

健康診断個人票

HEALTH CHECK REPORT

Name		Date of birth	DD/MM/YYYY	Date of health check	DD/MM/YYYY		
		Sex	Male / female	Age	years		
Work history		Blood pressure (mmHg)					
		Anemia test	Hemoglobin level (g/dℓ)				
			Red blood cell count (10,000/mm ³)				
Past history		Liver function test	GOT (IU/ℓ)				
			GPT (IU/ℓ)				
			γ - GTP (IU/ℓ)				
Subjective symptoms		Blood lipid examination	LDL cholesterol (mg/dℓ)				
			HDL cholesterol (mg/dℓ)				
			Triglyceride (mg/dℓ)				
Objective symptoms		Blood glucose test (mg/dℓ)					
		Urinalysis	Glucose				
			Protein				
Height (cm)							
Weight (kg)		Electrocardiograph examination					
		Other examinations					
BMI		Physician's diagnosis					
Waist circumference (cm)							
Eyesight	Right					()	
	Left					()	
Hearing	Right	1 Normal	2 Impaired				
	1,000Hz	1 Normal	2 Impaired				
4,000Hz				Remarks			

	Left 1,000Hz 4,000Hz	1 Normal 2 Impaired 1 Normal 2 Impaired	
Tuberculosis, etc.	Chest X-ray examination Film no.	Direct Taken No. Findings:	Indirect DD/MM/YYYY

Notes.

1. The BMI is calculated using the following formula.
$$\text{BMI} = \frac{\text{Body weight(kg)}}{\text{Height(m)}^2}$$
2. In the column of “Eyesight”, write the number outside the parentheses () if it has not been corrected, and inside the parentheses () if it has been corrected.
3. If abnormal findings are found in the “Chest X-ray examination” section, conduct a sputum examination and confirm there is no active tuberculosis.
4. In the “Physician’s diagnosis” section, fill in the physician’s diagnosis such as no abnormality, detailed examination required, medical examination required, etc.
5. If a disease is currently being treated, describe the medical condition which needs to be noted medically, such as the current medical history and the name of the disease in the “Physician’s diagnosis” section. In addition, in such case, describe all the prescribed drugs in the remarks section.

The person mentioned above is not infected with the infectious diseases shown above and there are no health risks with regard to conducting stable and continuous employment activities in Japan.

(Physician) Signature

受診者の申告書 Declaration by Medical Checkup Examinee

私は、通院歴、入院歴、手術歴、投薬歴の全てを医師に申告した上で、医師の診断を受けました。

I hereby declare that I informed a doctor of my full medical history, including hospital visits, hospitalization, surgeries, and medication. After providing this information, I was examined by the doctor.

作成年月日 年 月 日

Prepared on DD /MM /YYYY

申請人の署名

Signature of the applicant

特 定 技 能 雇 用 契 約 書

EMPLOYMENT CONTRACT FOR SPECIFIED SKILLED WORKERS

Organization of affiliation of the specified skilled worker _____
(hereinafter referred to as “organization”)

Specified skilled worker (including specified skilled worker candidates) _____
(hereinafter referred to as “specified skilled worker”)

This Employment Contract is hereby entered into in accordance with the contents described in the attached Written Employment Conditions.

This Employment Contract shall come into effect upon the specified skilled worker entering Japan with the status of residence of “Specified Skilled Worker (i)” or “Specified Skilled Worker (ii)”, or their status changes to one of the aforementioned statuses, and starts to engage in the activities for the work requiring the skills provided for in an ordinance of the Ministry of Justice as stipulated by the Minister of Justice for a specified industrial field.

The period of the Employment Contract (beginning and end of the Employment Contract) stated in the Written Employment Conditions must be changed in accordance with the actual date of entry.

The Employment Contract and Written Employment Conditions shall be prepared in duplicate, and one copy shall be retained by each party.

Entered into on DD/MM/YYYY

Organization _____ Seal
(Name of the organization of affiliation of the
specified skilled worker, and name, title and seal of
its representative)

Specified skilled worker _____
Signature of the specified skilled worker)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

DD/MM/YYYY

To:

Name of the organization of affiliation of the specified skilled worker:

Address: _____

Tel. no.: _____

Representative's name and title: _____ Seal

I. Period of the employment contract

1. Period of the employment contract

(From: (DD/MM/YYY) to (DD/MM/YYYY) Scheduled date of entry: DD/MM/YYYY)

2. Renewal of contract

- The contract shall be automatically renewed The contract may be renewed
- The contract is not renewable

*If the contract may be renewed, the renewal of the contract shall be determined by the following criteria.

- Volume of work to be done at the time the term of contract expires Employee's work record and work attitude
- Employee's capability to execute their tasks
- Business performance of the company State of progress of the work done by the employee
- Other ()

3. Limit on contract renewal (No / Yes (Up to ____ times / Total contract period of up to ____ years))

[If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years]

By requesting the employer to execute an employment contract with no fixed term (a non-fixed term employment contract) during the term of the fixed term employment contract, the employee may change his/her employment contract to a non-fixed term employment contract with effect from the day following the last day of the fixed term employment contract (DD/MM/YYYY). If this applies, will the working conditions in the non-fixed term employment contract be changed from those in the fixed-term employment contract? (No / Yes (as described in Attachment 2))

II. Place of employment

- Direct employment (fill in below)

(Immediately after hiring)

Name of office

Address

Contact information

- Dispatch employment (fill in the separate "Employment Conditions Statement")

(Extent of change) No possibility of change (If there is a possibility of change, provide details below.)

Name of office _____

Address _____

Contact information _____

III. Contents of work to be engaged in:

(Immediately after hiring)

(Extent of change) No possibility of change (If there is a possibility of change, provide details below.)

1. Field ()

2. Work category ()

1. Field ()

2. Work category ()

IV. Working hours, etc.

1. Start and finish times

(1) Start time: (:) Finish time: (:) (Number of prescribed working hours in one day: () hours () minutes)

(2) 【If the following systems apply to the worker】

Irregular labor system : irregular labor system unit ()

* If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office.

Work shift system using a combination of the following working hours

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

2. Break time (minutes)

3. No. of prescribed working hours ① Week () hours () mins ② Month () hours () mins ③ Year () hours () mins

4. No. of prescribed working days ① Week () days ② Month () days ③ Year () days

5. Overtime work Yes No

○ Details are stipulated in Article (), Article () and Article () of the Rules of Employment.

V. Days off

1. Regular days off: Every (), national holidays, others () (total number of annual days off: () days)

2. Additional days off: () days per week/month, others ()

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VI. Leave

1. Annual paid leave Those working continuously for six months or more → () days

Those working continuously for up to six months (Yes No) → After a lapse of () months and () days

2. Other leave Paid () Unpaid ()

3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2.

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VII. Wages

1. Basic pay Monthly wage (yen) Daily wage (yen) Hourly wage (yen)

* Details given in the attachment.

2. Various allowances (excluding additional pay rate for overtime)

(allowance, allowance, allowance)

* Details given in the attachment.

3. Additional pay rate for overtime, holiday work or night work

(1) Overtime work: Legal overtime 60 hours or less a month ()%

Legal overtime over 60 hours a month ()%

Fixed overtime ()%

(2) Holiday work Legal holiday work ()%, Non-legal holiday work ()%

(3) Night work ()%

4. Closing day of payroll () of every month; () of every month

5. Pay day () of every month; () of every month

6. Method of wage payment Bank transfer Payment in yen (cash)

7. Deduction from wages in accordance with labor-management agreement No Yes

* Details given in the attachment.

(approx. yen)

(approx. yen)

(approx. yen)

(approx. yen)

Amount to be deducted approx. yen (total)

5. Take-home pay (3 - 4) approx. yen (total)

* Provided there is no absence from work, etc. and excluding additional pay, etc. for overtime work.

参考様式第1-6号 別紙2 (雇用条件書I.で【労働契約法に定める同一の企業との間での通算契約期間が5年を超える有期雇用契約の締結の場合】で有を選択した場合)

Reference Form 1-6, Attachment 2 (If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years, and if your answer to the question in the Written Employment Conditions I is yes.)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

The terms and conditions of an employment contract with no fixed term (a non-fixed term employment contract) that will come into effect if the employee requests the employer to execute the non-fixed term employment contract during the term of his/her fixed term employment contract are as follows:

DD/MM/YYYY	
To: _____	
Name of the organization of affiliation of the specified skilled worker: _____	
Address: _____	
Tel. no.: _____	
Representative's name and title: _____ <i>Seal</i>	
I. Period of the employment contract No fixed term	
II. Place of employment <input type="checkbox"/> Direct employment (fill in below) (Immediately after hiring) Name of office _____ Address _____ Contact information _____	<input type="checkbox"/> Dispatch employment (fill in the separate "Employment Conditions Statement") (Extent of change) <input type="checkbox"/> No possibility of change (If there is a possibility of change, provide details below.) Name of office _____ Address _____ Contact information _____
III. Contents of work to be engaged in: (Immediately after hiring) 1. Field () 2. Work category ()	(Extent of change) <input type="checkbox"/> No possibility of change (If there is a possibility of change, provide details below.) 1. Field () 2. Work category ()
IV. Working hours, etc. 1. Start and finish times (1) Start time: (:) Finish time: (:) (Number of prescribed working hours in one day: () hours () minutes) (2) [If the following systems apply to the worker] <input type="checkbox"/> Irregular labor system: irregular labor system unit () * If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office. <input type="checkbox"/> Work shift system using a combination of the following working hours Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins	

2. Break time (minutes)
3. No. of prescribed working hours ① Week () hours () mins ② Month () hours () mins ③ Year () hours () mins
4. No. of prescribed working days ① Week () days ② Month () days ③ Year () days
5. Overtime work Yes No
- Details are stipulated in Article (), Article () and Article () of the Rules of Employment.

V. Days off

1. Regular days off: Every (), national holidays, others () (total number of annual days off: () days)
2. Additional days off: () days per week/month, others ()
- Details are stipulated in Article (), Article () of the Rules of Employment.

VI. Leave

1. Annual paid leave Those working continuously for six months or more → () days
Those working continuously for up to six months (Yes No) → After a lapse of () months and () days
2. Other leave Paid () Unpaid ()
3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2.
- Details are stipulated in Article (), Article () of the Rules of Employment.

VII. Wages

1. Basic pay Monthly wage (yen) Daily wage (yen) Hourly wage (yen)
- * Details given in the attachment.
2. Various allowances (excluding additional pay rate for overtime)
- (allowance, allowance, allowance)
- * Details given in the attachment.

3. Additional pay rate for overtime, holiday work or night work

- (1) Overtime work: Legal overtime 60 hours or less a month ()%
Legal overtime over 60 hours a month ()%
Fixed overtime ()%
- (2) Holiday work Legal holiday work ()%, Non-legal holiday work ()%
- (3) Night work ()%
4. Closing day of payroll () of every month; () of every month
5. Pay day () of every month; () of every month
6. Method of wage payment Bank transfer Payment in yen (cash)
7. Deduction from wages in accordance with labor-management agreement No Yes
- * Details given in the attachment.
8. Wage raise Yes (Timing, amount, etc.) No
9. Bonus Yes (Timing amount, etc.) No
10. Retirement allowance Yes (Timing, amount, etc.) No
11. Leave allowance Yes (rate)

VIII. Items concerning retirement

1. Procedure for retirement for personal reasons (Notification should be made to the president or the factory foreman, etc. no less than () days before retirement)
2. Reasons and procedure for the dismissal
- In cases of dismissal, the specified skilled worker shall be dismissed through being given 30 days' advance notice or at least 30 days of the average wage only when there are unavoidable reasons for the dismissal. In cases of dismissal based on a cause attributable to

the fault of the specified skilled worker, there is the possibility of immediate dismissal without giving advance notice or the average wage being paid on approval being obtained from the Director of the Labor Standards Office Concerned.

○ Details are stipulated in Article (), Article () of the Rules of Employment.

IX. Others

1. Joining social insurance / employment insurance (Employees' pension insurance, Health insurance, Employment insurance

Industrial accident insurance, National pension, National health insurance, Others ())

2. Health check at the time of hiring: Month () Year ()

3. First regular health check: Month () Year () (every () afterwards)

4. Point of contact for matters concerning the improvement of employment management etc.

Name of department Name of person in charge (Contact information)

5. If the specified skilled worker is unable to pay for the travel expenses to return to his or her home country after the termination of this contract, the organization shall pay for the travel expenses and take necessary measures to ensure smooth departure.

Any other matters shall be governed by the company's Rules of Employment. Place and method of checking the Rules of Employment

()

技能移転に係る申告書

WRITTEN DECLARATION ON THE TRANSFER OF SKILLS

Declarant

Name:

Sex: Male / Female

Date of birth:

Nationality / region:

I hereby declare the following matters.

Details

I am aware that the purpose of the technical intern training program in Japan is to promote international cooperation by transferring skills, etc. to developing regions etc.

I have acquired the skills, etc. pertaining to _____ that would be difficult to acquire, etc. in my home country of _____, and have completed the technical intern training.

Therefore, I would like to work on transferring the skills, technology or knowledge pertaining to _____ which I acquired in Japan, or for which I increased or attained proficiency, to my home country upon my return to my home country in future,

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

Date: (DD/MM/YYYY)

Signature of the declarant _____

	worker)		
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(注意)

(Notes)

- 1 欄で無にチェックを付した場合には、2以下の欄の記載は不要とする。
If you ticked "No" in section 1, you do not need to fill out sections below section 2.
- 2から5欄までは、厚生労働省職業安定局ホームページの「人材サービス総合サイト」を活用し、当該職業紹介事業者についての該当する情報を記入すること。また、併せて当該情報が掲載されている画面の写しを添付すること。
Fill in the relevant information for the applicable employment placement business provider in sections 2, 3, 4, and 5, using the "Comprehensive Human Resource Services Website" which is operated by the Employment Security Bureau of the Ministry of Health, Labour and Welfare. Furthermore, attach a copy of the screen on which the information in question is posted.
- 6欄は、求職者及び求人者が職業紹介事業者を支払った額及び名目について記載すること。なお、求職者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。
Fill in the amount and description of the money paid by the job seeker and job offeror to the employment placement business provider in section 6. Please note that if the job seeker paid the expense in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.
- 4 職業紹介事業者との間で交わした契約書があれば、その写しを添付すること。
If you have a written contract exchanged with the employment placement business provider, please attach a copy of it.

2 取次機関（国外）（1で有にチェックを付した場合のみ記載）

Agent organization (outside Japan) (Only those who ticked "Yes" in section 1 above need to fill in the form below)

1 取次ぎの有無 Use of service provided by the agent organization	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	
2 氏名又は名称 Name of the agent organization			
3 所在国 Country where the agent organization is located			
4 所在地 Address of the agent organization	(電話番号 — —) (Telephone number — —)		
5 取次機関へ支払った費用 Expenses paid to the agent organization	求職者 (申請人) Job seeker (the applicant)	額 Amount	() () 円) yen)
		名目 Description	For payment of として
	求人者 (特定技能所属機関) Job offeror (the organization of affiliation of the specified skilled worker)	額 Amount	() () 円) yen)
		名目 Description	For payment of として

(注意)

(Notes)

- 1 取次機関とは、職業紹介事業者が求人者に求職者のあっせんを行うに際し、当該職業紹介事業主に対し求職者等に係る情報の取次ぎを行う者をいう。
The agent organization means the party that acts as the agent handling the job seeker's information for the applicable employment placement business provider, in the case where the job offeror uses the employment placement service provided by the employment placement business provider to recruit the job seeker.

2 1 欄で無にチェックを付した場合には、2 以下の欄の記載は不要とする。

If you ticked "No" in section 1, you do not need to fill out sections below section 2.

3 5 欄は、求職者及び求人者が取次機関に支払った額及び名目について記載すること。なお、求職者及び求人者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。

Fill in the amount and description of the money paid by the job seeker and job offeror to the agency organization in section 5. Please note that if the job seeker and job offeror paid their expenses in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

4 取次機関との間で交わした契約書があれば、その写しを添付すること。

If you have a written contract exchanged with the agency organization, please attach a copy of it.

3 事前ガイダンスの実施

Conducting of guidance in advance

第1号特定技能外国人支援計画に定めるとおりに実施していることの有無 Is guidance being conducted according to "Support Plan for Specified Skilled Worker (i)"?	有 ・ 無 Yes/No
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以上の1から3までの内容について相違ありません。なお、求職者（申請人）が在留資格「特定技能」の活動を行うことに関連して保証金、違約金の支払等の不適切な費用徴収がされていないことを本人から聞き取るなどして確認しています。

There are no discrepancies with regard to 1 to 3 above. Further, it has been confirmed by, for example, asking the person himself/herself that there has not been any inappropriate levying of fees such as a deposit or penalty payment on the job seeker (applicant) in connection with his/her activities related to the "specified skilled worker" status of residence.

作成年月日： 年 月 日

Prepared on DD /MM /YYYY

特定技能所属機関の氏名又は名称 _____

Name of the organization of
affiliation of the specified skilled worker _____

作成責任者の氏名及び役職 _____

Name and title of the person
responsible for preparing this document _____

4 求職者（申請人）が自国等の機関に支払った費用

Fees paid by the job seeker (applicant) to organization in his/her country, etc.

支払先機関の名称 Name of organization to which payment has	名目 Name of item	支払年月日 Date of payment	支払金額 Amount paid
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	been made			
1			年 月 日 mm/dd/yyyy	(円) (yen)
2			年 月 日 mm/dd/yyyy	(円) (yen)
3			年 月 日 mm/dd/yyyy	(円) (yen)
4			年 月 日 mm/dd/yyyy	(円) (yen)
5			年 月 日 mm/dd/yyyy	(円) (yen)
				計 (円) Total (yen)

(注意)

(Notes)

1 自国等の機関は、特段対象を限定するものではなく、特定技能雇用契約の申込みの取次ぎ又は活動の準備に関与した全ての機関をいう。

The term "his/her country, etc." does not refer to particular institutions, but rather means institutions involved in accepting applications for specific skilled employment contracts or in the preparation of activities, without limiting the scope of the subject matter in any particular way.

2 支払金額については、現地通貨又は米ドルで記載し、括弧書きで日本円に換算した金額を記載すること。

With regard to "Amount paid," write it in local currency or US dollars and write in the parenthesis the value converted into yen.

3 名目については、申請人に示した名目どおりに記載すること。

With regard to "Name of Item," write the name as expressed to the applicant.

特定技能雇用契約の申込みの取次ぎ又は在留資格「特定技能」に係る活動の準備に関して、自国等の機関に対し、上記の費用の額及び内訳について十分に理解した上で支払いました。また、上記の費用以外の費用については、徴収されていません。

I have paid the above fees with amounts and details as described above to organizations in my country, etc. with a full understanding of the amount and breakdown of the costs involved in acting as an agent for applications for specified skilled worker employment contracts or in preparing for activities related to the "specified skilled worker" status of residence. Furthermore, no other fees other than the above have been collected from me.

申 請 人 の 署 名 _____

Signature of the applicant _____

報酬支払証明書

Proof of Payment of Remuneration

月分（ 月 日から 月 日 分）の報酬について、以下のとおり支払いました。

The remuneration for the month of (from DD/MM to DD/MM) was paid as follows.

1 対象労働者

The worker for whom the payment was made

①氏名（ローマ字） Name (Roman letters)		②性 別 Sex	男 ・ 女 Male / Female
③生 年 月 日 Date of birth		④国籍・地域 Nationality/region	
⑤在留カード番号 Residence Card No.			

2 報酬

Remuneration

①報酬総額 Total amount of remuneration		円 Yen
②現金支給額 Amount paid in cash		円 Yen
③支給日 Payment date	年 月 日 DD/MM/YYYY	

(注意)

(Notes)

- 上記 2 ①は、控除前の報酬総額を記載すること。
The total amount of remuneration before deductions must be stated in ① of section 2 above.
- 上記 2 ②は、控除後の手取り報酬額を記載すること。
The amount of take-home pay after deductions must be stated in ② of section 2 above.

上記の記載内容は、事実と相違ありません。

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

年 月 日

DD / MM / YYYY

特定技能所属機関の氏名又は名称 _____

Name of the organization of affiliation of the specified skilled worker

作成責任者 役職・氏名 _____

Name and title of the person responsible for preparing this document _____ |

給与支給者 役職・氏名 _____

Name and title of the salary payer

報酬について、雇用条件書どおりの報酬額であることを確認し十分に理解した上で、上記の内容どおり支給を受けました。

I have checked and fully understood that the amount of remuneration is just the same as what is stated in the Written Employment Conditions, and have received the above payment of remuneration.

年 月 日

DD / MM / YYYY

特定技能外国人の署名 _____

Signature of the specified skilled worker

生活オリエンテーションの確認書

Confirmation of Orientation for Life in Japan

1 私の日本での生活一般に関する事項

General matters concerning my life in Japan

2 私が出入国管理及び難民認定法第19条の16その他の法令の規定により履行しなければならない又は履行すべき国又は地方公共団体の機関に対する届出その他の手続に関する事項

Matters concerning notifications and other procedures which I must or should make to national or local government agencies, pursuant to the provision of Article 19-16 of Immigration Control and Refugee Recognition Act, and other laws and regulations.

3 私が把握しておくべき、特定技能所属機関又は当該特定技能所属機関から契約により私の支援の実施の委託を受けた者において相談又は苦情の申出に対応することとされている者の連絡先及びこれらの相談又は苦情の申出をすべき国又は地方公共団体の機関の連絡先

The contact information of the organization of affiliation of the specified skilled worker, the contact information of the person who is in charge of handling my consultations and complaints and belongs to the party that is entrusted with providing me with support pursuant to the contract with the organization of affiliation of specified skilled workers, and the contact information of the national or local government agency where I should consult or make a complaint about the aforementioned organization/party if necessary, which I should understand.

4 私が十分に理解することができる言語により医療を受けることができる医療機関に関する事項

Matters concerning medical institutions where I can receive medical treatment in a language in which I am reasonably fluent.

5 防災及び防犯に関する事項並びに急病その他の緊急時における対応に必要な事項

Matters concerning disaster prevention and crime prevention, and matters necessary for taking action at a time of sudden illness or other emergency.

6 出入国又は労働に関する法令の規定に違反していることを知ったときの対応方法その他私の法的保護に必要な事項

What to do if I notice a violation of provisions of laws and regulations regarding immigration or labor, and other matters necessary for my legal protection.

について、

Date of explanation:

年 月 日 時 分から 時 分まで

From: Time (:) to (:) on DD/MM/YYYY

年 月 日 時 分から 時 分まで

From: Time (:) to (:) on DD/MM/YYYY

年 月 日 時 分から 時 分まで
From: Time (:) to (:) on DD/MM/YYYY

特定技能所属機関（又は登録支援機関）の氏名又は名称
Name of the organization of affiliation of the specified skilled worker (or
registered support organization)

説明者の氏名
Name of the explaining party

から説明を受け、内容を十分に理解しました。
I have received an explanation from the above person and fully understood the contents.

特定技能外国人の署名 _____ 年 月 日

Signature of the specified skilled worker

DD/MM/YYYY

事前ガイダンスの確認書

CONFIRMATION OF ADVANCE GUIDANCE

1. Matters concerning the content of the work I am engaged in, the amount of remuneration, and other working conditions
2. Contents of the activities I am permitted to engage in while in Japan
3. Matters concerning the procedures for when I enter Japan
4. Neither I nor my spouse, lineal relative or relative cohabiting with me or any other person who has a close relationship with me in terms of a social life are, in connection with the activities I am to engage in while in Japan based on an employment contract for specified skilled workers, paying a deposit, or having my money or other property otherwise being managed regardless of the reason therefor, and I have not entered into a contract nor am I expected to enter into a contract that stipulates penalties with regard to non-performance of the employment contract for specified skilled workers or a contract which otherwise expects the transfer of undue money or other property.
5. If I am paying expenses to an organization in my own country or another country in connection with an application for an employment contract for specified skilled workers, or for preparation for the activities of specified skilled worker (i), I fully understand the amount and breakdown of the expenses, and the organization must have entered into an agreement with me about these expenses.
6. I am not being made to pay directly or indirectly for the expenses required for my support.
7. The organization of affiliation of specified skilled workers, etc. must pick me up from the seaport or airport at which I intend to enter Japan.
8. I am being given support pertaining to securing appropriate housing for me.
9. There is a system in place so I can make a request for advice or to make a complaint about my work life, general living or social life.

From: Time (:) to (:) on DD/MM/YYYY

From: Time (:) to (:) on DD/MM/YYYY

From: Time (:) to (:) on DD/MM/YYYY

Name of the organization of affiliation of specified skilled workers (or registered support organization)

Name of the explaining party

I have received an explanation from the above person and fully understood the contents.

In addition, with regard to 4, neither I, my spouse nor any related person has entered into a contract concerning the payment of a deposit or penalties, nor will I enter into such contract in the future.

Signature of the specified skilled worker _____ DD/MM/YYYY