JAPAN INTERNATIONAL COOPERATION AGENCY
THAILAND OFFICE
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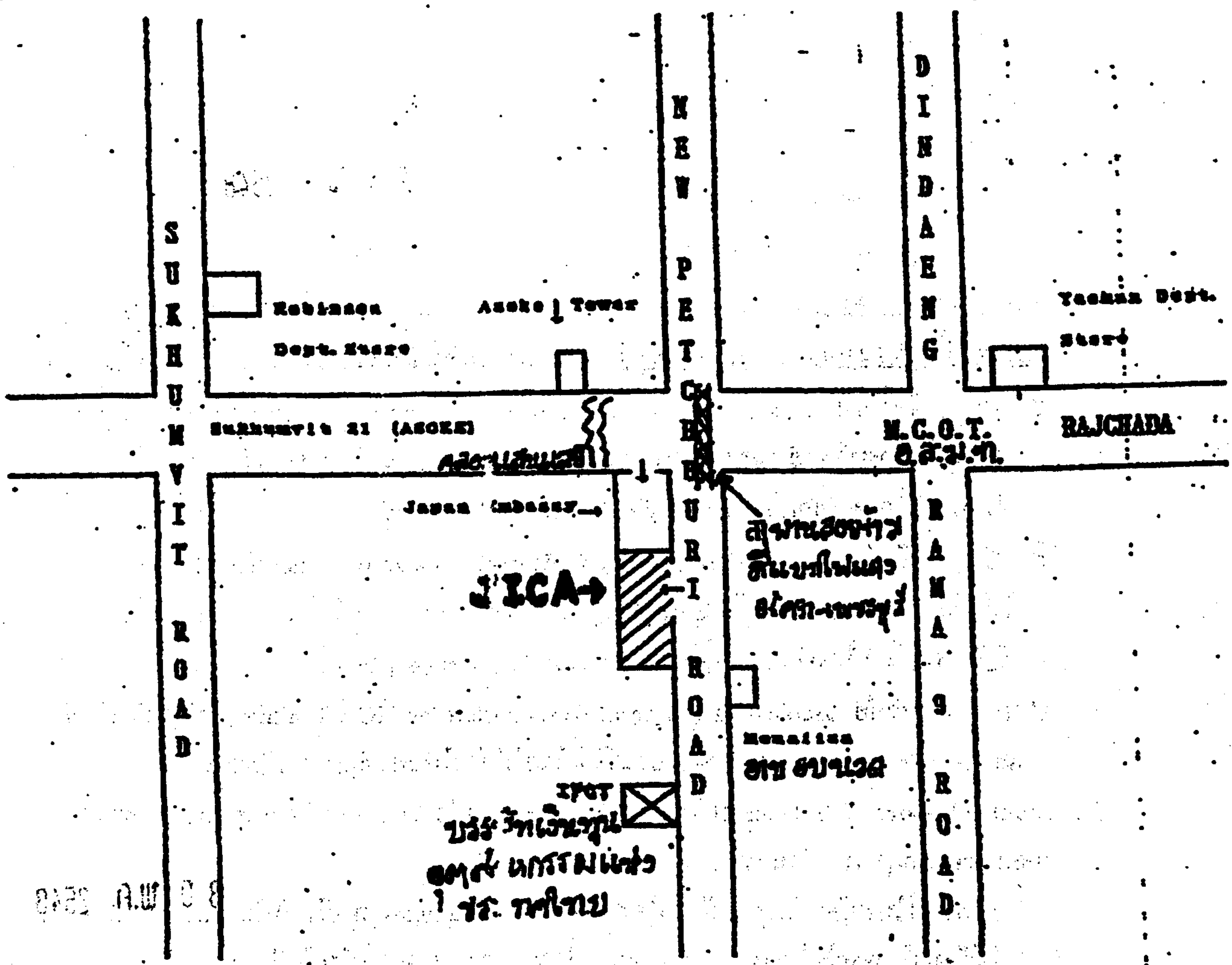


การส่ง COUNTRY-REPORT จำนวน 3 ชุด

- สามารถนำมาส่งด้วยตัวเองที่สำนักงานไจก้า (คุณรังสินี ไชยคุณ T. 02251 2391

- หรือส่งทางไปรษณีย์ (E.M.S.) ประทับตราวันสุดท้าย

โดยจ่าหน้าซองตามที่อยู่ข้างบน

ในกรณีที่หลักสูตรมี QUESTIONNAIRE ด้วย

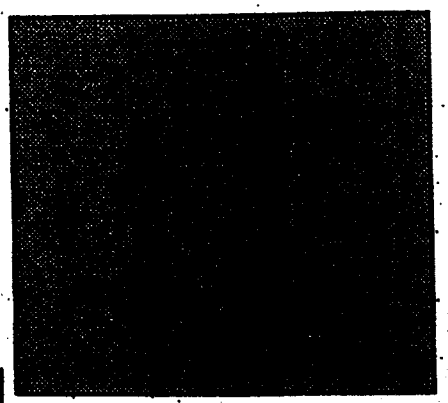
- กรุณาส่งพร้อม/แนบกับใบสมัครส่งที่กรมวิเทศสหการ จำนวน 3 ชุด

หมายเหตุ: - โปรดเขียนชื่อตนเองและชื่อหลักสูตรใน Country Report และ/หรือ Questionnaire ให้ชัดเจน

- โปรดเขียนหมายเลขหลักสูตร (Course No......) ไว้ที่มุมบนด้านขวาของ Country Report และ/หรือ Questionnaire ด้วย

Request Form for Technical Cooperation (Training)

By the Government of Japan



Name of Applicant's Government

Training Course Title

Name of Applicant (as in Passport)

(Surname or Family Name) (Other names in full)

(For Japanese Official Use) (J- , D-)

☐Group Training (集団コース) ☐Specially Offered Training (一般特設)

☐Country Focused Training (国別特設) ☐Ordinary Individual Course (個別一般)

☐Counterpart (カウンターパート) (専門家プロジェクト名)

☐Others ( )

(Name of Departure Airport to Japan:)

Address	Date of Birth: Date / Month / Year — Sex: ☐Male ☐Female
Work	Martial Status ☐Single ☐Married
Tel: Fax:	Nationality
E-mail:	Religion
Home	Person to notify in case of emergency
	Name
Tel: Fax:	Relationship to you
E-mail:	Address
	Tel:
	E-mail:

Any restrictions on food and behavior

Educational Record (Tertiary Education)

Institution	City / Country	Period		Qualification obtained	Major fields of study
		From Month/Year	To Month/Year		

Present Place of Employment

Name of Organization (☐ Governmental ☐ Public ☐ Private ☐ International ☐ Others)	
Position/Title of present job	Date of present post attained Month/ Year/
Remarks (e.g. class, rank) or others	

Training in Foreign Countries Including Japan

Institution	Country	Period		Qualification Obtained & Subject
		From Month/Year	To Month/Year	

Have you attended for a JICA training course before?
☐ No ☐ Yes **Course Title (**) **Year (**)

Working Record

[illegible]
Description of your work, including your responsibilities (Detailed information like number of your subordinates, amount of production, etc. would be useful for training institutes to organize training curriculum)

[illegible]				
Organization	City / Country	Period	Position/Title	Brief description of your work
		From / To		

English Proficiency

	[illegible]			
Daily/Basic conversation	☐	☐	☐	☐
Understanding lectures	☐	☐	☐	☐
Discussion	☐	☐	☐	☐
Making presentations	☐	☐	☐	☐
Writing academic papers	☐	☐	☐	☐
Giving lectures	☐	☐	☐	☐
	☐	☐	☐	☐
(If you have any) Certificated Score	(eg. TOEFL) Please attach the certification for your score.			
Mother Tongue:		Other Languages spoken:		

Action Plan after the Training / Seminar

How do you expect to apply skills and knowledge obtained from this training course to your work after you return to your home country?

Approval of Superior Officers for the above-mentioned Plan

(Name of superior officer)

(Designation/Position of superior officer)

(Signature)
(Recommendation by superior officer)

Declaration (to be signed by the nominee.)

I certify that the statements made by me in this form are true and correct to the best of my knowledge.

If accepted for training, I agree:

(a) not to bring or invite any member of my family,
(b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government in respect of this course of training,
(c) to follow the course of study or training, and abide by the rules of the institution or establishment with which I undertake to study or be trained at,
(d) to refrain from engaging in political activities or any form of employment for profit or gain,
(e) to submit any progress report or evaluation questionnaires which may be prescribed,
(f) to return to my home country at the end of my course of study or training, and
(g) that training program may be canceled immediately, provided any part of my application documents turn out to be false.

I also fully understand that if accepted for training it may be subsequently withdrawn if I fail to make adequate progress, or for any other sufficient cause including physical condition is determined by the Government of Japan

Date: _____ Signature: _____

Medical History and Examination for JICA Training

Important Notice

Before you complete the Medical History Questionnaire, you are hereby notified that: medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated for by JICA and may result in termination of your training program.

I understand and accept the terms of this notice. Yes ___No

Nominee Will Check "Yes" or "No" and Explain

	Yes	No		Explanation	When	Condition at Present
a.			Have you had any significant or serious illness or injury? (If hospitalized, give place & dates.)			
b.			Have you had any operations or advice by a physician to have an operation? (Give place & dates.)			
c.			Do you currently use any drugs for treatment of a medical condition? (Give name & dose.)			
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give place & dates.)			

Nominee will indicate "Yes" or "No" to each item.
Do you now have or have you ever had the conditions listed below?
(Check each item, if yes, enclose the relevant condition with a circle.)

	Yes	No	Condition
a.			Asthma, emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), or gall bladder disease
e.			Kidney or bladder disease, stone or blood in urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abnormal growth, cyst, or cancer
j			Bleeding disorder, blood disease (sickle cell anemia)

I certify that I have read the above instructions and answered all questions truly and completely to the best of my knowledge.

Printed Name of the Nominee	Date	Signature of Nominee