



## Application Form Observership program/ Advanced Clinical Training

The completed application form and all supporting documents have to be submitted to [sapporoteishinkai.sakai@gmail.com](mailto:sapporoteishinkai.sakai@gmail.com) attention to Ms. Yuki Sakai.  
 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:	<input type="checkbox"/> male <input type="checkbox"/> female
Place of Birth			
Passport Number:		Expiration date:	
Nationality:..			
Marital Status	<input type="checkbox"/> single ..... <input type="checkbox"/> 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