2023 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 Cooperation and Exchange Trainee, or CET (hereinafter referred to as trainee). 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).

* Due to the effects of Covid-19, the program and schedule may be subject to change.

1 Program Overview

Since being established in 1996, the LGOTP has welcomed 1,196 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 in May21, 2023. The exact length of training varies depending on the host institution.

3 Training Program Overview

- (I) Group Training
 - ① Tokyo Training (May 22nd, 23rd)

An orientation to Japan, meeting representatives from host institutions, etc.

② Training at JIAM (Japan Intercultural Academy of Municipalities) $(May 24^{th} - June 22^{nd})$

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 in Shiga Prefecture.

(II) Specialized Training

Practical training is provided to each trainee in a specific field. This is held at the host institution.

4 Program Details

Upon arrival in Japan, trainees will spend approximately one month in Group Training. Group Training focuses primarily on Japanese language studies, but also includes studies of local government administration and other topics.

Following the completion of Group Training, trainees will move to their assigned local governments to receive Specialized Training which is organized by each host institution. Specialized Training is the core component of the LGOTP. The content and length of the training program will vary depending on the trainee's host institution and will be decided by the host institution with considerations given to the wishes of the trainee.

5 Eligibility Criteria

Candidates for the LGOTP must:

- (1) Be an official of a province/state, municipality or other local government body.
- (2) Be able to converse in Japanese or English. In particular, Japanese is extremely important as the trainee will be residing in Japan for an extended period of time. Those with language skills will be given precedence if the number of applicants is greater than that of training positions being offered at the host institution.
- (3) Be eager and committed to studying at a local government in Japan. Also, after returning home, trainees must actively apply the knowledge attained during training to their own local government and work towards furthering the friendship between both countries and local governments.
- (4) Be willing to cooperate with the host institution and follow the host institution's instructions. Applicants must also fully acknowledge that conditions during their Specialized Training may differ from those of other trainees. Depending on the host institution, there may be differences regarding the length and content of the training program, working conditions, living environments, etc.
- (5) Be able to obtain the recommendation of the applicant's department head and receive approval to spend 6 to 12 months training in Japan.
- (6) In principle, be between 20 and 39 years of age upon arrival in Japan.

 (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 that a temporary trip abroad is approved, the costs shall be borne by the trainee (unless the trip is deemed a part of their training).

(4) Overseas Travel Expenses

The host institution will provide the trainee with a round-trip ticket between a designated international airport in the trainee's country and an international airport in Japan. The trainee shall bear the cost of transportation to the designated international airport in the trainee's home country. However, expenses related to the use of the designated international airport, expenses incurred at in-transit stops (such as overnight accommodation fees), and the cost of traveling in Japan between the international airport and the trainee's assigned host institution shall be borne by the host institution.

As Tokyo Training will be held immediately after arrival in Japan, <u>all trainees</u> must arrive at Narita International Airport.

7 Application Procedure

In cases where applicants are applying to the program through a mutual agreement which is based on special relations (i.e. sister city relations) that already exist between their place of employment and a Japanese local government, applications shall be submitted to the related Japanese local government <u>by</u> February 17th, 2023.

However, for trainees from China, please submit your applications to the CLAIR Beijing office, as well as a copy to the Ministry of Foreign Affairs of the People's Republic of China via your place of employment by February 17th, 2023.

* Any personal data contained in the application form shall only be used for matters relating to this program.

8 Preparing to Come to Japan after Selection

- (1) Host institutions will send a *Notification of Acceptance* to successful applicants' employers who shall then pass it on to the trainees.
 - However, for trainees from China, the aforementioned document will be sent to the Ministry of Foreign Affairs of the People's Republic of China via CLAIR.
- (2) Trainees whose acceptance has been confirmed shall submit the following documents in preparation for entering Japan as per the instructions of the host institution:
- ①Photographs(4 photos of 4cm height × 3cm width taken within the past 3 months)
- ②Post-training return-to-job guarantee form (original and duplicate, 1 copy each)
- ③Personal 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.

- **⑤**Applicants' Employers Profile
- (3) [**for trainees from China]

Trainees whose acceptance has been confirmed shall submit the following documents in preparation for entering Japan to the Ministry of Foreign Affairs of the People's Republic of China:

- ① Photographs (2 photos of 4.8cm height × 3.3cm width taken within the past 3 months)
- 2 Family register (one copy, cover page and page containing applicant's information)
- 3 Personal identification (one copy, both sides printed on the same page, size A4)
- 4 Passport
- (4) 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.
- (5) Should a pregnancy be discovered after acceptance to the program, notify your host institution and CLAIR immediately.

Important Notice

- (1) Japanese government regulations state that dependents of trainees participating in this program may <u>NOT</u> qualify for a dependent visa.
- (2) Please bear in mind when applying for this program that during Tokyo and JIAM Training, meal preparation and other services can <u>NOT</u> be provided for Ramadan.

List of CLAIR Overseas Offices

O 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

O London Office

Japan Local Government Centre (CLAIR, London)

15 Whitehall, London SW1A2DD, U.K.

TEL 44-20-7839-8500 FAX 44-20-7839-8191

E-mail: mailbox@jlgc.org.uk

O Paris Office

Centre Japonais des Collectivités Locales (CLAIR, Paris)

10 rue de la Paix 75002 Paris FRANCE

TEL 33-1-40-20-09-74 FAX 33-1-40-20-02-12

E-mail: contact@clairparis.org

O Singapore Office

The Japan Council of Local Authorities for International Relations, Singapore (CLAIR, Singapore)

1 Raffles Place, #30-03 One Raffles Place, Singapore 048616

TEL 65-6224-7927 FAX 65-6224-8376

E-mail: info@clair.org.sg

O Seoul Office

CLAIR, Seoul

17th Floor Kyobo Bldg. 1, 1-ga, Jongno, Jongno-gu Seoul, 110-714, Korea

TEL 82-2-733-5681 FAX 82-2-732-8873

E-mail: info@clair.or.kr

O Beijing Office

CLAIR, Beijing

Chang Fu Gong Office Bldg. 5F Jia-26 Jian Guo Men Wai St.

Chao Yang District Beijing, China P.O. Code: 100022

TEL 86-10-6513-8790 FAX 86-10-6513-8795

Email: clairbj-jp@clair.org.cn

O Sydney Office

Japan Local Government Center (CLAIR, Sydney)

Level 12, Challis House, 4 Martin Place, Sydney, NSW 2000 Australia

TEL 61-2-9241-5033 FAX 61-2-9241-5014

E-mail: mailbox@jlgc.org.au

Local Government Officials Training Program in Japan Trainee Application Form

| Photograph | ① Applicant Name | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|
| (Taken Within the Past 3 Months) | Please type or print your | name in the standard alphabet format. | | | | | | | |
| 4cm high × 3cm wide | Please clarify the <u>order</u> of you | Please clarify the <u>order</u> of you name as it appears <u>officially in your passport</u> . | | | | | | | |
| | Surname (Family Name) | Middle Name Given Name | | | | | | | |
| ② Nationality | | | | | | | | | |
| ③ Sex | Male Femal | e Check the appropriate box. | | | | | | | |
| ① Date / Place of | Birth Date:Year/Month | /Day Place: | | | | | | | |
| (5) Dietary Restric | | | | | | | | | |
| (Including those (a) Marital Status | e due to medical or religious reasons) Married Single | ✓ Check the appropriate box | | | | | | | |
| Wiantai Status | Single | Cricek tile appropriate box | | | | | | | |
| • | | yer's full contact details as the host institution and | | | | | | | |
| CLAIR will be | - T | you be selected to participate in the program.) | | | | | | | |
| Workplace | Department | Provincial / Municipal Government Name | | | | | | | |
| Work Address | Postal Code | | | | | | | | |
| Your Position Title | V | | | | | | | | |
| Work | | Fax Number | | | | | | | |
| Telephone | (Mobile) | Work E-mail | | | | | | | |
| Contact Person | n (Position/Title) | Telephone | | | | | | | |
| (Supervisor) | (Name) | Fax Number | | | | | | | |
| (8) Home Address | s | | | | | | | | |
| | | s in your home country in case of an emergency. | | | | | | | |
| Home Address | Postal Code | | | | | | | | |
| Home | | Fax number | | | | | | | |
| Telephone | | Your Personal E-mail | | | | | | | |
| Emergency Contacts | Name Relation | Tel/Fax | | | | | | | |
| (2 people) | Name Relation | Tel/Fax | | | | | | | |
| | | | | | | | | | |

| Do you have a passport? | Y | es | No | ✔ Check the appr | ropriate box. |
|--|------------------|------------|----------------------|-----------------------|----------------------------|
| Passport Number | | | Date of Issue | | |
| Date of Expiration | | | Issuing Authority | | |
| ① Have you ever been to Japan' (If yes, please indicate when | | es [| No | Check the appr | opriate box. |
| (ii yes, piease maicate when, | , where, and wi | 1y) | | | |
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| 11 Educational Institutions Atter | nded (in chrono | logical or | der) | | T |
| Name of Institution | | Period | d Attended | Specialization | Qualification(s) Earned |
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| 12 Qualifications (Please indicate Type of Qual | - | ny speciai | language qual | Date Received | <u> </u> |
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| 13 Work Experience (in chronol | ogical order) | | | | |
| Period | Employe | er | | Position / Descripti | on of Work |
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| (14) Have you received any ov box. | rerseas training | ; before? | Yes_ | No ✓ Cl | neck the appropriate |
| Country/Host Organization | Training 1 | Period | Content | of Training (Please 1 | pe specific) |
| | ~ | | | | |
| | ~ | | | | |

| etails of Desired Field of Training Please indicate your <u>desired field of training</u> as well as <u>detailed</u> , <u>specific reasons</u> for your application (If the space provided is insufficient, please use additional sheets of paper.) | on. |
|--|-------|
| Desired field of training | |
| (i) Focusing on your desired field of training, please outline the current situation and pressing is that must be addressed in your local government. | ssues |
| | |
| (ii) Please indicate specific details of what you would like to learn while in Japan. Please indicate specific details of what you would like to learn while in Japan. | |
| details of institutions you would like to visit, events you would like to attend, technologies would like to study, etc. | you |
| | |
| (iii) Please indicate how you would apply what you have learned in Japan to your work | upon |
| returning to your home country. | • |
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| desired field of training in Japan. |
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| (If the space provided is insufficient, please use additional sheets of paper.) |
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| | Period | Det | Details of Experience | | | | | | |
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| 17) Language Ability Check the most appropriate response | | | | | | | | | |
| | | Japanese | English | | | | | | |
| | Listening | □ None □ Greetings and basic sentences □ Daily conversations □ Can understand Japanese radio or TV □ No trouble understanding native speakers | □ None □ Greetings and basic sentences □ Daily conversations □ Others' opinions about general topics □ News, speeches, debates | | | | | | |
| | Speaking | □ None □ Greetings and basic sentences □ Daily conversations □ Expressing opinions about general topics □Native-level communication skills | □ None □ Greetings and basic sentences □ Daily conversations □ Expressing opinions about general topics □ Native-level communication skills | | | | | | |
| | Reading | □ None □ Hiragana □ Katakana □ Some Chinese characters (| □ None □ Simple sentences with dictionary □ Letters, etc without dictionary □ Simple newspaper articles □ Advanced newspaper articles | | | | | | |
| | Writing | □ None □ Hiragana □ Katakana □ Some Chinese characters (| □ None □ Simple sentences with dictionary □ Letters, etc without dictionary □ Short paragraphs on general topics □ Summaries and expressing opinions | | | | | | |

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

(18) 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 | | | | |

| 19 Period Available for Training 2 | Tun May 2023 ~ | / / / | | |
|--|---------------------------|----------------------|--------------------------|----------|
| * Training is between 6 to 12 month institution upon consideration of your in | hs. The exact length of | f your stay in Japan | | our host |
| ② COVID-19 Individual vaccinations Please describe your COVID-19 vacci Japan. Pass / fail is not affected by vacci | cination status for refe | rence of infectious | disease control after of | entering |
| ☐Unvaccinated ☐Vaccinated once (type of vaccine | : : |) | | |
| ☐ Vaccinated twice (type of vaccine: First Time: | | Second Time: | |) |
| □Vaccinated three times (type of vaccine : First Time: □Vaccinated four times | Second Time: | Tł | nird Time: |) |
| (type of vaccine : First Time: | Second Time: | Third Time: | Four Time: |) |
| I hereby apply for the position of "Pledge and Medical Checkup Sheet. I p | oledge that the above sta | • | / | Written |
| Signature of Applican | nt | | | |
| (To be filled I hereby certify that the above Applic believe the applicant to be a suitable wholeheartedly. | | ached Medical Che | ckup Sheet are accurat | |
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| Name of Organization | 1 | | | |
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| Address | 3 | | | |
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| Tei | l | Fax | | |
| Name of Department Head | I _ | | | |
| Signature of Department Head | 1 _ | | | |

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

| Na | .me | | | | | | |
|---------------------------------|-----------------------|---------------|-----------|------------|------------------------------------|------------|--|
| Date of Birth Day Month | | | Day | / Month | n Year | | |
| Se | x <u>M</u> | Iale | Fema | ale | (Please circle one) | | |
| Cu | rrent Add | ress | | | | | |
| 1. | Weight _ | | | | 10. Hearing | | |
| 2. | Height _ | | | <u> </u> | 11. Blood Sedimentation | | |
| 3. | Stethosco | pe Tes | t | | 12. Tuberculin Reaction | | |
| 1 | | | | | | ino | |
| 4.5. | Chest Pro | | | | Positive Negat 13. Past Illnesses | <u>1ve</u> | |
| 6. | Eyesight With glas | | | | 14. Chronic Illnesses | | |
| | Left Without g | glasses | | | 15. Allergies | | |
| 7. | Left_ Color Blin | Rig ndness | ht | | 16. Dietary restrictions | | |
| 8. | Blood Pre | | | _ | 17. Blood type | | |
| 9. | Urine Test | ; | | | 18. Other | | |
| 19. | Alcohol | □Yes | | □No | (Amount: per day/wee | k/month) | |
| 20. | Cigarette | □Yes | | □No | (Amount: per day/wee | k/month) | |
| Ιh | ereby cert | tify tha | it the ab | ove deta | ails are correct. | | |
|] | Hospital _ | | | | | | |
| 1 | Address | | | | | | |
|] | Date | ay N | Month | / Year | | | |
| (| Certified b | | | | | | |
| Š | 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 the appropriate 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 <u>Dietary Restrictions</u>

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

⑥ Marital Status

Check the appropriate box.

7 Occupation

- •Please write full contact details of your workplace, including a valid mailing address (municipality, district/region/state and country) as the host institution and CLAIR will be getting in touch with you via post should you be selected to participate in the program.
- Please indicate your current position/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 work 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, position/title, telephone and fax numbers.

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.

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

10 Have you ever been to Japan?

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

① Educational Institutions Attended

Please fill out the section in chronological order.

Qualifications

If you have any language qualifications, be sure to include them.

13 Work Experience

Describe past work experiences in chronological order. Include the dates and positions held.

(14) Overseas Training

Check the appropriate box. If you have had overseas training experience, fill out where you were posted, for how long, and details of the training you received.

15 Details of Desired Field of Training

- For section (1), indicate the field of study that you wish to pursue as a trainee such as environmental management, sewerage treatment, tourism promotion, etc. Then, indicate details of the reasons for your desire to pursue that field of study.
- For section (2), provide a detailed and concrete explanation of your previous work experience in the field of study that you wish to pursue as a trainee.
- Your explanation will be used by the host institution to determine a suitable course of study for you during your stay. For this reason, <u>please be specific</u> about what you want to learn, what issues you wish to tackle in your home workplace, and how the training will benefit your home local government. Please use additional sheets of paper if the space provided is insufficient.

16 Experience in Desired Field of Training

Please briefly summarize item (2) of section (5)

17 Language Ability

Please check the most appropriate description of your English <u>AND</u> Japanese language abilities. This information is very important for determining your host institution.

<u>We Please be honest about your level of language ability</u>. In the past, some trainees have overestimated their abilities, and this has resulted in difficulties not only for their host institution, but also for the individual. Inflating your ability will make it more difficult for you to be placed in a suitable host institution and therefore is to your disadvantage.

18 Language Learning

Please provide all the necessary details concerning the extent of your past language learning in English, Japanese, and/or any other foreign language(s) you have studied.

* These details will be used to help determine which Japanese class you will take and which textbooks you will be provided with. Therefore, <u>please give a clear, detailed statement</u> regarding the extent of your previous language learning experience.

19 Period Available for Training

Host institutions will decide the exact length of your stay in Japan as a trainee. However, they will of course take into consideration your individual circumstances. Please fill in either the period set by your host institution (if known), or the period that you are able to train for (between 6 to 12 months). Please note that the start date is **non-negotiable**.

20 COVID-19 Individual vaccination status

Please let us know your vaccination status such as whether you are vaccinated or not as well as how many times and type of vaccine, in order to understand necessary infectious disease measures after entering Japan due to the Japanese government's border enforcement measures.

2. Medical Checkup Sheet (Attachment 3)

In past years, some trainees' stay in Japan has been disrupted because they failed to report past (13) and chronic (14) illnesses truthfully. Trainees are covered by basic overseas travel insurance, but will be personally responsible for costs if their medical checkup sheet is not accurate. If there are any changes to your condition as stated in this document between the submission date of your medical checkup sheet and your day of arrival in Japan, please contact CLAIR immediately as you may also be held responsible for medical costs. Also, please make sure to report any allergies or dietary restrictions in sections (15) and (16).

Local Government Officials Training Program in Japan Trainee Application Form

| | Applicant Name Photograph Please type or print your name in the standard alphabet format. | | | | | | | | | |
|-----|---|---|--------------------|--|--|--|--|--|--|--|
| | ٠. | - | | | | | | | | |
| | (Taken Within the Past 3 Months) | JOHN BRUCE BROWN | | | | | | | | |
| | 4cm high× | Please clarify the <u>order</u> of you | name as it appea | rs <u>officially in your passport.</u> | | | | | | |
| | 3cm wide | | RUCE / | JOHN | | | | | | |
| | | Surname (Family Name) | Middle Name | Given Name | | | | | | |
| 2 | 2 Nationality <u>Canadian</u> | | | | | | | | | |
| 3 | Sex | ✓ Male Female | e Check | k the appropriate box. | | | | | | |
| 4 | Date / Place of B | irth Date: <u>1982</u> Yr/ <u>Jun</u> Mon | / <u>11</u> Day | Place: 0 0 0 0 0 | | | | | | |
| (| _ | ue to medical or religious reasons) | t eat pork or beef | for religious reasons | | | | | | |
| 6 | Marital Status | Married Single | ✓ Check | the appropriate box | | | | | | |
| | O | N 1 1 4 | | 4 1.4.11 41 14 1444 | | | | | | |
| (7) | Occupation (F | Please clearly type or print your employ | yer's full contac | t details as the nost institution and | | | | | | |
| (| CLAIR will be ge | etting in touch with you via post should y | ou be selected to | participate in the program.) | | | | | | |
| | | Department 1 | Provincial / Mun | icipal Government Name | | | | | | |
| | Workplace | Planning Division | Newbridge | City Council | | | | | | |
| F | | Postal Code 111-111 | | | | | | | | |
| | XX7 1 A 11 | 1 Main Avenue, Newbridge | | | | | | | | |
| | Work Address | Main Province, Canada | | | | | | | | |
| F | | , | 100 | | | | | | | |
| | Your Position/ Title | 2 nd Secretary Leg | gal Officer | | | | | | | |
| - | Work | 01-2345-6789 | Fax Number | 01-111-2222 | | | | | | |
| | Telephone | 01 25 15 0705 | | | | | | | | |
| | F | (Mobile) 012—345—678 | Work E-mail | abc@newbridge.gov.ca | | | | | | |
| - | Contact Person | (Position/Title) Division Manager | Telephone | 01-1122-3344 | | | | | | |
| | (Supervisor) | (Name) Mary Supervisor | Fax Number | 01-2222-3333 | | | | | | |
| | | | | | | | | | | |
| (8) | Home Address | | | | | | | | | |

Full home address, telephone number, and 2 contact persons in your home country in case of an emergency

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

| 9 Do you have a passp | ort? | ✓ | Yes | | No | ✔ Check the ap | propriate box. |
|--|---|--|----------------|---|--|-------------------------|----------------------------|
| Passport Number | A123456 | 7890 | | Date of | of Issue | April 1, 2020 | |
| Date of Expiration | March 3 | 31, 2030 | | | uing hority | Passport Canada | |
| • | ① Have you ever been to Japan? Yes (If yes, please indicate when, where, and why) | | | | Jo (| Check the approp | oriate box. |
| I visited Japan on a p I traveled to Tokyo, | | | ary 30 to 1 | Februar | y 6, 200 | 1. | |
| ① Educational Instituti | ons Attende | d (in chron | ological o | rder) | | | |
| Name of Institution | | | Perio | Period Attended | | Specialization | Qualification(s) Earned |
| ABC High School | | | Apr. 9 | 98' ~ | March | General Studies | Diploma |
| XYZ University | | | Apr. (|)1' ~ | March | Law | BA |
| | | | | | | | |
| 12 Qualifications (Pleas | se indicate if | you have | any specia | al langu | age qua | lifications, etc) | |
| , | e of Qualific | • | - - - - | Date Received | | | |
| Japanese Proficier | Japanese Proficiency Test, Level 3 | | | | August 1, 2011 | | |
| TOEIC (Score: 830) | | | | September 23, 2012 | | | |
| ` | 10210 (000101000) | | | | | | |
| | <i>C</i> 1 1 | . 1 1 | ` | | | | |
| 13 Work Experience Period | (in chronoic | egical order Employ | | | Position / Description of Work | | |
| April 2005 | Newbridg | | <u> </u> | fice | Planning for sister-city exchange projects | | |
| ~March 2007 | Internation | nal Relation | ns Division | n | Plannii | ng for sister-city exci | nange projects |
| April 2007 ~March 2011 | _ | e City, M | layor's Of | fice | Secretary to the Mayor | | |
| April 2011 | | Secretarial Division Newbridge City, Mayor's Offi | | | | | |
| ~Present | Planning Division | | | nec | Devise | ed plan for City Cent | re revitalization |
| Month, Year | | | | | | | |
| ~Month, Year | | | | | | | |
| * | Month, Year | | | | | | |
| ~Month, Year | ~Month, Year | | | | | | |
| Have you received any overseas training before ✓ Yes No ✓ Check the appropriate box. | | | | | | | |
| | Country/Hosting Organization Training I | | | Contents of Training (Please be specific) | | | he specific) |
| Seoul City, Korea | , , , | | | | | | |
| Feb 1 200 | | | | | | | <i>J</i> |

| Details of | Desired Field of Training |
|-----------------------------------|---|
| ` / | ase indicate your <u>desired field of training</u> as well as <u>detailed</u> , <u>specific reasons</u> for your application. he space provided is insufficient, please use additional sheets of paper.) |
| Des | sired Field of Training: City Planning |
| | Focusing on your desired field of training, please outline the current situation and pressing issues that must be addressed in your local government. |
| futur the p purcl attrac | rk at Newbridge City Council where we are at an important crossroads in deciding the city's e. We plan to carry out a wide-ranging revitalization programs across the entire city and are in process of collecting public comments about the process. We foresee that rezoning and land hases may be a divisive issue in the community. Further issues include formulating a strategy to businesses to the planned high-rise district and the formulation of regulations covering the alized areas. |
| (| 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. |
| urbar | aware that a large number of Japanese local governments are in the process of reevaluating their n design strategies. I am interested to learn about the planning process, the details of the plans aselves, and how problems are tackled by Japanese local governments. |
| enco | o understand that this reevaluation process involves not only urban design issues, but also impasses financial reforms. In order to improve the efficiency of Newbridge City, I would like to into the debate surrounding Japanese local government finance reform. |
| Lastl | y, I would be interested to study the professional development courses offered to public servants. |
| ` / | Please indicate how you would apply what you have learned in Japan to your work upon returning to your home country. |
| able lead refo | ough studying the urban design strategy of a Japanese local government, I believe that I will be to make a greater contribution to the planned changes facing Newbridge City in my role as ler of the City Centre Revitalization Program. I also hope that learning more about financial rms and staff development will allow me to implement policies in Newbridge that will benefit city's efficiency standards. |
| | |
| | |
| | |

(2) Please provide a detailed description of your work experiences focusing on aspects relating to your desired field of training in Japan.

(If the space provided is insufficient, please use additional sheets of paper.)

I became a local government official, because I believe that it will be government officials who lead my country into the twenty-first century.

As not only an employee of Newbridge City, but also a resident, I feel strongly about the city's future. I sought employment in Newbridge City because I want to make my community a better place to live for all residents. I want to make it the world's most pleasant city.

When I joined the city in April 2005, I was assigned to the International Relations Division of the Mayor's Office. At the International Relations Division, I was in charge of planning friendship and exchange projects, principally with cities with which we have a sister city relationship.

For four years beginning in April 2007, I was the Mayor's secretary. From April 2011 until the present, I have been worked in the Planning Division of the Mayor's Office, where I have been involved in work related to my desired field of training in Japan.

The Planning Division, which was newly established in April 2011, is the focal point for setting out a future vision for our city. Fifty people work in this division, which is comprised of three sections: the strategy section (conceptualization of the city's future), the planning section (preparation of concrete plans based on the strategy section's vision), and the implementation section (liaison with other departments to bring the plans to fruition). Presently, the division is working on ten projects, and I am in charge of the City Centre Revitalization Program.

The City Centre Revitalization Program outlines a plan to eliminate an old section at the heart of the city and replace it with a group of high rise buildings. This plan has already passed through the strategy section and planning section. My task is to coordinate the community consultation process, and liaise with other city departments and contractors who will actually implement the project.

In undertaking this assignment I have already faced numerous difficulties which have made my work in this vital position extremely challenging. As the project comes closer to becoming a reality, I have become increasingly determined to make the city where I live a better place. While feeling the weight of these responsibilities, I am honored to be able to contribute to determining the future direction of my city.

(15) 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 | (No need to list other work experience as it does not relate to City Planning) |
| \sim Month, Year | |

| | Japanese | English |
|-----------|---|---|
| Listening | □ None □ Greetings and basic sentences □ Daily Conversations ☑ Can understand Japanese radio or TV □ No trouble understanding native speakers | □ None □ Greetings and basic sentences □ Daily conversations □ Others' opinions about general topics ☑News, speeches, debates |
| Speaking | □ None □ Greetings and basic sentences ☑ Daily Conversations □ Expressing opinions about general topics □ Native-level communication skills | □ None □ Greetings and basic sentences □ Daily conversations □Expressing opinions about general topics ☑ Native-level communication skills |
| Reading | □ None □ Hiragana □ Some Chinese characters (characters) ☑ Simple newspaper articles □ Advanced newspaper articles | □ None □ Simple sentences with dictionary □ Letters, etc without dictionary □ Simple newspaper articles ☑ Advanced newspaper articles |
| Writing | □ None □ Hiragana □ Katakana ☑ Some Chinese characters (300 characters) □ Short paragraphs on general topics □ Summaries and expressing opinions | □ None □ Simple sentences with dictionary □ Letters, etc without dictionary □ Short paragraphs on general topics ☑ Summaries and expressing opinions |

(B) Language Learning (Please type or print in detail)

| Language | Period/Frequen | Method/Content of Study | Institution | Qualificatio |
|-------------|-----------------|--|-------------|--------------------------|
| cy of Study | | Wethor Content of Study | | n(s) Earned |
| | At university~ | During my university years, one of my | Self study | 2 nd level of |
| | Present | hobbies was studying Japanese. In particular, | | the Japanese |
| | | I would watch NHK satellite broadcasts from | | Language |
| Japanese | 1hour every day | Japan or read Japanese literature in my spare | | Proficiency |
| заранезе | | time. I have passed the 2 nd level of the | | |
| | | Japanese Language Proficiency Test. In | | |
| | | addition, I understand daily conversations | | |
| | | and can respond with little difficulty. | | |
| | 2005~Present | (Not necessary if you are from an | Language | Score of 830 |
| | | English-language speaking country) | school | on the |
| | 2 hours | Following my assignment to the International | | TOEIC |
| | Twice a week | Relations Division in the Mayor's Office, I | | English test |
| English | | realized the necessity of learning English for | | |
| 21181111 | | work purposes and have since studied | | |
| | | diligently. I have received a score of 830 on | | |
| | | the TOEIC English test. In addition, I | | |
| | | understand daily conversations and have no | | |
| | | difficulties with work-related matters. | | |
| Languages | At university | Studied French for 4 years in college as a | University | |
| other than | 0.1 | second language. Can converse on daily | | |
| your mother | - | conversational level. | | |
| tongue | week | | | |

| (19) | Period Available for Training | 21/ | May/ | 2023 | | / | / 20 | | |
|----------|--|-----------|------------|----------|-----------------|-----------|-------------|-------------------|---|
| | | | | | Da | ay N | 1onth | Year | |
| | ing is between 6 to 12 month ion upon consideration of your | | _ | • | - | pan will | be decide | ed by your hos | t |
| 20 CC | OVID-19 Individual vaccination | status | | | | | | | |
| Please | describe your COVID-19 vac | cination | | refere | ence of infecti | ous disea | ase control | ls after entering | 3 |
| Japan. | Pass / fail is not affected by vac | cination | status. | | | | | | |
| $\Box U$ | Invaccinated | | | | | | | | |
| | accinated once (type of vaccinated twice | e: | | | |) | | | |
| (type | of vaccine: First Time: Pfize | r vaccine | e | | Second Time | e: Pfiz | er vaccine |) | |
| | accinated three times of vaccine: First Time: | | Second Ti | ime• | | Third 7 | Time: | | 1 |
| | accinated four times | | occord 11 | | | Timu | I IIIIC. | , | |
| | of vaccine: First Time: | Secon | nd Time: | | Third Time: | | Four Tir | me: |) |
| Pledge | reby apply for the position of and Medical Checkup Sheet. I ay Month _2023 Year | - | | | _ | | | | |
| | Signature of Applica | ant | (| Soh | n BRC | 3(WC | * | | |
| believe | (To be a suitable the applicant to be a suitable | ication F | Form and t | the atta | | Checkup | | | |
| I | Day Month <u>2023</u> Year | | | | | | | | |
| | Name of Organization | Newbr | idge City] | Plannir | ng Division | | | | |
| | Address | 1 Main | Avenue, | Newbi | ridge, Main Pr | ovince, C | Canada | | |
| | Tel | 01 - 2 | 222 -3333 | Fax | 01-2222-44 | 144 | | | |
| | Name of Department Head | Maria | Lam | | | | | | |

Maria Ram

Signature of Department Head

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 | |
|--------------------|------|---------|------------------|--|
| | Day | Month _ | <u>2023</u> Year | |
| Signature: | John | S R | 30PK | |

Medical Checkup Sheet

| Name | John | BROWN |
|---|----------------|---|
| Date of Birth | 11 Day | |
| Sex <u>Male</u> | Female | (Please circle one) |
| Current Address | 1 Main Ave | nue, Newbridge, Main Province, Canada |
| 1. Weight <u>70k</u> | <u>g</u> | 10. Hearing <u>Normal</u> |
| 2. Height <u>185cm</u> | <u>L</u> | 11. Blood Sedimentation |
| 3. Abdominal Palpa Stethoscope Tes Normal | | None 12. Tuberculin Reaction |
| 4. X-Ray Nort | mal | Positive Negative |
| 5. Chest Problems | | 13. Past Illnesses |
| None | | None |
| 6. Eyesight With glasses | | 14. Chronic Illnesses |
| LeftRig | | None |
| Without glasses | | 15. Allergies <u>Nuts</u> |
| 7. Left 1.0 Right Color Blindness | nt1.0 | 16. Dietary restrictions |
| None | | Cannot eat pork or beef |
| 8. Blood Pressure | | 17. Blood type |
| 120 /80 | | O positive |
| 9. Urine Test <u>No</u> | <u>rmal</u> | 18. Other |
| | | None |
| 19. Alcohol □ Yes | ⊠ No | o (Amount: <u>350ml</u> per day/week/month) |
| 20. Cigarette □ Yes | ✓ No | o (Amount: per day/week/month) |
| I hereby certify tha | at the above o | details are correct. |
| TT 1 | N 1 :1 | 1.77 |
| Hospital | Newbridge G | General Hospital |
| Address 100 A | verage Avenı | ue, Newbridge, Main Province, Canada |
| Date | Month 2 | <u>023</u> Year |
| Certified by | Dr. S | arah Smith |
| Signature | ⊙r. (| Barah Bmith |