

2024 Asia OSH SAKURA Project

APPLICATION FORM

Course Name: 2024 Asia OSH SAKURA Project (Thai course)

Date (OSH Basic Training in Japan): December 9 – December 14, 2024

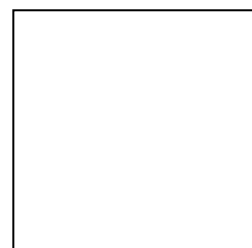
Date (Follow-up Training in Thailand):

Scheduled for February – March, 2025

1. Candidate Information: (As appeared on the passport)

Last Name: _____

Photo:



Middle Name: _____

First Name: _____

Full Name as appeared on the passport: _____

Sex: () Male () Female Nationality: _____

Date of Birth (date/month/year): _____ Age: _____

Religious Affiliation: _____

Home Address (full): _____

Home Tel. (full): _____

Private E-mail: _____

Home Fax (full): _____

Passport No.: _____

Issuing Date (date/month/year) and Place: _____

Expiry Date (date/month/year): _____

2. Candidate Occupation:

Company Name: _____

Please check one of the following boxes regarding your company.

☐ Japanese Affiliated Company

☐ Non-Japanese Company (If you check this box, I'm afraid you are NOT qualified.)

Company Address: _____

Present Position (Title): _____

Tel (full): _____

Fax (full): _____

E-mail: _____

3. Contact Person:

The Contact person should belong to your parent company in Japan. The contact person will play an intermediary role between JISHA and a trainee / a local company to which the trainee belongs.

Company Name: _____

Company Address: _____

Name of the Contact Person: _____

Present Position (Title): _____

Tel (full): _____

Fax (full): _____

E-mail: _____

4. Candidate Background:

Please check the following boxes.

If you can't check all the following boxes, I'm afraid this time you are NOT qualified.

☐ Recommended by a representative of the company belonging to

☐ Have more than three years of work experiences in OSH or have equivalent expertise in OSH

☐ Basically, Under 40 years old and have a will to continue working for the company you belong to even after participating in this project

5. Person to Notify in Case of Emergency (Co-worker or Family etc.):

Name: _____ Relations: _____
Address: _____
Tel: _____
Country: _____ E-mail: _____

6. Signature of Candidate:

I declare that the above information is accurate to the best of my knowledge.

Signature of Candidate him/her-self:

(Full Name) _____

7. Signature by the representative of the recommending company:

I certify that Mr. / Ms. _____ has been recommended for Asia OSH Sakura Project and that he/she meets the training requirements for participation.

Date: _____

Signature: _____

Name of Signer (Please print): _____

Title of Signer: _____

Name of Company: _____

**Please return this application form after completion by email as attachment to
Japan Industrial Safety and Health Association (JISHA):
International Affairs Division Email: trajisha@jisha.or.jp**