

## **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
- Others (Describe)

11. Foreign Assistance (Please check all that apply.)

- |  |                      |       |
|--|----------------------|-------|
| <input type="checkbox"/> Financial Support | name of the country  | _____ |
|  | approximate amount   | _____ |
| <input type="checkbox"/> Expert(s)         | name of organization | _____ |
| <input type="checkbox"/> Volunteer(s)      | name of organization | _____ |

## II. Job Description of Medical Personnel

➤ Please attach details of the following, if the space is not enough:

1. Reasons for the request for Medical Personnel

2. Post to be given to the Medical Personnel

3. Actual work to be requested of the Medical Personnel

4. Equipment available for the Medical Personnel that already exists; (model, manufacture, etc.)

5. Occupation of the people whom the medical personnel will work with (e.g. medical doctors, midwives, community health workers, etc)

### 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)

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