## Procedure for requesting JOCS Medical Personnel

The requesting institution is asked to describe the request in detail (on attached request form). On receiving the request form, JOCS will examine its feasibility.

I. General Informati	on			
1. Full name of the Organ	ization:		_	
2. Address:				
3. Phone:	Fax:		e-mail:	
4. Responsible person:		Title		
5. Date of foundation:				
Na Ch:	zation (Please check a reign-Based Organizat tional or Local NGO ristian Organization ners (Describe):			
Number of par	l-time Employees: rt-time Employees: ner Workers (e.g., Volu			
8. Project Area (Geograph	ical Area):			
9. Purpose of the Organiza	ation:			
10. Activities / Projects / P □ Primary Hea □ Nutrition □ Cooperatives	_	k all that apply.)		

11. Foreign As □ F	Others (Describe) ssistance (Please che l'inancial Support Expert(s) Volunteer(s)	neck all that apply.) name of the country approximate amount name of organization name of organization		
Please att		lical Personnel following, if the space in for Medical Personnel	as not enough:	
2. Post to	be given to the Me	edical Personnel		
3. Actual	work to be request	ed of the Medical Pers	sonnel	
	ment available for acture, etc.)	the Medical Person	nnel that already	exists; (model,
_		whom the medical per unity health workers, o		vith (e.g. medical

III. Facilities to be provide	ed to the Medical Personnel
1. Visa	
☐ will be obtained	Type of Visa
$\square$ under negotiation w	ith the government
2. Accommodation	
$\square$ will be provided free	
	semi-furnished/not furnished
-	able (chargeable) / electricity available free / not available
□ will be subsidized	
□ will not be provided	
3. Location / Transport	from the city of (name),km
	by means of,hour(s)
Date	-
	Signature
	Name (printed)
	-
	Title (printed)
	11110 (P1111000)

## Japan Overseas Christian Medical Cooperative Service (JOCS)

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