

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 Information

1. Full name of the Organization: _____

2. Address: _____

3. Phone: _____ Fax: _____ e-mail: _____

4. Responsible person: _____ Title _____

5. Date of foundation: _____

6. Category of the Organization (Please check all that apply.)

_____ Foreign-Based Organization (NGO)

_____ National or Local NGO

_____ Christian Organization

_____ Others (Describe): _____

7. Staff members

Number of full-time Employees: _____

Number of part-time Employees: _____

Number of Other Workers (e.g., Volunteers): _____

8. Project Area (Geographical Area):

9. Purpose of the Organization:

10. Activities / Projects / Programs (Please check all that apply.)

Primary Health Care

Nutrition

Cooperatives / Group Formation

III. Facilities to be provided to the Medical Personnel

1. Visa

- will be obtained Type of Visa _____
 under negotiation with the government

2. Accommodation

- will be provided free
 ... fully furnished/semi-furnished/not furnished
 ... electricity available (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)

Japan Overseas Christian Medical Cooperative Service (JOCS)

Waseda SIA bldg.4F, 1-1, Babashita-cho, Shinjuku-ku,
Tokyo, 162-0045, JAPAN

Tel: 81-3-3208-2416 Fax: 81-3-3232-6922

E-mail: info@jocs.or.jp URL: <http://www.jocs.or.jp/>