**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.)** | | |
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| **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** |
| **Objectives：** |
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| **Activities：** |
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| * **Your Present Work** | |
| **Job Title：** |  |
| **Post:** |  |
| **Duty:** | |
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| * **Your Salary** | |
| Your Current Salary (per month)：please specify the currency | |
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| 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 |  |

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