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Kyushu University Hospital

International Medical Department

Overseas Exchange Center

**OBSERVATION TRAINING PROGRAM APPLICATION**

**Personal Information**

|  |  |
| --- | --- |
| Name in full (as shown in passport) |  |
| Surname/Family name |  |
| First/Given name |  |
| Middle name |  |
| Name you want to be called |  |
| Gender |  |
| Date of Birth　(Age) | Year Month Day ( ) |
| Nationality |  |
| Home address |  |
| Home/Mobile phone No. |  |
| Email |  |
| Native language |  |
| English Ability | Native Excellent Good Fair Poor |

**Present Position**

|  |  |
| --- | --- |
| Organization/Institution |  |
| Department |  |
| Position |  |
| Address (specify postal code) |  |
| Organization’s website |  |
| Your director’s name / Department / Address |  |

**Training Details**

|  |  |
| --- | --- |
| Department to Observe |  |
| Objectives (in detail) |  |
| Preferred date (1st) | from to |
| Preferred date (2nd) | from to |
| Source of Funding during your stay in Japan | Scholarship Institutional Self-funded Other ( ) |
| Reason why you choose KUH |  |
| Visa needed? |  |
|  if yes, which Embassy/Consulate General of Japan do you submit visa application? |  |

※Trainees are encouraged to obtain travel insurance with personal liability coverage.

**Declaration of the applicant** (please check)

[ ] I will follow the rules and guidelines of the Kyushu University Hospital, and devote myself to my training.

[ ] I will keep any kind of information concerning patients confidential.

[ ] I will not take any photographs/recordings of patients during my observation.

[ ] This application and the supporting documents submitted for this program do not contain any false statements.

 [ ] I understand that this program may be terminated if it is deemed difficult to continue due to force majeure such as natural disasters or inappropriate behavior by the trainee.

The completed form must be submitted to:

Overseas Exchange Center (OVEX)
International Medical Department
Kyushu University Hospital

3-1-1 Maidashi, Higashi-ku, Fukuoka, 812-8285 Japan

**Email**: allsec-ovex★med.kyushu-u.ac.jp (replace ★ with @)

Ver.1. 2025.2.10