**Application Form: INFORMATION OF ORGANIZATION (WORKPLACE)**

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| **Name of the parent/umbrella organization(s) of your workplace (if any)** |
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| **Name of your workplace (Institution/Foundation/Branch, etc.)** |
|  |  |
| **Representative of your workplace** |
|  | (Position) |  |
|  | (Name) |  |

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| **Address of your workplace**（postal address） |
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| **Telephone Number（workplace）** |  |
| **Fax Number（workplace）** |  |
| **E-mail address（workplace）** |  |
| **URL（workplace or umbrella organization）** |  |
| **Year of establishment（workplace or umbrella organization）** |  |
| **Annual budget and currency（workplace or umbrella organization）** |  |
| **Source of fund (workplace or umbrella organization)** |
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| **Number of paid staff (workplace)** |  |
| **Number of clients or users (workplace)** |  |

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| * **Objectives and Activities of the umbrella organization and/or work place**
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| **Objectives：** |
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| **Activities：** |
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| * **Your Present Work**
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| **Job Title：** |  |
| **Post:** |  |
| **Duty:** |
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| * **Your Salary**
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| Your Current Salary (per month)：please specify the currency |
|  |  |
| Will you receive your salary from your workplace in your own country while in Japan? |
|  | YES / NO |
| 【If your answer is “Yes”】How much will the salary be? |
|  |  |
| How much will your salary be after your return? |
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| * **Your work experience at the umbrella organization and/or at current work place**

**(Please describe what you have been doing and/or what has been your function since you’ve started to work at the organization up to now.)** |
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| Your Full Name |  |
| Signature |  |

　　　　　　　　　　　　　※Please be sure to write your signature in your own handwriting.