



**NATIONAL BOARD FOR THE PLACEMENT AND PROTECTION  
INDONESIAN OVERSEAS WORKERS**

Jl. MT. Haryono Kav. 52 Jakarta Selatan-17220, Lt. 5,  
Telp./Fax. : 021-7901158

Form 6

**Information Sheet of Applicants for Indonesian  
Candidate for "Kaigofukushishi"**

Photo

Name \_\_\_\_\_ Sex \_\_\_\_\_  
(Note) Fill in your name in print, as written on passport

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Dependent children

Number of dependent children: \_\_\_\_\_

Marital Status (Married : Single); Responsible to support your spouse (Yes : No)

Family or relatives living in Japan: (Yes (Relationship: \_\_\_\_\_) / No)

(In case of a passport holder)

Passport number \_\_\_\_\_

Date of expiration (Year/Month/Day) \_\_\_\_\_

Education : (*if any, most recent first*)

Period	Nursing School/University (Name, Place)	Degree Obtained
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		

Work experience \_\_\_\_\_

Experience of working aboard (including Japan): *if any, most recent first*

Period	Country	Name of Workplace	Type of Occupation
(year)(month) to (year)(month)			
(year)(month) to (year)(month)			
(year)(month) to (year)(month)			

#### Japanese Language Proficiency

Level of Japanese Language Proficiency Test conducted by the Japan Foundation or Japan Educational Exchanges and Services ( *if any* ) : \_\_\_\_\_

Date of acquisition: (year)(month)

Number of years of studying Japanese (*if any, most recent first*)

From (year)	Japanese Language Institution (school)	Country
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		

Other remarks (English Language Proficiency, qualification, etc.)

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#### Request to accepting institution (if any)

(ex. "I want to go to Church every Sunday", "I need to take medicine three times a day", "I want to cook all meals by myself because I'm allergic", "I want to have days off on fixed days of week", "I want to go back to my home country temporarily around new year's day etc.")

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Preference of the facility :

☐ Urban area      ☐ Local area

Region

☐ Hokkaido   ☐ Tohoku   ☐ Kanto   ☐ Hokuriku-Shinetsu   ☐ Tokai   ☐ Kinki  
☐ Chugoku   ☐ Shikoku   ☐ Kyushu-Okinawa   ☐ No Preference

Prefecture \_\_\_\_\_

Specialization \_\_\_\_\_

Holidays \_\_\_\_\_

Others \_\_\_\_\_

Declaration of authenticity of the abovementioned items \_\_\_\_\_ (Signature) \_\_\_\_\_

Endorsement by the National Board of the abovementioned duly authenticated documents  
\_\_\_\_\_ (Signature) \_\_\_\_\_

Note 1      This form should be used for Indonesian Candidates for "Kaigofukushishi".

Note 2      The following certificates/documents should be attached.

- Certificate of academic record and diploma of nursing school/university
- Certificate of employment record if the candidate has working experience
- Documents to certify Japanese language ability, for example, certificates of The Japanese-Language Proficiency Test (if any)
- Other certificate of qualification

Note 3      This form should be filled out by all candidates and compiled by the National Board



# NATIONAL BOARD FOR THE PLACEMENT AND PROTECTION

## INDONESIAN OVERSEAS WORKERS

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Telp./Fax. : 021-7901158

Form 5

### Information Sheet of Applicants for Indonesian Candidate for "Kangoshi"

Photo

Name \_\_\_\_\_ Sex \_\_\_\_\_

(Note) Fill in your name in print, as written on passport

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Dependent children

Number of dependent children: \_\_\_\_\_

Marital Status (Married : Single); Responsible to support your spouse (Yes : No)

Family or relatives living in Japan: (Yes (Relationship: \_\_\_\_\_) / No)

(In case of a passport holder)

Passport number \_\_\_\_\_

Date of expiration (Year/Month/Day) \_\_\_\_\_

Education : (*most recent first*)

Period	Nursing School/University (Name, Place)	Degree Obtained
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		

Number of license for qualified Nurse in Indonesia and the date of obtaining the license

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Total years of experience as a nurse \_\_\_\_ years and \_\_\_\_ months

1. Name of hospital \_\_\_\_\_  
Characteristics of ward \_\_\_\_\_  
Number of beds \_\_\_\_\_  
Length of work \_\_\_\_\_ years \_\_\_\_\_ month
2. Name of hospital \_\_\_\_\_  
Characteristics of ward \_\_\_\_\_  
Number of beds \_\_\_\_\_  
Length of work \_\_\_\_\_ years \_\_\_\_\_ month
3. Name of hospital \_\_\_\_\_  
Characteristics of ward \_\_\_\_\_  
Number of beds \_\_\_\_\_  
Length of work \_\_\_\_\_ years \_\_\_\_\_ month

Experience of working aboard (including Japan): *if any, most recent first*

Period	Country	Name of Workplace	Type of Occupation
(year)(month) to (year)(month)			
(year)(month) to (year)(month)			
(year)(month) to (year)(month)			

Japanese Language Proficiency

Level of Japanese Language Proficiency Test conducted by the Japan Foundation or Japan Educational Exchanges and Services ( *if any* ) : \_\_\_\_\_

Date of acquisition: \_\_\_\_\_

Number of years of studying Japanese (*if any, most recent first*)

From (year)	Japanese Language Institution (school)	Country
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		
(year)(month) to (year)(month)		

Other remarks (English Language Proficiency, qualification, etc.)

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Request to accepting institution (if any)

(ex. "I want to go to Church every Sunday", "I need to take medicine three times a day", "I want to cook all meals by myself because I'm allergic", "I want to have days off on fixed days of week", "I want to go back to my home country temporarily around new year's day etc.")

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☐ Chugoku   ☐ Shikoku   ☐ Kyushu-Okinawa   ☐ No Preference

Prefecture \_\_\_\_\_

Specialization \_\_\_\_\_

Holidays \_\_\_\_\_

Others \_\_\_\_\_

Declaration of authenticity of the abovementioned items \_\_\_\_\_ (Signature)

Endorsement by the National Board of the abovementioned duly authenticated documents  
\_\_\_\_\_ (Signature)

- Note 1      This form should be used for Indonesian Candidates for “Kangoshi”.
- Note 2      The following certificates/documents should be attached.
- Certificate of academic record and diploma of nursing school/university
  - Certificate of license for registration Nurse
  - Certificate of employment record
  - Documents to certify Japanese language ability, for example, certificates of  
The Japanese-Language Proficiency Test (if any)
  - Other certificate of qualification
- Note 3      This form should be filled out by all candidates and compiled by the National Board