment. (Form 8)

Certificate of Employment and/or Re-employment

* There is no specific format for the Certificate of Employment and/or Re-employment.
* The Certificate should clearly indicate the re-employment of the candidate in the home country after he or she completes the Overseas Technical Training Program in Japan.

(Composition)

|  |
| --- |
| Name: |
| 1. About the purpose of your application |
|  |
| 1. About your desired Training Program |
|  |
| 1. How would you contribute to Yamanashi Prefecture after returning your home country? |
|  |

\* This composition is an important part of the evaluation. Please make it as detailed as possible.