

About the Handling of Personal Information Concerning Trainees

For completion
before coming to
Japan

[Direct application]

Date: _____

Personal information relating to trainees acquired by the Association for Overseas Technical Scholarship (AOTS) from documentation relating to the use of the AOTS training program in Japan system will be handled as follows.

1. Manager in charge of personal information and their contact details (a) (b)

Manager: Director, General Affairs Division, the Association for Overseas Technical Scholarship
Contact Details: General Affairs Group Tel : 03-3888-8211 E-mail : kojinjoho@aots.or.jp

2. Purpose of the use of personal information (c)

The personal information provided to us will be used for the following purposes and handled in the following ways:

| Documentation provided | Purpose of use | Provided to third parties? |
|--|---|----------------------------|
| ①-1 AOTS Training Application Form (except Religious affiliation) | Screening of trainees' qualifications | Yes |
| | Creation of the letter of invitation | Yes |
| | Creation of a list of course participants | Yes |
| ①-2 AOTS Training Application Form (Religious affiliation) | Consideration for life in Japan | No |
| ② Enquiry into Training Contract (For Japanese Joint-Venture Companies and Companies exclusively funded by Japanese enterprises) | Screening of trainees' qualifications | Yes |
| ③ Photocopy of identification documents | Checking trainees' names and dates of birth, etc. | No |
| ④ Medical Check Sheet | Enrollment in and payment of travel accident insurance Management of trainees' health after arrival in Japan | Yes |
| ⑤ Consent Form | Enrollment in and payment of travel accident insurance | Yes |
| ⑥ Pre-training Report | Understanding the current situation of trainees | Yes |

3. Concerning the provision of information to third parties (d)

The personal information provided to us will be provided to third parties in the following ways. When providing the information, AOTS and the parties to which the information is provided will manage it in such a way as to ensure that it is appropriately handled.

| | Item | Purpose of providing the information | Method | Parties to which it will be provided |
|---|---|---|------------------------|---|
| ① | Name, age, nationality, affiliation, academic history, employment history | Screening of trainees' qualifications | Paper | Screening committee, Ministry of Economy, Trade and Industry |
| | Name, age, nationality | Creation of the letter of invitation | Paper | Embassies of relevant countries |
| | Name, age, nationality, affiliation, picture, gender | List of course participants | Paper, Electronic data | Trainees, instructors, interpreters, places visited, accommodation facilities, travel agency, host companies, embassies, airport transportation service companies |
| ② | Name | Screening of trainees' qualifications | Paper | Screening committee |
| ④ | Name, age, health information | Screening of trainees' qualifications, enrollment in and payment of travel insurance, management of trainees' health after arrival in Japan | Paper | Insurance company, medical institutions |
| ⑤ | Name | Enrollment in and payment of travel accident insurance | Paper | Insurance company |
| ⑥ | Name, age, nationality, affiliation | Understanding the current situation of trainees | Paper, Electronic data | Instructors, trainees, interpreters, places visited, translation companies |

4. Outsourcing (e)

As a general rule, the outsourcing of the handling of personal information provided to us will not take place.

5. Disclosure, amendment, cessation of use, deletion, etc. (f)

We will respond to requests for the disclosure, amendment, cessation of use and deletion of personal information provided to us. In this situation, please submit requests to the following office:

Personal information consultation office: Tel : 03-3888-8211 E-mail : kojinjoho@aots.or.jp

6. Items to be completed by trainees (g)

The provision of information to us is voluntary. However, if you do not provide this information, your participation in the course will not be permitted.

Do you agree with the terms of our handling of personal information concerning trainees as outlined above?

Please tick ☒ the relevant box and sign below.

Date: ____ / ____ / ____

Name _____

☐ I agree ☐ I do not agree Signature _____

*** If you do not consent to the terms outlined above, the application documents that AOTS has received will be destroyed.**

様式 2-3420-03 個人情報の取り扱いについて

| | | | |
|-----------------------------|---------------|-----------------|----------------------------------|
| AOTS INTERNAL USE ONLY (外秘) | 開示範囲 : AOTS 内 | 保管期間 : 発送後 2 年間 | 取り扱い : 文書・記録管理要領 (PMS2-3500) による |
| | | | 保管 : 個人情報取扱責任者 (原本) |