

I-7. Application Form

2017 Application Form for Radiation Safety Education Course

Please fill in with a black ball-point pen, and check all appropriate boxes.

Course (Lecture and/or Practice)	Date of Choice (Enter dates within the same application period only)	Submitted Documents	
<input type="checkbox"/> Lecture <input type="checkbox"/> Japanese <input type="checkbox"/> English	1st choice Lecture: /	<input type="checkbox"/> Copy of ID card (to be attached to the back of this form) <input type="checkbox"/> Others (refer to documents to be submitted in Application Method) <input type="checkbox"/> To be submitted at a later date (Document:)	
	2nd choice Lecture: /		
<input type="checkbox"/> Practice	1st choice Practice: /	<input type="checkbox"/> Copy of ID card <small>* If applying to take both Lecture and Practice, 1 copy is sufficient.</small> <input type="checkbox"/> Copy of Special Medical Examination results <input type="checkbox"/> Consultation Sheet <input type="checkbox"/> Blood, Skin, and Eyes test results <input type="checkbox"/> Other (refer to "I-4" on page "RI-2") <input type="checkbox"/> To be submitted at a later date (Document:)	Size of Lab Coat : <input type="checkbox"/> 3L <input type="checkbox"/> LL <input type="checkbox"/> L <input type="checkbox"/> M Personal Dosimeter: <input type="checkbox"/> Issued <input type="checkbox"/> Not issued
	2nd choice Practice: /		
	3rd choice Practice: /		

• Be sure to verify the application procedure and the notices before making an application. This application form can be copied or downloaded from the website.

• If your first choice is unavailable, you will be assigned to the second or third choice, or sometimes to another date. Please check the date of your lecture and practice via e-mail sent from the office.

Furigana (name in Katakana)											Date of Birth			
Name (Family First & Middle)											/	/		
											(Year)	(Month)	(Date)	
Staff or Student ID No.											<input type="checkbox"/> Staff 8 nos. <input type="checkbox"/> Students 9 nos.	Male	/	Female
Affiliation	School / Graduate School					Department					Course / Sub Department			
	Research Institute(Center) / Hospital					Division					Laboratory			
	Telephone#.: _____ FAX: _____													
	e-mail: _____													
Position	<input type="checkbox"/> Staff <small>(Job title)</small>			<input type="checkbox"/> Graduate student <small>(Year)</small>			<input type="checkbox"/> Undergraduate <small>(Year <input type="checkbox"/> G30)</small>			<input type="checkbox"/> Research student / Other <small>(Status)</small>				
Supervisor's Name and Seal	Ⓜ													
Non-Japanese National <small>(Only fill in this section if you are not a Japanese national)</small>	Nationality :													
	Japanese skill													
	<input type="checkbox"/> Fluent				<input type="checkbox"/> A little				<input type="checkbox"/> Not at all					
Reason for Application	<input type="checkbox"/> To conduct experiments using radioisotopes. <input type="checkbox"/> To conduct experiments using accelerator / synchrotron radiation. <input type="checkbox"/> To gain knowledge about safe handling of radioisotopes. <input type="checkbox"/> Others [_____]													
Note														
For officer's use only														

<Reverse side of Application Form>

Copy of ID card