PHOTO

(4cmⅹ3cm)

Color Original

w/in 6 months

NUCLEAR TECHNOLOGY SEMINAR 2025

**APPLICATION FORM**

|  |  |
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| **Course Title :**  | **Basic Radiation Knowledge for School Education Course** |

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

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| **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: |  |

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| **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.
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| **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: |
|  |
| (d) Experiences of participating in international activities (inc. Japan). Please write any recent conferences or seminars/training courses you attended: |
| Host Country | Host Organization | Year | Period | Theme/Subject |
|  |  |  |  |  |
|  |  |  |  |  |
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| **7. 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)*

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| **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*)

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| **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)*

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| **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 Organization: |
| Signature:  | Signature:  |
| Name (Print):  | Name (Print):  |
|  | Title:  |
| Date: / /  (dd/mm/yyyy) | Date: / /  (dd/mm/yyyy) |