APPLICATION FORM

For

Facility Tours of the National Institute of Special Needs Education

Date: (year)\_\_\_(month)\_\_\_(day)\_\_\_

To the President of the National Institute of Special Needs Education

The Applicant hereby applies for facility tours, attaching this Application form.

(Details)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Date | (Year)\_\_\_(month)\_\_\_(day)\_\_\_From (hour)\_\_(min.)\_\_ To (hour)\_\_(min.)\_\_ | | | | | | | |
| Applicant | Company Name: | |  | | | | | |
| Person in charge of the application: | |  | | | | | |
| Division and Position title: | |  | | | | | |
| E-mail: | |  | | | | | |
| TEL.: | |  | | | FAX.: | |  |
| Contact Person | Division and Position title: |  | | | | | | |
| Name: |  | | | | | | |
| E-mail: |  | | | | | | |
| TEL.: |  | | | FAX.: | |  | |
| The Number of Visitors |  | Nationality: | |  | | | | |
| Tour Manager in Japan | Company Name, Division and Position title: |  | | | | | | |
| Name: |  | | | | | | |
| Consecutive Interpreter in Japan | Name: |  | | | | | | |
| Interpreter language | (For example, Japanese-English) | | | | | | |
| Details of Visiting Purpose |  | | | | | | | |
| Optional Exhibit Tours | Request number\_\_\_\_\_\_\_ / Not Request number\_\_\_\_\_\_\_ | | | | | | | |
| 1. Exhibition Room of the Center for Promoting Education for Persons with Developmental Disabilities 2. Snoezelen Room (a controlled multi-sensory stimulation therapy for children) 3. -Library (An exhibition room featuring educational support devices and other educational materials 4. Research Unit for Natural Living Environment (Devices for familiarity considerations and support in the daily life environment)   (Notice: It is not always possible to accompany your request according to their exhibit conditions.) | | | | | | | |
| Access Means | 1. Route bus 2. Chartered bus 3. Private motor cars 4. Taxi | | | | | | | |
| Remarks |  | | | | | | | |

Notice: Please submit the next page “Visitors List” AT LEAST TWO MONTHS BEFORE the preferred date of Facility Tours.

**Visitors List**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name | Company Name | Division and Position title |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |
| 25 |  |  |  |
| 26 |  |  |  |
| 27 |  |  |  |
| 28 |  |  |  |
| 29 |  |  |  |
| 30 |  |  |  |

Please send this form to following e-mail address.　 <a-kokusai@nise.go.jp>