(Reference Form 1-22)

STATEMENT OF REASONS FOR IMPLEMENTING THE TECHNICAL INTERN TRAINING

	Occupations and operations		Code no. (Name of occupation () Name of operations ()
① Content of the technical intern training		Cases of not yet having a technical intern training examination in place			
		Cases of technical intern training pertaining to multiple occupations and types of work	Code no. (Name of occupation ()) Name of operations ()
② Background					
leading up to					
implementing	the				
technical intern					
training					
③ Need for the					
technical intern	n				
training					

(Notes)

Section 1 ①. In cases of occupations and operations subject to transfer, write the code number by referring to the Code Table separately provided by the competent minister, the occupation name and operations name. In cases of a technical intern training plan pertaining to technical intern training (i) which is not occupations or operations subject to transfer, leave the sections for the code number, occupation name and operations name blank, and write the content of the technical intern training in a comprehensible manner in the "Cases of not yet having a technical intern training examination in place" section.

Section 2. In cases of implementing technical intern training for multiple occupations and operations, write the code number, occupation name and operations name with regard to occupations and work for which goals have been established pertaining to a trade skills test or technical intern training evaluation examination, and write all of the code numbers in the section in cases of implementation of multiple trainings for other occupations and operations.

Section 3 ②. As well as the motivation and reason for accepting technical intern trainees, write the type of relationship with the place of business in a foreign country in cases of individual-enterprise-type technical intern training, and write the background of the negotiations with the sending organization in cases of supervising-organization-type technical intern training.

I hereby declare that the statement given above is true and correct.

Date DD/MM/YY

Name of applicant

Name and title of the author of this document

Signature