



Social Medical Corporation Teishinkai

SAPPORO TEISHINKAI HOSPITAL

3-1 Higashi-1 Kita-33 Higashiku Sapporo City, Hokkaido, 065-0033, JAPAN

TEL: +81-11-712-1131 / FAX: +81-11-751-0239

URL: <http://www.teishinkai.jp>

Application Form Observership program/ Advanced Clinical Training

The completed application form and all supporting documents have to be submitted to nobayashi.teishinkai@gmail.com attention to Ms. Hazuki Nobayashi.

Sapporo Teishinkai Hospital is a private hospital and we do not have scholarship/stipend of any kind.

1. Personal Data

Family Name:			
Given Name:			
Title:			
Date of Birth:		Sex:	☐ male ☐ female
Place of Birth			
Passport Number:		Expiration date:	
Nationality:..			
Marital Status	☐ single ☐ married		
Current Address:			
E-Mail:		Phone:	
Languages Spoken:			
Name of Institution			

1. Desired duration period

Duration in week(s):		
within the period:	from: _____ (day / month / year)	to: _____ (day / month / year)

3. Who has referred you to the observership program/advanced clinical training?

4. I understand that I am responsible obtaining my own visa and other necessary travel documents to travel to Japan. I understand that all travelling, living and housing expenses are my responsibility.

Date

Applicant's signature