**Request for Training Program Proposal**

Department in charge: The Japan Foundation Japanese-Language Institute, Kansai (JFKC),

Educational Training Section

E-mail: jpf-kansai@jpf.go.jp

1. Person in Charge

|  |  |
| --- | --- |
| (1) Name of organization (required) |  |
| (2) Name and title of person in charge(required) |  |
| (3) Address (required) |  |
| (4) Telephone number (required) |  |
| (5) Email address (required) |  |

2. Please tell us about the program content you are currently considering.

(1) Purpose or positioning of program (required)

(E.g. Part of Japanese language program curriculum, reinforcement for students, etc.)

\* In particular, if this program is to be implemented as part of a training program at your institution, please provide information on the content of that training.

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(2) Budget: JPY

(3) Number of participants:

(4) Duration of program: ～

\* Please note that program may not be possible for the requested duration, due to the availability of the Institute’s accommodation facilities.

(5) Affiliation and occupation of the participants:

 Name of Institution:

 Occupation: □Japanese teacher □University/College student □Highschool student

 □Other (Please indicate their occupation and age)

(6) Japanese language level of the participants:

□None □Introductory □Beginner □Intermediate □Advanced

Other (Textbooks used, JLPT N○ level, etc.)

(7) Chaperones: □Yes □No

 If yes, Number of chaperons.

(8) Requested programs in addition to Japanese language classes

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| --- | --- |
| A. Field Trip(s) | □Yes □NoDestination(s): Number of days:  |
| B. Culture Experience | □Dressing of Kimono/Yukata □Wadaiko (Japanese drum)□Kado (Flower arrangement) □Sado (Tea ceremony)□Syodo (Calligraphy) □Aikijujutsu (Martial art)□Other □None |
| C. Private Home Visit | □Yes □No |
| D. School Visit | □Highschool □Junior Highschool□Elementary school □None\* If you have sister schools or other school connection, please write down the schools’ name.  |
| E. Farewell party | □Yes □No |
| F. Other | Please fill out any other requests here |

(9) About Japanese language classes (required)

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| A. What do you expect the participants to be able to do in Japanese through the program? |
| B. Other activities you would like to conduct in classes:□Speech □Presentation □Discussion □Activity using Japanese□Other  |

(10) If this program can be outsourced to JFKC this time, is there a possibility that it will be continued in the next fiscal year and beyond?

□Yes □No

(11) How did you know about the outsourcing of training to JFKC?

□Persons with training experience at JFKC

Year: Name of program:

□Referral from an acquaintance

Referrer:

□Our website □Other

**I agree to the following conditions and apply for the program.**

* JFKC may not be able to accept the requested date and content due to circumstances beyond JFKC's and related parties' control.
* If the applicant agrees to the contents and estimated costs proposed by JFKC based on this form, a separate outsourcing contract will be concluded.
* In some cases, hotel and transportation reservations may need to be made prior to signing the contract. We will notify you in advance if arrangements need to be made, but if cancellations are made 40 days or more prior to the start of the program, the actual cancellation costs incurred will be charged. Cancellations after the contract has been signed are subject to the terms of the contract.

Date:

Signature or Name and seal :

\* Electronic signature or signature image attachment is acceptable, as well as scanned copy of paper media.