

ส่วนที่สี่



ที่ พร ๐๐๒๓.๓/ว ๑๗

ถึง สำนักงานองค์การบริหารส่วนจังหวัดแพร่ สำนักงานเทศบาลเมืองแพร่ และสำนักงานส่งเสริมการปกครอง
ท้องถิ่นอำเภอ ทุกอำเภอ

ด้วยกรมส่งเสริมการปกครองท้องถิ่นแจ้งว่า สภาองค์กรปกครองส่วนท้องถิ่น
เพื่อความสัมพันธ์ระหว่างประเทศแห่งญี่ปุ่น (CLAIR) ประจำปีประเทศสิงคโปร์ จะดำเนินโครงการฝึกอบรม
ข้าราชการขององค์การปกครองส่วนท้องถิ่นในประเทศญี่ปุ่น ประจำปี ๒๕๖๐ (2017 Local Government
Officials Training Program in Japan: LGOTP) และทาง CLAIR ได้ให้กรมส่งเสริมการปกครองท้องถิ่น
คัดเลือกข้าราชการ/พนักงานส่วนท้องถิ่นเข้าร่วมฝึกอบรมโครงการดังกล่าว

ในการนี้ จังหวัดจึงขอแจ้งให้องค์กรปกครองส่วนท้องถิ่นในพื้นที่ทราบ หากมีความประสงค์
สมัครเข้าร่วมโครงการฯ ให้จัดทำใบสมัครและเอกสารประกอบการสมัคร ส่งถึง “ผู้อำนวยการส่วนวิชาการ
และวิจัยเพื่อการพัฒนาท้องถิ่น กรมส่งเสริมการปกครองท้องถิ่น ถนนนครราชสีมา เขตดุสิต กรุงเทพฯ
๑๐๓๐๐” รายละเอียดปรากฏตามหนังสือกรมส่งเสริมการปกครองท้องถิ่น ส่วนที่สี่ ที่ มท ๐๘๑๐.๒/ว ๓๓
ลงวันที่ ๑๐ มกราคม ๒๕๖๐ ที่ส่งมาพร้อมนี้

จึงเรียนมาเพื่อทราบ สำหรับสำนักงานส่งเสริมการปกครองท้องถิ่นอำเภอ ให้แจ้งองค์กร
ปกครองส่วนท้องถิ่นในพื้นที่ทราบและดำเนินการต่อไป



สำนักงานส่งเสริมการปกครองท้องถิ่นจังหวัด
กลุ่มงานส่งเสริมและพัฒนาท้องถิ่น
โทร ๐ ๙๙ ๔๕๒๘๖๘๖
โทรสาร. ๐ ๕๔๕๓ ๔๑๑๙ ต่อ ๑๑

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ด่วนที่สุด

ที่ มท ๐๘๑๐.๒/ ๑๓๓



สำนักงานส่งเสริมการปกครองท้องถิ่นจังหวัดแพร่
เลขที่: ๕๕
วันที่: 13 มี.ค. 2560
เวลา: ๕.๑๕ น.

กรมส่งเสริมการปกครองท้องถิ่น
ถนนนครราชสีมา เขตดุสิต กทม. ๑๐๓๐๐

๑๐ มกราคม ๒๕๖๐

เรื่อง โครงการฝึกอบรมข้าราชการขององค์กรปกครองส่วนท้องถิ่นในประเทศไทย ประจำปี ๒๕๖๐

เรียน ผู้ว่าราชการจังหวัด ทุกจังหวัด

สิ่งที่ส่งมาด้วย ใบสมัครและเอกสารประกอบการสมัคร จำนวน ๑ ชุด

ด้วยสภาพองค์กรปกครองส่วนท้องถิ่นเพื่อความสัมพันธ์ระหว่างประเทศแห่งญี่ปุ่น (CLAIR) ประจำปีประเทศสิงคโปร์ แจ้งว่า จะดำเนินโครงการฝึกอบรมข้าราชการขององค์กรปกครองส่วนท้องถิ่นในประเทศไทย ประจำปี ๒๕๖๐ (2017 Local Government Officials Training Program in Japan: LGOTP) ในครั้งนี้ CLAIR ได้ขอความร่วมมือกรมส่งเสริมการปกครองท้องถิ่นคัดเลือกข้าราชการ/พนักงานส่วนท้องถิ่น เข้าร่วมการฝึกอบรมภายใต้โครงการดังกล่าว

กรมส่งเสริมการปกครองท้องถิ่น จึงขอความร่วมมือจังหวัดประชาสัมพันธ์ให้องค์กรปกครองส่วนท้องถิ่นในพื้นที่ทราบ หากมีความประสงค์สมัครเข้าร่วมโครงการฯ ให้จัดทำใบสมัครและเอกสารประกอบการสมัคร ส่งถึง “ผู้อำนวยการส่วนวิชาการและวิจัยเพื่อการพัฒนาท้องถิ่น กรมส่งเสริมการปกครองท้องถิ่น ถนนนครราชสีมา เขตดุสิต กรุงเทพฯ ๑๐๓๐๐” ภายในวันพุธที่ ๑๘ มกราคม ๒๕๖๐ ทั้งนี้ ผู้สมัครต้องแสดงหลักฐานความสามารถภาษาอังกฤษอย่างใดอย่างหนึ่ง ได้แก่ ผลสอบ TOEFL, IELTS, TOEIC, ผลสอบจากสถาบันภาษาของสถาบันอุดมศึกษา (CU-TEP, TU-GET, ฯลฯ) หรือผลสอบจากสถาบันการต่างประเทศ เทเวศรวงศ์โรปการ โดยผลสอบต้องไม่ต่ำกว่าร้อยละ ๕๐ ของคะแนนสูงสุด และทำการทดสอบมาแล้วไม่เกินกว่า ๒ ปี นับถึงวันปิดรับสมัคร (๑๘ มกราคม ๒๕๖๐) รายละเอียดปรากฏตามสิ่งที่ส่งมาด้วย

จึงเรียนมาเพื่อโปรดพิจารณาดำเนินการต่อไป

ขอแสดงความนับถือ

(นายธนา ยันตราโกวิท)
รองอธิบดี ปฏิบัติราชการแทน
อธิบดีกรมส่งเสริมการปกครองท้องถิ่น

กองพัฒนาและส่งเสริมการบริหารงานท้องถิ่น
ส่วนวิชาการและวิจัยเพื่อการพัฒนาท้องถิ่น
โทร. ๐ ๒๒๔๑ ๕๐๐๐ ต่อ ๒๒๑๒
โทรสาร ๐ ๒๒๔๓ ๑๘๑๒

2017 Local Government Officials Training Program in Japan Trainee Invitation Guidelines

The Local Government Officials Training Program (LGOTP) invites foreign provincial/state, municipal and other local government officials to come to Japan as trainees. Successful applicants are assigned to prefectures, designated cities, or other municipalities (hereinafter referred to as local governments) for a fixed period. The objectives of the program are to provide trainees with the know-how and technical skills of Japanese local governments, to contribute to the development of the trainees' local governments, to promote the internationalization of the host institutions, and to increase mutual understanding between the hosts and participants.

Each participating Japanese local government takes the lead in organizing the training program, along with the support of the Ministry of Internal Affairs and Communications (MIC), and the Council of Local Authorities for International Relations (CLAIR).

1 Program Overview

Since being established in 1996, the LGOTP has welcomed 1,115 trainees from 38 nations and region. After returning home, past trainees have utilized the valuable experiences gained while studying in Japan and have continued to play an active role in promoting friendly relations with their host institutions.

2 Length of Training

The training program runs for approximately 6 to 12 months, starting on Sunday, 21 May, 2017. The length of training varies depending on the host institution.

3 Training Program Overview

(I) Group Training

① Tokyo Orientation (May 22nd – 23rd) : Tokyo

An orientation to Japan, lectures on the Japanese local government system, and meeting representatives from host governments

② JIAM Training (May 25th – June 22nd) : Shiga Prefecture

Focuses on building Japanese language skills, learning about Japanese culture, and providing a deeper understanding of Japanese local government administration. Training is held at JIAM (Japan Intercultural Academy of Municipalities) in Shiga Prefecture.

(However, this does not apply if an agreement has been reached between the dispatching and hosting institutions, or under other special circumstances.)

- (7) Have completed secondary education (high school education) in the applicant's home country.
- (8) Be a reliable individual who is physically and mentally healthy. (Because the program runs for an extended period, it is possible that this may pose risks to pregnant women. Therefore pregnancy is regarded as a disqualifying condition for participation in this program.)
- (9) Not have any past legal problems that would prevent the applicant from entering Japan.
- (10) Have never previously participated in the program.

6 Terms and Conditions

(1) Selection and Placement of Trainees

The capacity of local governments to receive trainees is limited and the placement of applicants cannot be realized unless the conditions of both applicants and host institutions can be successfully matched. For this reason, the acceptance and placement of trainees is decided by host institutions, CLAIR, and MIC through discussions based on candidate applications.

(2) Working conditions during Specialized Training

As previously stated in the "Eligibility Criteria" section, conditions for each trainee will differ depending on the host institution.

In general, the hours of training will be the same as the normal working hours of the host institution. Saturdays, Sundays, and Japanese national holidays will generally be non-working days. However, the trainee should follow the instructions set out by the host institution in regards to holidays. In some cases, depending on circumstances surrounding the training program, it may be necessary to schedule training activities on Saturdays, Sundays, or Japanese holidays.

Appropriate housing will be arranged by the host institution.

(3) Expenses and Discontinuation of Training

Host institutions will cover training costs, including round-trip international airfare, living expenses, training fees, and transportation expenses within Japan. However, if a trainee discontinues training before the end of the training period to return to the trainee's home country without a compelling reason, all the training costs shall, in principle, be paid by the trainee or by the organization in the trainee's home country which recommended the trainee for the LGOTP.

Trainees will generally not be permitted to leave Japan for temporary visits during the period of training unless there is a compelling reason. In the rare case

- ① Photographs (4 photos of 4cm height × 3cm width taken within the past 3 months)
- ② Post-training return-to-job guarantee form (original and duplicate, 1 copy each)
- ③ Personal identification (one copy)
- ④ Passport (one copy)

Trainees without a passport are asked to apply for one immediately upon acceptance to the program and must submit a copy as soon as it is issued.

- (3) After a trainee has been selected, the dispatching organization shall ensure that the trainee has the time and opportunity to study Japanese, and the trainee shall take it upon him or herself to do so prior to arriving in Japan.

Even for trainees who will undergo training in English (or their mother tongue), a basic level of conversational Japanese is necessary, as English (or their mother tongue) is generally not used in daily life in Japan. Trainees should attain a basic level of the Japanese language prior to arrival in Japan.

- (4) Should a pregnancy be discovered after acceptance to the program, notify your host institution or CLAIR immediately.

Important Notice

- (1) Japanese government regulations state that dependents of trainees participating in this program may NOT qualify for a dependent visa.
- (2) Please bear in mind when applying for this program that JIAM does NOT have the facility or staff required for meal preparation and other services during Ramadan.

List of CLAIR Overseas Offices

○ New York Office

Japan Local Government Center (CLAIR, New York)

3 Park Avenue, 20th Floor

New York, NY 10016-5902, U.S.A.

TEL 1-212-246-5542

FAX 1-212-246-5617

E-mail: jlgc@jlgc.org

○ London Office

Japan Local Government Centre (CLAIR, London)

15 Whitehall, London SW1A 2DD, U.K.

TEL 44-20-7839-8500

FAX 44-20-7839-8191

E-mail: mailbox@jlgc.org.uk

Local Government Officials Training Program in Japan Trainee Application Form

Photograph (Taken Within the Past 3 Months) 4cm high × 3cm wide

① Applicant Name

● Please type or print your name in the standard alphabet format.

Please clarify the order of your name as it appears officially in your passport.

Surname (Family Name)

Given Name(s)

② Nationality _____

③ Sex

Male

Female

✓ Check the appropriate box.

④ Date / Place of Birth

Date: _____

Yr/

Mon/

Day

Place: _____

⑤ Dietary Restrictions:

(Including those relating to religious reasons)

⑥ Marital Status

Married

Single

✓ Check the appropriate box

⑦ Occupation (Please clearly type or print your employer's full contact details in English)

Workplace	Department	Provincial / Municipal Government Name	
	Postal Code		
Work Address	Your Position/ Title		
Work Telephone	(Mobile)	Fax Number	
		E-mail	
Contact Person (Supervisor)	(Position/Title) (Name)	Telephone	
		Fax Number	

⑧ Home Address

Full home address, telephone number, and contact information in your home country in case of an emergency.

Home Address	Postal Code		
Home Telephone		Fax number	
		Your Personal E-mail	
Emergency Contacts (2 people)	Name	Relation	Tel/Fax
	Name	Relation	Tel/Fax

⑮ Details of Desired Field of Training

- (1) Please indicate your desired field of training as well as detailed, specific reasons for your application.
(If the space provided is insufficient, please use additional sheets of paper.)

Desired field of training _____

- (i) Focusing on your desired field of training, please outline the current situation and pressing issues that must be addressed in your local government.

- (ii) Please indicate specific details of what you would like to learn while in Japan. Please include details of institutions you would like to visit, events you would like to attend, technologies you would like to study, etc.

- (iii) Please indicate how you would apply what you have learned in Japan to your work upon returning to your home country.

⑩ Experience in Desired Field of Training (Please summarize item (2) of section ⑨)

Period	Details of Experience
~	
~	

⑪ Language Ability Check the most appropriate response

	Japanese	English
Listening	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily Conversations <input type="checkbox"/> Can understand Japanese radio or TV <input type="checkbox"/> No trouble understanding native speakers	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily conversations <input type="checkbox"/> Others' opinions about general topics <input type="checkbox"/> News, speeches, debates
Speaking	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily Conversations <input type="checkbox"/> Expressing opinions about general topics <input type="checkbox"/> No trouble communicating at all	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily conversations <input type="checkbox"/> Expressing opinions about general topics <input type="checkbox"/> No trouble communicating at all
Reading	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input type="checkbox"/> Some Chinese characters (___ characters) <input type="checkbox"/> Simple newspaper articles <input type="checkbox"/> Advanced newspaper articles	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Simple newspaper articles <input type="checkbox"/> Advanced newspaper articles
Writing	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input type="checkbox"/> Some Chinese characters (___ characters) <input type="checkbox"/> Short paragraphs on general topics <input type="checkbox"/> Summaries and expressing opinions	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Short paragraphs on general topics <input type="checkbox"/> Summaries and expressing opinions

⑫ Language Learning (Please type or print in detail)

Language	Period/Frequency of Study	Method/Content of Study	Institution	Qualification(s) Earned
Japanese				
English				
Languages other than your mother tongue				

Written Pledge

(Attachment 2)

If I am selected as a trainee on the Local Government Officials Training Program in Japan, I hereby pledge that:

1. I will observe Japanese laws.
2. I will observe the instructions of the Ministry of Internal Affairs and Communications (MIC), the Council of Local Authorities for International Relations (CLAIR), and my host institution in Japan.
3. I will not list any false information in documents submitted to MIC, CLAIR, and the host institution in Japan.
4. I will faithfully carry out the training as instructed, and abide by the rules and regulations of the host institution.
5. I will not participate in any political activities or perform similar acts.
6. I will not receive any remuneration for work.
7. I will personally bear any expenses incurred in excess of the amount of allowances provided to me by the host institution, and will not request an increase in allowances paid to me by the host institution.
Also, if I discontinue my training before the designated period is completed and return to my home country without a compelling reason, I will personally bear all expenses incurred during the training.
8. I will personally repay all debts incurred during my stay in Japan.
9. I will not raise objections should MIC, CLAIR, or the host institution decide to discontinue my tenure as a trainee, either because they deem me unfit to continue, or due to unforeseen circumstances that make it difficult to continue the program.
10. After returning to my home country, I will apply the knowledge and technical skills acquired during the training to my work in my home country in order to contribute to its prosperity, and to promote friendly ties between my country and Japan, as well as my local government and the Japanese host institution.

Name of Applicant: _____

_____ Day _____ Month _____ Year

Signature: _____

Medical Checkup Sheet

Name _____

Date of Birth _____
Day / Month / Year

Sex Male Female (Please circle one)

Current Address _____

1. Weight _____

10. Hearing _____

2. Height _____

11. Blood Sedimentation

3. Abdominal Palpation/
Stethoscope Test

12. Tuberculin Reaction

4. X-Ray _____

Positive Negative

5. Chest Problems

13. Past Illnesses

6. Eyesight
With glasses

14. Chronic Illnesses

Left _____ Right _____
Without glasses

15. Allergies _____

7. Color Blindness
Left _____ Right _____

16. Dietary restrictions

8. Blood Pressure

17. Blood type

9. Urine Test _____

18. Other

19. Alcohol Yes No (Amount: _____ per day/week/month)

20. Cigarette Yes No (Amount: _____ per day/week/month)

I hereby certify that the above details are correct.

Hospital _____

Address _____

Date _____
Day / Month / Year

Certified by _____

Signature _____

Personal Data Protection Act (PDPA) Consent Form
(LGOTP)

Collection and Use of Personal Data

We hereby inform you that:

- a) When you take part in our programs and activities, we ask you to submit to us your personal data for the purposes stated below.
- b) We will use your personal data *only in the circumstances stated below*. Unless otherwise required by the laws and regulations, CLAIR Singapore will not disclose your personal data to ~~third parties~~.
- c) Your personal data will be removed as soon as it is reasonable to assume that it will no longer be required in the program or activity you participated.

CLAIR Singapore
Personal Data Protection Officer
Deputy Executive Director Takashi Nabeoka

Notices

1. Purposes for the Collection of Your Personal Data

For the confirmation of your identity for this program, CLAIR Headquarters and the hosting local government requires your name, passport number, nationality, date of birth, date of issue and expiry of your passport, work history and medical examination report.

We require your mobile phone number in case we need to contact you when you are travelling or in the event of emergency situations.

In addition, we take photographs during the program as photographic record and sometimes post pictures of an event in an article of our mail magazine and website.

2. Use of Your Personal Data

The personal data which you submit to us will be disclosed to CLAIR Headquarters and your hosting local government.

During the program, we will contact you on your mobile phone number when necessary.

During the program, we take photographs as photographic record and sometimes post pictures of an event in an article of our mail magazine , website, and brochures.

Please complete and sign in the right column	I have read and agreed to the above.
	(D) /(M) /(Y)
	Professional affiliation: _____
	Name: _____
	Signature: _____

Local Government Officials Training Program

Guidelines for the Application and Other Forms

1. Trainee Application Form (Attachment 1)

Type or print in Japanese or English. Each applicant must fill out the application by him or herself.

① Applicant Name

Write your name as it is written officially in your passport. Then write your name again to clarify which are your given and family names.

② Nationality

Write your nationality shown in your passport.

③ Sex

Check one box.

④ Date / Place of Birth

Write your date of birth in the order of year / month / day. Write your place of birth as it appears on your birth certificate.

⑤ Dietary Restrictions

Please list any foods you cannot eat (including those due to medical or religious reasons).

⑥ Marital Status

Check one box.

⑦ Occupation

- Please write full contact details of your workplace, including a mailing address (municipality, district/region/state and country)
- Concerning your official position/title, please indicate your current title and job type (e.g. clerical staff, engineer, researcher, curator, teacher, etc)
- In case CLAIR needs to contact you before your arrival in Japan, please include your direct telephone/mobile phone and fax numbers as well as your E-mail address.
- In the event you are unable to be contacted, please list a workplace contact person (preferably your supervisor) along with their name, job title/position, telephone and fax number.

⑧ Home Address

Please accurately type or print your current home address and telephone/fax number. In case of an emergency, please include contact details of two family members or friends from your home country.

※ Your host institution will be in touch with you as soon as your placement is decided. They will request a series of documents that are necessary to process your visa application. It is vital that we are able to get in touch with you at short notice, so please ensure that you provide full, accurate and up-to-date contact information.

⑨ Do you have a passport?

Check one box. If you already have a passport, include a copy of the personal information page. If you do not have a passport, you must apply for one immediately upon notification of acceptance as a trainee.

⑩ Have you ever been to Japan?

Check one box. If you have visited Japan before, include all details (study abroad, work, etc.) of your visit(s).

⑪ Educational Institutions Attended

Please fill out the section in chronological order.

Local Government Officials Training Program in Japan Trainee Application Form

Photograph (Taken Within the Past 3 Months)
4cm high × 3cm wide

① Applicant Name

● Please type or print your name in the standard alphabet format.

JOHN BROWN
 Please clarify the order of you name as it appears officially in your passport.
BROWN / JOHN
 Surname (Family name) Given Name(s)

② Nationality

Canadian

③ Sex

Male Female ✓ Check the appropriate box.

④ Date / Place of Birth Date: 1982 Yr/ Jun Mon/ 11 Day Place: ○○○○○

⑤ Dietary Restrictions: Allergic to milk; cannot eat pork for religious reasons
 (Including those relating to religious reasons)

⑥ Marital Status

Married Single ✓ Check the appropriate box

⑦ Occupation (Please clearly type or print your employer's full contact details in English)

Workplace	Department Planning Division	Provincial / Municipal Government Name Newbridge City Council	
Work Address	Postal Code <u>111-111</u> 1 Main Avenue, Newbridge Main Province, Canada		
Your Position/ Title	2 nd Secretary Legal Officer		
Work Telephone	01-2345-6789	Fax Number	01-111-2222
	(Mobile) 012-345-678	E-mail	abc@newbridge.gov.ca
Contact Person (Supervisor)	(Position/Title) Division Manager	Telephone	01-1122-3344
	(Name) Mary Supervisor	Fax Number	01-2222-3333

⑧ Home Address

Full home address, telephone number, and contact information in your home country in case of an emergency

Home Address	Postal Code <u>111-222</u> <u>2 Suburban Street, Newbridge South</u> Main Province, Canada		
Home Telephone	01-9876-5432	Fax number	01-9876-1234
		Your Personal E-mail	home@hotmail.com
Emergency Contacts (2 people)	Name <u>Bob BROWN</u> Relation <u>Father</u> Tel/Fax <u>01-5434-5434</u>		
	Name <u>Mia TANAKA</u> Relation <u>Friend</u> Tel/Fax <u>07-9876-6789</u>		

⑮ Details of Desired Field of Training

- (1) Please indicate your desired field of training as well as detailed, specific reasons for your application. (If the space provided is insufficient, please use additional sheets of paper.)

Desired Field of Training : City Planning

- (i) Focusing on your desired field of training, please outline the current situation and pressing issues that must be addressed in your local government.

I work at Newbridge City Council where we are at an important crossroads in deciding the city's future. We plan to carry out a wide-ranging revitalization programs across the entire city and are in the process of collecting public comments about the process. We foresee that rezoning and land purchases may be a divisive issue in the community. Further issues include formulating a strategy to attract businesses to the planned high-rise district and the formulation of regulations covering the revitalized areas.

- (ii) Please indicate specific details of what you would like to learn while in Japan. Please include details of institutions you would like to visit, events you would like to attend, technologies you would like to study, etc.

I am aware that a large number of Japanese local governments are in the process of reevaluating their urban design strategies. I am interested to learn about the planning process, the details of the plans themselves, and how problems are tackled by Japanese local governments.

I also understand that this reevaluation process involves not only urban design issues, but also encompasses financial reforms. In order to improve the efficiency of Newbridge City, I would like to look into the debate surrounding Japanese local government finance reform.

Lastly, I would be interested to study the professional development courses offered to public servants.

- (iii) Please indicate how you would apply what you have learned in Japan to your work upon returning to your home country.

Through studying the urban design strategy of a Japanese local government, I believe that I will be able to make a greater contribution to the planned changes facing Newbridge City in my role as leader of the City Centre Revitalization Program. I also hope that learning more about financial reforms and staff development will allow me to implement policies in Newbridge that will benefit the city's efficiency standards.

⑩ Experience in Desired Field of Training (Please summarize item (2) of section ⑮)

Period	Details of Experience
April, 2011 ~ Present	Planning Section, Mayor's Office, Newbridge City Leader of the City Centre Revitalization Program
Month, Year ~ Month, Year	(No need to list other work experience as it does not relate to City Planning)

⑰ Language Ability Check the most appropriate response

	Japanese	English
Listening	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily Conversations <input checked="" type="checkbox"/> Can understand Japanese radio or TV <input type="checkbox"/> No trouble understanding native speakers	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily conversations <input type="checkbox"/> Others' opinions about general topics <input checked="" type="checkbox"/> News, speeches, debates
Speaking	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input checked="" type="checkbox"/> Daily Conversations <input type="checkbox"/> Expressing opinions about general topics <input type="checkbox"/> No trouble communicating at all	<input type="checkbox"/> None <input type="checkbox"/> Greetings and basic sentences <input type="checkbox"/> Daily conversations <input type="checkbox"/> Expressing opinions about general topics <input checked="" type="checkbox"/> No trouble communicating at all
Reading	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input type="checkbox"/> Some Chinese characters (___ characters) <input checked="" type="checkbox"/> Simple newspaper articles <input type="checkbox"/> Advanced newspaper articles	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Simple newspaper articles <input checked="" type="checkbox"/> Advanced newspaper articles
Writing	<input type="checkbox"/> None <input type="checkbox"/> Hiragana <input type="checkbox"/> Katakana <input checked="" type="checkbox"/> Some Chinese characters (300characters) <input type="checkbox"/> Short paragraphs on general topics <input type="checkbox"/> Summaries and expressing opinions	<input type="checkbox"/> None <input type="checkbox"/> Simple sentences with dictionary <input type="checkbox"/> Letters, etc without dictionary <input type="checkbox"/> Short paragraphs on general topics <input checked="" type="checkbox"/> Summaries and expressing opinions

Sample Form

Written Pledge

(Attachment 2)

If I am selected as a trainee on the Local Government Officials Training Program in Japan, I hereby pledge that:

1. I will observe Japanese laws.
2. I will observe the instructions of the Ministry of Internal Affairs and Communications (MIC), the Council of Local Authorities for International Relations (CLAIR), and my host institution in Japan.
3. I will not list any false information in documents submitted to MIC, CLAIR, and the host institution in Japan.
4. I will faithfully carry out the training as instructed, and abide by the rules and regulations of the host institution.
5. I will not participate in any political activities or perform similar acts.
6. I will not receive any remuneration for work.
7. I will personally bear any expenses incurred in excess of the amount of allowances provided to me by the host institution, and will not request an increase in allowances paid to me by the host institution.
Also, if I discontinue my training before the designated period is completed and return to my home country without a compelling reason, I will personally bear all expenses incurred during the training.
8. I will personally repay all debts incurred during my stay in Japan.
9. I will not raise objections should MIC, CLAIR, or the host institution decide to discontinue my tenure as a trainee, either because they deem me unfit to continue, or due to unforeseen circumstances that make it difficult to continue the program.
10. After returning to my home country, I will apply the knowledge and technical skills acquired during the training to my work in my home country in order to contribute to its prosperity, and to promote friendly ties between my country and Japan, as well as my local government and the Japanese host institution.

Name of Applicant: John BROWN

1 Day Jan Month 2017 Year

Signature: John BROWN

Medical Checkup Sheet

Name John BROWNDate of Birth 11 / June / 1982
Day Month YearSex Male Female (Please circle one)Current Address 1 Main Avenue, Newbridge, Main Province, Canada

1. Weight 70Kg 10. Hearing Normal
2. Height 185cm 11. Blood Sedimentation
None
3. Abdominal Palpation/
Stethoscope Test
Normal 12. Tuberculin Reaction
Positive Negative
4. X-Ray Normal 13. Past Illnesses
None
5. Chest Problems
None 14. Chronic Illnesses
None
6. Eyesight
With glasses
Left Right
Without glasses
7. Color Blindness
Left 1.0 Right 1.0
8. Blood Pressure
None
120 / 80
9. Urine Test Normal
15. Allergies Milk, pollen
16. Dietary restrictions
Cannot eat pork
17. Blood type
O positive
18. Other
None
19. Alcohol Yes No (Amount: 350ml per day/week/month)
20. Cigarette Yes No (Amount: _____ per day/week/month)

I hereby certify that the above details are correct.

Hospital Newbridge General HospitalAddress 100 Average Avenue, Newbridge, Main Province, CanadaDate 1 / January / 2017
Day Month YearCertified by Dr. Sarah SmithSignature Dr. Sarah Smith