# **About the Handling of Personal Information Concerning Applicants**

Personal information of applicants which is obtained by The Association for Overseas Technical Cooperation and Sustainable Partnerships (AOTS) through a series of documents related to applicants' use of AOTS training programs in Japan shall be handled as follows.

## 1. Manager for personal information and the point of contact

General Manager, General Affairs & Planning Department, General Affairs Group

The Association for Overseas Technical Cooperation and Sustainable Partnerships (AOTS)

TEL: +81-3-3888-8211 E-mail: kojinjoho-cj@aots.jp

### 2. Purpose of use of personal information

The personal information provided will be used within the scope of purposes of use indicated below.

Documents for submission	Purposes of use	Provision to a third party			
Before arrival to Japan					
(i) Applicant's Personal History and Record	Preparation of a name list for the courses of participation; consideration for life in Japan	Yes			
(ii) Enquiry into experience of Japanese language learning	To select and order teaching materials meeting learners' ability and to form adequate curricula	Yes			
) Medical Check Sheet Preparation of a Accommodation certificate; health management after arrival to Japan		Yes			
(iv) Copy of identification document (Passport, etc.)	Confirmation of the applicant's name, date of birth, etc.	No			
(v) Pre-Training Report (if necessary)	Understanding the current conditions of applicants	Yes			
Afte	er arrival to Japan				
(i) Registration Card	Delivery of various notices on AOTS and of questionnaires after completing training program. Notification of activities from an alumni society in each country	Yes			
(ii) Questionnaire on Restriction on Meals	Meal arrangement while the course is in session	No			
(iii) Questionnaire on Flights to and from Japan	Settling up of accommodation expenses	Yes			
(iv) Evaluation Sheet	Improvement on future training courses at AOTS	Yes			
(v) Mid-Training Report (if necessary)	Confirmation on the effects of training	Yes			
(vi) Mid-Training Test (if necessary)	Confirmation on the effects of training	Yes			
(vii) Photographs for record during training	Records on training	Yes			
(viii) Copy of Passport or Residence Card	Confirmation on VISA qualification and the valid term of VISA	Yes			

3. Provision to a third party
The personal information which you have provided may be provided to a third party ("Third Party") for the following purposes using the methods indicated below. Upon such provision, the handling of personal information will be supervised to ensure that the personal information is handled appropriately by AOTS and the Third Party.

Items		Purposes of Provision	Methods	Third Party
Before arrival to Japan	academic background/	Preparation of a name list for participants; health management after arrival to Japan; understanding the current conditions of applicants	Paper Data	Collaborating partners in the training; contract companies; medical institutions; government-affiliated agencies
After arrival to Japan	Name/sex/address/place of employment/nationality/photo	Delivery of various notices on AOTS and of questionnaires after returning home; notification of activities from an alumni society in each country; confirmation on the effects of training; implementation report; residence card	Paper Data	Participants; collaborating partners in the training; contract companies, medical institutions; government-affiliated

In principle, handling of the personal information provided will not be outsourced.

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

Consultation Office for Personal Information TEL: +81-3-3888-8211 E-mail: kojinjoho-cj@aots.jp

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Provision of personal information is voluntary. However, without consent, it is impossible to participate in certain courses or receive certain services after completing your training period.

Regarding the above "Handling of Personal Informa	tion Concerning Applicants"	I agree.	I do not agree.
Name:	Signature:		day month year