JPO/IPR Training Application Form

THIS APPLICATION CONSISTS OF SIX PARTS.

PART 1: Application by the representative of the applicant's company/organization (page 1)

PART 2: Applicant's Personal History and Record (pages 2, 3 and 4)

PART 3: Medical Check Sheet (page 5)

PART 4: Pre-Training Report (pages 6,7,8 and 9)

PART 5: Overseas Travel Insurance Procedure and Consent Form (pages 10 and 11)

PART 6: Evaluation of English Ability (pages 12)

INSTRUCTIONS: Please read carefully before completing this form.

1. All sections should be completed. If there are not applicable items, please write "N/A" in the space. If your application is incomplete or inaccurate, JPO, JIPII and HIDA may not accept your candidacy.
2. Use a PC or hand write both in English and tick the appropriate choices.
3. Mind the due date of submission. JPO,JIPII and HIDA may not accept your candidacy if your application reaches us after the due date.
4. PART 1 should be completed <u>by the representative of the applicant's company/organization (not by him/herself)</u>.
5. PART 2-6 should be completed <u>by the applicant</u>.
6. PART 2 <u>E-mail, Fax Number, Telephone Number must be filled clearly to make a contact by HIDA</u>.

PART 1: Application by Company/Organization

Should be completed by the representative of the applicant's company/organization (not by him/herself).

Mr. Kazuo Kaneko
President
THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION [HIDA]

I hereby would like to nominate the following person apply for the following training program in Japan. I selected the applicant after giving due consideration to his/her suitability. Therefore I am confident that this selection will meet objectives of the program.
I understand that the program is financed by the Japanese Government (Japan Patent Office)
With regard to the implementation of the program, I promise to follow your standards. I will also take full making sure the applicant comes home right after the completion of his/her training at your organization.
If he/she does not complete the training program and returns to his/her country, I hereby agree to reimburse all expenses including air fare and accommodation fee, etc.

Name of Training Program: _____

Training Period (DD/MM/YY): Fro _____ to _____

Note For IP Protection Lawyers candidates only, please choose which group you want to participate,

☐ A Patent Group ☐ B Trademark Group

(Refer General Information for more detail)

I hereby give my approval for the following applicant to be sent to Japan as a representative of our company/organization.

Date (DD/MM/YY): _____

1. Name of the Applicant _____

2. Name of the Representative of the applicant's company/ organization _____ Signature of the representative: _____

Position: _____ Name of the Company/ Organization: _____

* Please provide in the following information as it may be necessary to contact you in an emergency.

Phone: + _____ Fax: + _____ E-mail: _____

<Privacy Policy of HIDA: The purpose of use of personal information>

1. Based on the "Act on the Protection of Personal Information, HIDA will use applicants' personal information only for the administration procedure of HIDA Training Programs and some other related purposes.
2. HIDA secures personal information in an appropriate manner against loss, misuse or improper alternation.
3. HIDA strictly observes all applicable Japanese laws regarding the handling of all personal information that it receives.

Part 2: Applicant's Personal History and Record

Should be completed by the applicant

* Please complete in English in block letters and please tick ☐.

1. Personal Information

1-1 Name of the Applicant	First		Middle		Family	
	Note: Your name must be the same as the name in your passport. Fill in a letter for each block. There are 30 blocks and when you need more, you are requested to give us your suggestion to be completed with in 30 letters at maximum. HIDA will issue documents for your travel according to your suggestion					
1-2 Gender	☐ Male ☐ Female	1-3 Date of Birth	Day/Month/Year ／ ／		1-4 Age	
1-5 Religion	☐ Christian (1) ☐ Hindu (4)		☐ Muslim (2) ☐ None (8)		☐ Buddhist (3) ☐ Others (7)	
1-6 Home Address	Name of Buildin					
	Street:				City:	
	State:		Postal Code:		Country:	
1-7 Home Phone Number	+		1-8 Home Fax Number	+		
1-9 Mobile Phone Number	+		1-10 E-mail			
1-11 Passport Number			1-12 Date of Issue	Day/ Month/ Year ／ ／		
	Note: Please attach a copy of your passport		1-13 Date of Expiry	Day/ Month/ Year ／ ／		
1-14 For the applicants from Latin America *Use this information for arrange air flight to Japan.	Please check if you have USA Visa or not. * If yes, please attach a copy of your USA Visa.		Date of Issue	Day/ Month/ Year ／ ／		
	USA Visa	YES	NO	Date of Expiry	Day/ Month/ Year ／ ／	
1-15 Nationality			1-16 Airport at your Home			
				Note: This should be the nearest international airport from your		

2. Company / Organization Information

2-1 Name of Company/ Organization	Note: Please fill in the name of your company/organization as on your business card.		
2-2 Department/ Section			
2-3 Company / Organization Address	Note: This is a contact address for HIDA. Please give the address where you actually work.		
	Name of Buildin		
	Street:	City:	
	State:	Postal Code:	Country:
2-4 Office Phone Number	+	2-5 Office Fax Number	+
2-6 E-mail		2-7 Business Field	
2-8 Major Products/ Service		2-9 Year of Establishment	
2-10 Number of Employees			

2-11 Type of Organization	Note: Please select Public Sector or Private Sector first. Then choose the appropriate	
	☐ Public Sector	☐ Private Sector
	☐ Government Office ☐ Government Corporation ☐ Research and Development Institution ☐ Academic ☐ Others:	☐ Manufacturing Company ☐ Industry Promotion Organization ☐ Academic ☐ Law Firm Others:
2-12 Classification of Your Job Title	Note: Please choose the appropriate one from the list.	
	☐ Managing Director (11) ☐ Board Member (12) ☐ Plant Manager (14) ☐ General Manager (20) ☐ Manager (21) ☐ Specialist (31) ☐ Engineer (32) ☐ Instructor (34) ☐ Foreman (40)	☐ Section Chief (41) ☐ Supervisor (42) ☐ Line Chief (43) ☐ Group Leader (60) ☐ Mechanic (63) ☐ Consultant (73) ☐ Others: 2-13 Number of Subordinates

2-14 Partnership with foreign corporations	Please choose Yes or No		Name of Organization	
1)Japanese capital investment Share of Japanese capital	☐	YES	1	
	☐	NO	2	
2)Technical collaboration with Japanese corporations	☐	YES	1	
	☐	NO	2	
3)Customer(s) of a Japanese corporation and its affiliates	☐	YES	1	
	☐	NO	2	
4)An agency contract with a Japanese corporation or its	☐	YES	1	
	☐	NO	2	
5)Business transactions with Japanese affiliates in the	☐	YES	1	
	☐	NO	2	
6)A plan to make business transactions with Japanese affiliates in the applicant's home country	☐	YES	1	
	☐	NO	2	
7)A plan to make business transactions with a Japanese	☐	YES	1	
	☐	NO	2	
8)Other foreign capital investment (exclusive of Japanese investment)	☐	YES	1	
	☐	NO	2	
9)Technical collaboration with other foreign corporations	☐	YES	1	
	☐	NO	2	
2-15 Your Job Description Relevant to Training Subject(s)				

3. Educational Background

Institution	Period		Main Subjects	Language Used
Post-Graduate Course	From Month/Year	To Month/Year		
	/	/		
University / College	From Month/Year	To Month/Year		
	/	/		
Technical / Vocational Sch	From Month/Year	To Month/Year		
	/	/		
High School	From Month/Year	To Month/Year		
	/	/		

4. Employment Record

4-1 Name of Organization	Years of Service		Position	Job Description
	From Month/Year /	Present		
	From Month/Year /	To Month/Year /		
	From Month/Year /	To Month/Year /		
	From Month/Year /	To Month/Year /		
4-2 Years of total working experience		years	4-3 Years of total working experience relating to IPR	years

5. Language Ability

English	Japanese	Ability Level
5 ☐	5 ☐	Able to join debates completely
4 ☐	4 ☐	Able to follow lectures completely
3 ☐	3 ☐	Able to follow lectures mostly
2 ☐	2 ☐	Able to carry out daily conversation
1 ☐	1 ☐	Do not understand

6. Past Experience of the AOTS(HIDA) Training in Japan ☐ YES ☐ NO

		1st time	2nd time	3rd time
AOTS(HIDA) Training Course Example: 13W, 6W, A9D, EPCM, PQM, THEN, etc.				
AOTS(HIDA) Membership No.				
Training Period	From	Day/Month/Year / /	Day/Month/Year / /	Day/Month/Year / /
	To	Day/Month/Year / /	Day/Month/Year / /	Day/Month/Year / /
Training Field/Technique				
Name of Host Company				

7. Experience of study or training abroad ☐ YES ☐ NO

Country	Period of stay	Purpose

I hereby apply for JPO/IPR training program after reading and understanding Program Outline and Participation Requirement of the subject training course. I certify all description in this application form is true and accordingly understanding that my information would be referred in the screening process of application.

Signature: _____ Date: _____

Name of the Applicant: _____

PART 3: Medical Check Sheet

Your name		Training course	

［**Important notice**］

HIDA will not provide financial help with diseases that you knowingly had or contracted before visiting Japan.
If you have a chronic disease, you should bring your medicine with you when you come to Japan.
If there are any false or wrong statements on the medical check sheet, the overseas travel accident insurance, which the trainee will subscribe to upon arriving in Japan, will be invalid.

1. Complete all the boxes from a. to l., please tick with an **X** mark in the appropriate answer box.
   If you answer Yes to any of the items, also tick with an **X** mark in the applicable condition.

	Yes	No	Condition										
a.				asthma		emphysema				other lung conditions			
b.				tuberculosis				live with someone who has tuberculosis					
c.				high blood pressure				heart disease			irregular heartbeat		
d.				stomach ulcer				hepatitis		inflammation of the gall bladder		gall stones	pancreatitis
e.				kidney or bladder trouble						stones or blood in urine			
f.				diabetes		gout							
g.				depression				neurosis					
h.				tumor		malignant tumor				cancer			
i.				bleeding disorder				blood disease					
j.				lumbago									
k.				cataract		glaucoma							
l.				pregnant		( ) -month pregnant							

2. Please tick with an **X** mark in the appropriate answer box and give details.

	Medical History	Yes	No	Details
a.	Have you had any significant or serious illness or injury? (if you have been hospitalized or had an operation, give places and dates.)			
b.	Do you currently use any drugs for treatment of a medical condition? (Give name and dosage.)			

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

Your Signature _____ Date (DD/MM/YY) _____

*** If you answered ［Yes］ to any one of the items listed above in 1 or 2, please see a doctor for an up-to-date medical examination.**

〔For doctor use〕

Please answer the following questions concerning the items in 1 or 2, which the trainee answered 〔Yes〕.

1. Please clearly write the results of the medical examination.

2. Please select the most appropriate one from below and tick with an **X** mark, concerning the physical condition of the trainee.

	a.	There is no problem with the trainee traveling overseas and participating in a training program in Japan.
	b.	If the trainee takes the appropriate drugs, there is no problem with the trainee either traveling overseas participating in a training program in Japan.
	c.	There is a problem with the trainee traveling overseas and participating in a training program in Japan under his/her current physical condition.

Name of hospital: _____ Date of diagnosis: _____

Address: _____ Signature: _____

Name of the doctor: _____

PART 4: Pre-Training Report

1) Please answer the following items in English (MS Word file format or handwritten in block letters) and submit it to HIDA with the other specified documents .
This report will be used for the presentations and group discussions to be held during the training course.

2) If you use some figures or statistics, please indicate the source of these data.

3) Please take note that Presentation of this “Pre-Training Report” will be held on the second day of each Course, and each participant should make their presentation for about 10 minutes.
Therefore please prepare for this presentation.

4) Candidates of the “JPO/IPR Training Course for IP Trainers” should prepare materials to explain the encouragement of invention in their country in addition to this Pre-Training Report.

5) Those who wish to participate in the “JPO/IPR Training Course for Patent Experts” are requested to indicate the total number of specifications they have written in “2.Your duties in detail” of the Pre-Training Report.

1-1. Your name	
1-2. Country	
1-3. Company/ Organization	
2. Your position and duties in detail	

3. Outline of your organization in detail (please attach a brochure and a chart of the organization.)

4. Present status of IPR activities in your organization (i.e., patents, trademarks)
5. The most critical problems related to IPR you are now facing
(Please provide details.)
6. Possible measures to solve such problems together with limiting factors

7. Your expectations for and interest in the program in relation to the above problems
(Please provide details)
8. A Written plan of how you intend to apply what you will have learnt on this course when you return home.

PART 5: Overseas Travel Insurance Procedure and Consent Form

Overseas Travel Insurance Procedure

THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION (“HIDA”) maintains overseas travel insurance coverage for all trainees as a safeguard against illness, injury, accident, or other misfortune.
The term of the insurance is limited to a fixed period approved by HIDA. The said term shall commence upon completion of entry screening procedures following the trainee’s arrival in Japan and terminate upon procedures prior to the trainee’s departure from Japan.
In the event that a trainee is involved in an accident or other incident covered by the insurance, HIDA will insurance claim to the insurance company, and the insurance will be paid as follows.

1. Indemnity in the event of death: The insurance company will pay the entire sum to the trainee’s beneficiary under the country’s probate laws of the trainee.
2. Medical expenses: The medical facility where the trainee was treated will bill HIDA for the cost of the The insurance company will pay the insurance benefit directly to the medical facility.
3. Insurance for disability: HIDA will pay the disabled trainee the entire sum received the insurance company.
4. Insurance to cover liability: HIDA will pay the entire settlement to the trainee, injured party, etc., pursuant to notification by the trainee or the training company.
5. Rescue expenses insurance benefit: HIDA will pay to the party that paid/advanced the expenses the entire sum received from the insurance company, pursuant to notification by the trainee or the training company.

To collect an insurance benefit/settlement as specified above, trainees must submit to HIDA a consent form giving HIDA complete authority to file insurance claims and collect benefits/settlements pursuant to this insurance policy. All trainees, please carefully read the attached Outline of Overseas Travel Insurance and sign the consent form below.

To: THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION (HIDA)

Consent Form

I understand the content of the Outline of Overseas Travel Insurance. I hereby consent to being covered by an insurance policy pursuant to HIDA's training regulations. I also consent to giving HIDA complete authority to file insurance claims and collect insurance benefits/settlements on my behalf.

	Day	Month	Year
Date:			

Country/region: _____

Home Address: _____

Trainee's name: _____

Signature: _____

(To be used by HIDA)
Company: HIDA
Trainee's No.: 15IP
Training Period:

THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION［HIDA］

Outline of Overseas Travel Insurance

THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION [HIDA] provides insurance coverage against illness, injury, or death for trainees during the training period.
The insurance provisions are summarized below. If you have any questions, contact HIDA.

1. Type of coverage and amount to be paid

(1) Indemnity in the event of death

Insurance will be paid in the event of a trainee's death within 180 days after an accident resulting in a fatal injury, or in the event of death due to an illness contracted during the course of training. The insurance company will pay the entire sum to the trainee's beneficiary as defined under the country's probate laws of the trainee.
Amount to be paid: ¥5 million

(2) Insurance for disability resulting from an injury

Insurance will be paid in the event that a trainee is injured in an accident, as the result of which the trainee develops a disability within 180 days of the accident.
Amount to be paid: 3% to 100% of ¥5 million, depending upon the severity of the disability

(3) Insurance to cover treatment costs

Treatment costs will be covered when a trainee must receive medical treatment as the result of an accident, or when a trainee must receive medical treatment for an illness.
Since funds are paid through the Association directly to the medical institution, the trainee is not required to make provisional payments for medical expenses.
Amount to be paid: Actual costs (up to ¥6 million, total of (3) and (4))

(4) Rescue expenses

If during the training period, a trainee dies as the result of an injury or illness, is missing due to an accident, or is hospitalized for three or more days, necessary rescue expenses (transportation, accommodation, etc.) will be paid from the insurance benefit/settlement.
Amount to be paid: Actual costs (up to ¥6 million, total of (3) and (4))
Note that certain types of expenses will be covered only in part.

(5) Insurance to cover liability

When a trainee is legally liable to pay compensation for injuries caused to another person or damage to another person's property, the insurance will cover the amount of damage for which a trainee is liable.
However, coverage does not include accidents occurring during training activities.
Amount to be paid: Damage liability amount (up to ¥10 million)

2. Submitting an insurance claim

The Association will submit applications for insurance claims. Report any injury or illness as soon as possible to the training company or to the Association.

3. Special notes

Please note that coverage excludes the following categories of events or conditions, which are further defined below:
Death, disability caused by an illness or injury, injury treatment costs, or rescue expenses involving any of the following:

(1) Injury or illness predating entry into Japan
(2) Injury or death resulting from fighting, suicide, or criminal behavior
However, in the event of suicide, rescue expenses will be covered.
(3) Injury or death resulting from driving without a license or under the influence of alcohol
(4) Injury or death resulting from brain disease or insanity
(5) Pregnancy, delivery, premature delivery or a miscarriage and illness due to this, a surgical operation, and other medical treatments.
(6) Dental treatment,etc.
However, the Association will pay for dental treatment costs for emergency treatment such as pain-killing, extraction, silver filling, tooth crown, etc., based on separately established standards.

Liability in any of the following cases:

(1) Accidents for which a trainee is liable that occur during training
(2) Accidents for which a trainee is liable, involving articles entrusted to the trainee by another person
(3) Automobile accidents for which a trainee is liable,etc.

Since coverage does not cover every type of accident, injury, illness, or loss, please take appropriate precautions to avoid accidents and damage to your health during the training period.

THE OVERSEAS HUMAN RESOURCES AND INDUSTRY DEVELOPMENT ASSOCIATION［HIDA］

PART 6: Evaluation of English Ability

In so much as proficiency in English is essential for satisfactory course participation, candidates are requested to provide details of independent evaluation of their ability, if available. Test scores such as TOEFL, TOEIC, or the results of testing by other appropriate organizations will be taken into consideration in the selection of candidates.

Name of Test :

Score:

Ranking:

Date of Test:

Name of the applicant:

Signature: