

(Attachment: Form 1)

Agreement Concerning the Treatment of Personal Information

Date DD/MM/YY

Attention to:

President, Organization for Technical Intern Training, and
Representative for the “acquired skills, etc. evaluation” implementing institution
(via the Supervising Organization or the Implementing Organization)

I agree to the following three provisions regarding the treatment of my personal information which are necessary for the Organization for Technical Intern Training in its support of trade skills testing procedures as set forth under Article 87, paragraph 7 of the Act on Proper Technical Intern Training and Protection of Technical Intern Trainees (Act No. 89 of 2016):

- 1) The Organization for Technical Intern Training (“OTIT”) shall provide my test information in the possession of the OTIT to the institution implementing my tests;
- 2) My personal information in the possession of the institution implementing my tests shall be provided to the OTIT; and
- 3) If necessary, in the event of a re-testing of my trade skills, my personal information shall be provided from the OTIT to the Supervising Organization and the Implementing Organization.

Name of Occupation	Name of Operations	Name of Supervising Organization or Implementing Organization	Technical Intern Training Classification	Plan Code Number (※)

※ Write down the Plan Code Number of your present intern training program; applicable only for technical intern trainees residing under the new system.

Name (in alphabet):

Signature:

handwritten by yourself