PHOTO

(4cmⅹ3cm)

Color Original

w/in 6 months

**Caution** (Delite this text box before the application.)

\*Any handwritten application forms are NOT acceptable.

\*\*The application will be rejected if any instances of copied content are found in the submitted application form.

ADVANCED INSTRUCTOR TRAINING COURSE 2025

**APPLICATION FORM**

|  |  |
| --- | --- |
| **Course Title (Select only ONE course)** | |
| □ | Nuclear / Radiological Emergency Preparedness |
| □ | Environmental Radioactivity Monitoring |

**Part I** (*to be completed by the applicant*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Personal Detail** | | | | | | |
| Given Name: |  | | | | | |
| Middle Name: |  | | | | | |
| Surname: |  | | | | | |
| Date of Birth: | dd/mm/yyyy | | | | | |
| Sex: | □ Male □ Female | | Nationality: | |  | |
| Home Address: |  | | | | | |
| Tel: |  | | | | | |
| E-mail: |  | | | | | |
| Airport: (The nearest international airport from your organization) | |  | | | | |
| **2. Emergency Contact** | | | | | | |
| Name: |  | | | Relation: | |  |
| Address: |  | | | | | |

|  |
| --- |
| **3. Passport Data** |
| **Please place the copy of your passport here.**  Visa related application documents will be prepared based on your passport data.  **In case your passport is expired**   1. Those who are in the process of renewing a passport,   please take an action as soon as possible.   1. Please submit the expired passport first until the new one will be issued. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Educational Record** | | | | | | | | | | |
| Educational Institution | | Location | | Year Attended | | | Degree/Diploma/  Certificates | | Major | |
| from | | to |
|  | |  | |  | |  |  | |  | |
|  | |  | |  | |  |  | |  | |
|  | |  | |  | |  |  | |  | |
|  | |  | |  | |  |  | |  | |
| Details of professional qualifications, or special industry certificates which you possess: | | | | | | | | | | |
|  | | | | | | | | | | |
| **5. Employment Record (Description of Your Work)** | | | | | | | | | | |
| (a) Present Position | | | | | | | | | | |
| Your Personal Responsibility:  **\*Please create an itemized list** | | | -  -  -  - | | | | | | |
| Position: | | |  | | | | | | |
| Section/Group: | | |  | | | | | | |
| Division: | | |  | | | | | | |
| Department: | | |  | | | | | | |
| Organization: | | |  | | | | | | |
| Employed Since | | |  | | | | | | |
| Office Address: | | |  | | | | | | |
| Tel: | | |  | | | | | | |
| E-mail: | | |  | | | | | | |
| (b) Previous Position | | | | | | | | | | |
| Your Personal Responsibility:  **\*Please create an itemized list** | | | -  -  -  - | | | | | | |
| Position: | | |  | | | | | | |
| Section/Group: | | |  | | | | | | |
| Division: | | |  | | | | | | |
| Department: | | |  | | | | | | |
| Organization: | | |  | | | | | | |
| Period (from - to) | | |  | | | | | | |
| **6. Regarding the Course** | | | | | | | | | | |
| (a) Your motivation to apply for the course and your expectation/requirement to the course: | | | | | | | | | | |
|  | | | | | | | | | | |
| (b) Relevancy of the course to your present job: | | | | | | | | | | |
|  | | | | | | | | | | |
| (c) Your desire to make use of knowledge, skills etc. gained through the participation in the course for your future job: | | | | | | | | | | |
|  | | | | | | | | | | |
| **7. Experience of Participating ITC** | | | | | | | | | | |
| ☐ Yes | | | | | Year Attended: | | |  | | |
| Course: | | |  | | |
| ☐ No | | | | | | | | | | |
| **8. Experience as FTC Instructors** | | | | | | | | | | |
| Two or more **DIFFERENT** years of FTC from **April 2018 to March 2025** | | | | | | | | | | |
| 1 | Date (mm/yyyy): | | | |  | | | | | |
| Course: | | | |  | | | | | |
| Lecture/Exercise Title: | | | |  | | | | | |
| 2 | Date (mm/yyyy): | | | |  | | | | | |
| Course: | | | |  | | | | | |
| Lecture/Exercise Title: | | | |  | | | | | |
| 3 | Date (mm/yyyy): | | | |  | | | | | |
| Course: | | | |  | | | | | |
| Lecture/Exercise Title: | | | |  | | | | | |
| **9. Regarding Your Photos** | | | | | | | | | | |
| Consent to publish your photos taken during the course | | | | | | | | | | |
| ☐ Agree | | | | | ☐ Disagree | | | | | |

**Part II** (*to be completed by the organization that applicant belongs to)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Observations of the Organization on:** | | | | |
| (a) Applicant’s roles and/or contributions to the organization: | | | | |
|  | | | | |
| (b) The applicant’s personal qualities: | | | | |
|  | | | | |
| (c) Any special reasons for selecting him/her: | | | | |
|  | | | | |
| (d) Governmental or organizational expectation to him/her in the future work: | | | | |
|  | | | | |
| **2. English Language Proficiency** | | | | |
| Approved English Qualifications | Organizer  *ex.) TOEFL/ IELTS* | | Grade/Point | |
|  | |  | |
| English Proficiency | Reading | Writing | Speaking | Listening |
| □ Good | □ Good | □ Good | □ Good |
| □ Average | □ Average | □ Average | □ Average |
| □ Poor | □ Poor | □ Poor | □ Poor |

Part II is to certify that the below-mentioned has written.

Signature: Title:

Name: Date: / /

(dd/mm/yyyy)

**Part III** (*to be completed by the nominating organization*)

|  |  |
| --- | --- |
| **Official Nomination** | |
| On behalf of the 　　　　, I certify that  (Name of the Organization)  (a) I have examined the educational, professional and other certificates quoted by the applicant in this application form and I warrant that they are authentic.  (b) I acknowledge that the applicant is fit to make a journey to Japan and to take part in the Course.  (c) I have confirmed the contents of Application Guidance, such as deadline, cancellation policy, accommodation policy, and agreed to it.  I nominate him/her accordingly on behalf of the  (Name of the Organization)  Signature:  Name:  Title:  Date: / /  (dd/mm/yyyy) | |
| Correspondence: Please indicate person and address to which any correspondence regarding this document can be addressed. | |
| Name: |  |
| Address: |  |
| Tel: |  |
| E-mail: |  |

**Part IV** *(to be completed by the applicant and witnessed by the nominating organization)*

|  |  |
| --- | --- |
| **Declaration** | |
| I, 　　 　　of (First name) (Last name) (Country)  certify that the statement in part I of this form is true and correct to the best of my belief.  If my participation in the Course is accepted, I undertake to:   1. Be under the administrative control and technical supervision of the JAEA during the period of the course; 2. Observe all rules, regulations and requirements of the JAEA including, but not limited to, safety, security, health, and course schedule during the period of the course; 3. Follow such instructions and abide by such conditions as may be stipulated by both the nominating Government and the host Government in respect of this course; 4. Not transmit or disseminate any restrictive information obtained through the course to third parties without approval of the JAEA; 5. Cooperate to achieve the purpose of this course; 6. Be physically and mentally healthy enough to attend the course and submit a medical certificate before starting the course; 7. Stay out of political activities, or any form of employment for profit or gain; and 8. Return to my home country as soon as this course finishes.   I also fully understand that even during the course I might be subsequently withdrawn from it by full authority of the host Government if I fail to make collaboration in the course, or I conduct inappropriately as a participant of the course. | |
| Sign by the Applicant: | WITNESS by the Nominating Organisation: |
| Signature: | Signature: |
| Name (Print): | Name (Print): |
|  | Title: |
| Date: / /  (dd/mm/yyyy) | Date: / /  (dd/mm/yyyy) |