2023 Asia OSH SAKURA Project

APPLICATION FORM

Course Name: 2023 Asia OSH SAKURA Project (Vietnamese course)

Date (OSH Basic Training in Japan): December 4 – December 9, 2023 Date (Follow-up Training in Vietnam):

Scheduled for February - March, 2024

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 y	our company.		
Japanese Affiliat	ed Company			
Non-Japanese Company (If you check this box, I'm afraid you are NOT qualified.) Company Address:				
Tel (full):	Fax (full):	E-mail:		
3. Contact Person:	-			
•	• • •	company in Japan. The contact person trainee / a local company to which the		
Company Name:				
Company Address:				
Name of the Contact Pe	erson:			
Present Position (Title):				
riesent rosition (Title).				
Tel (full):	Fax (full):	E-mail: 		
4. Candidate Backg	jround:			
Please check the follow	•	this time you are <u>NOT</u> qualified.		
Recommended b	by a representative of the comp	any belonging to		
Have more that		periences in OSH or have equivalent		

Basically, Under 40 years old and have you belong to even after participating in	e a will to continue working for the company n this project
5. Person to Notify in Case of Emerge	ency (Co-worker or Family etc.):
Name:	Relations:
Address:	
Tel:	
Country:	E-mail:
6. Signature of Candidate:	
I declare that the above information is a	accurate to the best of my knowledge.
Signature of Candidate him/her-self:	
(Full Name)	
7. Signature by the representative of t	the recommending company:
I certify that Mr. / Ms. Asia OSH Sakura Project and that he/sh participation.	ne meets the training requirements for
	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