**NIMS Microstructure Characterization Platform, Nanotechnology Platform**

**Supported by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) Japan**

**2020A Nanotechnology Platform Proposal Application Form for Additional Call**

This application form consists of the following two parts:

1. NIMS Microstructure Characterization Platform Facility Application Form (p1-6)
2. NIMS BL15XU Proposal Application Form (p7-)

◆Where to contact in case of any inquiries:

1. NIMS Microstructure Characterization Platform Facility Application Form

NIMS Microstructure Characterization Platform Office

TEL: +81(0) 29-859-2310

FAX: +81(0) 29-859-2312

e-mail: nmcp@nims.go.jp

URL: http://www.nims.go.jp/nmcp/

1. NIMS BL15XU Proposal Application Form

NIMS BL15XU Office, Synchrotron X-ray Station at SPring-8

e-mail: BL15XUoffice@ml.nims.go.jp

URL: http://www.nims.go.jp/webram/

◆Submission Method:

Please submit this file to the beamline staff via email.

◆Notification about the usage fees:

**Effective April 1st, 2020, the usage fees have changed.**

The new fees will be applied from this call for proposals.

Please see the NIMS Microstructure Characterization Platform website at:

http://www.nims.go.jp/nmcp/eng/fee.html

**NIMS微細構造解析PF利用登録申請書（新規）**

**Application form for NIMS NMCP’s facility (New/Renew/Change)**

本年度、NIMS微細構造解析PFの施設・サービスを利用いたしたく、下記のように申し込みます

(I submit an application form in order to get approval to use NIMS NMCP’s facility or services in this fiscal year)。

**利用者（User）**

|  |  |  |  |
| --- | --- | --- | --- |
| 所属(Affiliation)： | | 氏名(Name)：  フリガナ： | |
| 職名(Title)： | 電話(Phone)： | | E-mail： |
| 機関の種類Organization Type：  □大企業Large enterprise □中小企業Small and medium-sized enterprise  □企業（その他）Other enterprise  □大学等University  □公的研究機関Public institution | | | |
| 年齢層Ages  □20代以下Under Twenties □30代Thirties □40代Forties □50代以上Over Fifties | | | |
| 所属住所(Address) 〒XXX-XXXX | | | |
| 所属は正式名でなおかつ所属部署まで記入願います。  Please fill in your formal affiliation and department.  所属部門の住所を記入願います。また、都道府県から記入願います。  Please fill in your affiliation address from the prefecture name.  同意する場合は□にチェックする(Please check in □ in case you agree).  約款の承認　Acceptance of The Terms  □ 利用報告書の提出・公開に同意します。  I agree with submission and publication of the user’s report.  研究不正防止等に係る宣誓　Promise never to do research misconduct  □ NIMSと締結する契約あるいは約款、及びその他NIMSの定める事項、及び自身が所属  る機関の規則を遵守します。  I promise to follow the contract content with NIMS and any rules established  by NIMS.  □ 研究活動における特定不正行為（捏造、改ざん及び盗用）、及びそれ以外の不正行為（不適切なオーサーシップ、二重投稿等）を行いません。  I promise never to do any research misconduct. | | | |

**責任者（Supervisor）**□利用者と同じ、省略。（Same as user. Input omitted.）

|  |  |  |  |
| --- | --- | --- | --- |
| 所属機関(Affiliation)： | | 氏名(Name)：  フリガナ： | |
| 職名(Title)： | 電話(Phone)： | | E-mail： |
| 所属住所(Address) 〒XXX-XXXX | | | |
| 所属は正式名でなおかつ所属部署まで記入願います。  Please fill in your formal affiliation and department.  所属部門の住所を記入願います。また、都道府県から記入願います。  Please fill in your affiliation address from the prefecture name.  同意する場合は□にチェックする(Please check in □ in case you agree).  　□私はNIMS微細構造解析プラットフォームの施設・サービスの利用において、申請者の責任者となることを承認します。  　　I agree to become a supervisor of this proposal to your common facilities.  □ 利用者が所属機関にて一般的な安全衛生教育を受講済みであることを、責任者とし承認  します。  Ｉ approve that the user attended a lecture of general safety and health education in the affiliated institution. | | | |

※責任者の承認については事務局から必要に応じて確認の連絡をいたします。

Please check unless you disagree.

(We will contact supervisor to confirm his/her approval.)

※本サービスの申込みにより取得した個人情報は、本サービスの提供に関し利用し、それ以外には利用いたしません。

※Personal information acquired by applying for this service will be used for the provision of this service and will not be used otherwise.

**請求書送付先（Billing address）**

□利用者に送付 Send to user □責任者に送付 Send to supervisor

□その他の宛先に送付（下記にご記入ください↓）

Send to other address.(Please write the billing address.↓ )

|  |  |  |  |
| --- | --- | --- | --- |
| 所属機関(Affiliation)： | | 氏名(Name)：  フリガナ： | |
| 職名(Title)： | 電話(Phone)： | | E-mail： |
| 住所(Address) 〒XXX-XXXX | | | |
| コメントComments | | | |

**支払い方法(Payment）**

|  |
| --- |
| 【利用実績に基づく月毎（1ヶ月毎）の請求】 Deferred Payment (Pay every month)  ※請求書は毎月末締め、翌月中旬頃の郵送です。 ※お支払い期日までに指定の銀行口座にお振込ください。  振込手数料はご負担いただきますようお願いいたします。  ※NMCP office closes the accounts at the end of the month, then sends a bill in the middle of the next month.  ※The payment must be made to the designated bank account by payment due date which is listed in the invoice. Please note that the payer is responsible for any bank charges incurred in transferring fees. |
| ※前払いをご希望の場合は、事務局へご相談ください。  利用申請時間に基づいてのご請求（概算金額）となり、お支払後、利用申請時間に満たない場合でも、返金は致しかねます。 また、事前利用請求時間を超過された利用料金については、追加請求となりますので事務局よりご連絡させて頂きます。  ※Please contact NMCP office and then consult, if you wish advance payment.  NMCP office charges the usage fee which is calculated based on the schedule in advance. We cannot refund it after the payment, even if the schedule became shorter than the user applied.  If the user exceeded the scheduled time, NMCP office would ask an additional payment.  ※年度内での支払い方法変更、請求書送付先・宛名変更等につきましては 別途、手続きが必要となりますので、事務局【nmcp@nims.go.jp】までご連絡下さい。  ※If you need to modify your billing information and payment options, please contact NMCP office. [ nmcp@nims.go.jp ] |

**NIMS微細構造解析PF利用登録申請書（新規）**

**Application form for NIMS MCP’s facility (New/Renew/Change)**

**研究テーマ名 (Research theme)：**

|  |
| --- |
|  |

**研究概要 (Summary of Research) ：**

|  |
| --- |
|  |

**※250文字以内でお願いします。**

**※Please input 250 characters or less.**

**備考欄 (Notes)：**

|  |
| --- |
|  |

**事前打ち合わせ・相談担当者名：**

|  |
| --- |
|  |

必須　相談がまだの方は、事務局【nmcp@nims.go.jp】までご連絡ください。

(Contact person name that you have already consulted.

If you haven't consulted yet, please feel free to contact us[nmcp@nims.go.jp].)

**トライアルユース、若手研究者や競争的資金課題に対する優先的支援を希望する場合は下記□にチェックを入れてください。**

**Please check in □ if you wish to use ”free trial use” “the preferential support for young researcher” or “the referential support for competitive research funding.**

|  |
| --- |
| □トライアルユースを希望します wish free trial use. |
| □若手研究者(35才以下、学生を除く) Young researcher (less than 36 years old, except student) |
| □国の競争的資金課題関連 Government competitive funding project.  競争的資金制度の種別をご記入願います  （例：科研費・基盤研究C、CREST、さきがけ　等） |

**利用形態の選択（Select the service）**

開始したい利用形態を選択してください。Please select the service

＊複数の利用形態の選択はできません。Select single field.

＊海外からのユーザーについては今回の募集では技術代行のみ選択可。

For users from overseas, only Technical surrogate can be selected this period.

□機器利用(Common use)　□技術補助(Technical support)　□技術代行(Technical surrogate)

**利用申込装置 Check apparatuses you want to use**

希望する機器を選んでチェックを入れてください。

One, who requires the services of common-use and technical support, must select the apparatus here.

Synchrotron X-ray (SPring-8)

|  |  |  |
| --- | --- | --- |
| □ | 硬X線光電子分光装置※  (Hard X-ray photoelectron spectrometer) | 播磨 |
| □ | 高分解能粉末X線回折装置※  (High-resolution X-ray powder diffractometer) | 播磨 |
| □ | 薄膜・ナノ構造用回折計※  (8-axis diffractometer for structural analysis of functional thin films) | 播磨 |
| □ | 試料自動交換システム付放射光硬Ｘ線光電子分光装置※  (Hard X-ray photoelectron spectrometer with automatic sample changer) | 播磨 |

＊技術代行・共同研究の方は下記に詳細を記入してください。機器利用・技術補助のみの方は不要です。

Please fill out the following form in case “Technical surrogate・Collaborative research”users.

**技術代行・共同研究申し込み　(□にチェックを入れてください)**

**Technical surrogate・Collaborative research　（Check service you want）**

※　次ページの依頼内容説明詳細に内容を記載してください。 (Please attach the request details form)。

|  |  |
| --- | --- |
| □ | 観察・分析 (Characterization) ※ |
| □ | 試料作製 (Sample preparation) ※ |
| □ | データ解析 (Data Analysis) ※ |
| □ | 技術相談 (Consultation)・その他 (Others)(　　　　　　　　　　　　　　　　) ※ |

**技術代行・共同研究依頼詳細 (Request details)**

**Please fill when you wish to ask technical surrogate or collaborative research.**

|  |  |
| --- | --- |
| 依頼内容詳細 (The details of request contents) | |
| 希望装置  (Required apparatus) | 希望がある場合、ご記入下さい (Write apparatus name if you require.) |

関連資料(PDF)がありましたら、添付してください。

**NIMS BL15XU Proposal Application Form**

Please write in the space provided or check the applicable boxes.

|  |  |
| --- | --- |
| BL15XU Staff Contact Name |  |

**Proposal Leader**

The proposal leader should come to SPring-8 to conduct the experiments.

|  |  |
| --- | --- |
| Printed Name |  |
| Affiliation  (Group, department) |  |
| Tel |  |
| E-mail |  |
| SPring-8 User Card No. |  |

**Administrative Support Assistant for Application**

Please enter your support assistant’s contact information which we can use to ask for various application details necessary before and after your experiments.

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name |  | | |
| Affiliation  (Group, department) |  | | |
| Tel |  | E-mail |  |

**Agreement Terms:** Please read and agree to the following.

|  |
| --- |
| 1. Your group will follow the BL15XU Rules and Regulations. 2. You will perform your experiments as collaborative research with the BL15XU staff. 3. When publishing experimental results obtained at BL15XU, you will obtain the permission from the Station Director in advance. You also agree that the BL15XU staff who contributed to your experiments will be a co-author(s) of the resulting publication(s). 4. You agree to discuss the details of the experimental plan with the BL15XU staff in advance. 5. The proposal leader and/or the support assistant will prepare and submit all documents needed for all team members before the relevant deadline(s). 6. Your group will follow all instructions from the BL15XU staff concerning the safety requirements of the beamline and all of its associated equipment. 7. You will submit the Experiment Summary Report via the SPring-8 website within 50 days after your experiment. 8. You will publish research papers on your results (incl. refereed proceedings and dissertation) within three years after your experiment. If the publications are not completed by the deadline, it will be considered a proprietary research and you will pay the beamtime fee. 9. You will cooperate in the BL15XU Office activities, such as a report, workshop and lecture. |
| Please confirm your agreement with the above requirements by writing your name.  Your Printed Name: |

**Basic Information**

1. Proposal Number

|  |
| --- |
| Successful applicants will be notified this number when review results are released. |

1. Title of Experiment (70 word limit)

|  |
| --- |
|  |

1. Research Area (Select from the “Table of Research Areas and Methods.”)

|  |  |  |
| --- | --- | --- |
| Group | Subgroup | Keywords (30 word limit) |
|  |  |  |

1. Research Method (Select from the “Table of Research Areas and Methods.”)

|  |  |  |
| --- | --- | --- |
| Group | Subgroup | Keywords (30 word limit) |
|  |  |  |

* The type of material your research sample could become.

(Check the one that applies. If others, please specify the type.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Electronic materials |  | Battery materials |  | Structural materials |
|  | Magnetic materials |  | Catalyst materials |  | Superconducting materials |
|  | Optical materials |  | Other materials: | | |
|  | Other than materials (methods, device development etc.): | | | | |

* The form of your research sample. (Check the one that applies.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Single crystal thin film |  | Polycrystalline thin film |  | Nanoscale structure |
|  | Powder crystalline |  | Bulk single crystal |  | Amorphous thin film |

1. Choice of Beamline

|  |
| --- |
| BL15XU |

Apparatus (Check those that apply. If others, please specify the type.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| XRD |  | High-resolution x-ray powder diffractometer | | | | |
|  | 6-axis diffractometer for structural analysis of functional thin films | | | | |
|  | Time-resolved exp. |  | necessary |  | unnecessary |
| XPS |  | Hard x-ray photoelectron spectrometer | | | | |
|  | Hard x-ray photoelectron spectrometer with automatic sample changer | | | | |
| Others |  |  | | | | |

* Time estimate of the beamtime you request (1 shift = 8 hours)

There may be cases in which we cannot allocate beamtime depending on SPring-8 operating mode conditions and proposal application circumstances even when your proposal is adopted.

|  |  |
| --- | --- |
| Number of shifts and energy/wavelength of x-ray you request | Shift(s) x run(s) ( keV or Å)  + Shift(s) x run(s) ( keV or Å) = Shift(s) |
| How you calculated the overall beamtime |  |
| <Example of calculation>  --- request  3.5 Shifts x 1 run (8.0 keV) + 3 Shifts x 1 run (12.398 keV) = 6.5 Shifts  --- calculation  0.5 shifts for optics tuning + 0.2 shifts per sample x 15 samples (8.0 keV)  + 1 shift for optics tuning + 0.5 shifts per sample x 4 samples (12.398 keV) = 6.5 shifts | |

6. Operation Mode (Check the one that applies.)

Details of the operation mode：<https://user.spring8.or.jp/?p=15836>

We cannot accept requests for any operation mode this period.

|  |  |
| --- | --- |
|  | Any |
|  | Equal interval mode (A-, B- or C-mode, not specifically) |
|  | Specific mode required（A, B, C, D, E, F, G, H）\* (in order of preference) |
| 1st: |
| 2nd: |
| 3rd: |
| 4th: |
| 5th: |
| Other |

\* \*The D- and E-modes are operated in research terms A only, while the F- and G-modes are operated in research terms B only.

* Unacceptable Dates for the Experimental Schedule

Please specify the date(s) and reason(s) why you cannot come to SPring-8. Please consider the dates which might become unacceptable including the days for transportation for your business trips.

If the requested operation mode conflicts with your inconvenient dates, we cannot allocate beamtime even when your proposal is adopted.

|  |
| --- |
| The experimental schedule for all users will be arranged based on this information. Changes cannot be made after the scheduled beamtime is announced. Note that synchrotron radiation is a limited resource and scheduling problems always interferes with other users. |
|  |

**Project Team Members**

7. Project Team Members: User Card No., Name, and Affiliation

Please write all co-workers who may participate in your proposed experiments. For the participating beamline staffs, check the applicable boxes in the BL15XU staff list shown below.

Recommended number of team members is three people or more.

|  |  |  |
| --- | --- | --- |
| To participate in experiments at SPring-8, **submission of the Radiation Worker Registration Form** is essential. | | |
| SPring-8  User Card Number | Printed Name | Affiliation |
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Please discuss participants and check their names.

|  |  |  |
| --- | --- | --- |
|  | 0003369 | Osami Sakata |
|  | 0015561 | Masahiko Tanaka |
|  | 0003395 | Yoshio Katsuya |
|  | 0001457 | Shinji Kohara |
|  | 0001203 | Shigenori Ueda |
|  | 0023215 | Okkyun Seo |
|  | 0050153 | Ibrahima Gueye |

**Known Safety Hazards & Measures to Be Taken**

8-1. Does your proposed research involve any of the following? If yes, you will be required to submit additional forms with your proposal application. (Check all items that apply.)

|  |  |
| --- | --- |
|  | High pressure gas cylinder |
|  | Radioisotope |
|  | Radiation generator: installation, modification, change of purpose or specifications |
|  | Internationally controlled materials (nuclear source/fuel materials) |
|  | Installation of devices/equipment regulated by law:  - High-pressure gas manufacturing plant  - Local ventilation/gas supply and exhaust system  - Crane |
|  | Chemicals regulated by law:  - Specific substances regulated by the "Act on the Prohibition of Chemical Weapons and Control of Specific Chemicals"  - Specified poisonous substances regulated by the "Poisonous and Deleterious Substances Control Law"  - Substances for which manufacturing is prohibited, asbestos, etc. under the "Industrial Safety and Health Law"  - Narcotics, stimulant drugs, hemp (gum), opium, and their raw materials, psychotropic drugs, and no dangerous substances of 1/5 or more in quantity specified by the "Fire Service Act" |
|  | Invasive alien species |
|  | Specified risk materials (SRM) from cattle |
|  | Prohibited imports regulated by the "Plant Protection Act" |
|  | Recombinant DNA |
|  | Human materials |
|  | High-energy laser system (Class 4, Class 3B and Class 3R lasers specified by IEC 60825-1 standard) |
|  | Live animals (mammals, birds, or reptiles)? |
|  | Specific biological samples/biohazards\* (agents of biological origin that have the capacity to cause ill-effects in other organisms)? |

\*pathogenic microbes (incl. infectious nucleic acids, plasmids, prions), parasites, and the toxic substances, carcinogens, and allergens produced by them that can cause harm to humans, livestock, and farm/marine products.

8-2. What BL15XU/SPring-8 equipment would you like to use?

(Check all items that apply, and/or write in the space provided.)

|  |  |  |
| --- | --- | --- |
| XRD |  | One-dimensional detector |
|  | Cryogenic He-gas stream cooler |
|  | Cryogenic N2-gas stream cooler |
|  | N2-gas stream sample heater |
|  | PILATUS two-dimensional detector |
|  | Imaging Plate (consultation necessary) |
|  | Others: |
| XPS |  | Cleaver |
|  | Open cycle cryostat |
|  | Wobble-stick with a diamond file in UHV |
|  | Others: |
| Auto XPS |  | DC power supply (ADCMT 6240A) |
|  | Others: |
| Others |  |  |

8-3. Details of samples

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [1] Use chemical names or formulas and do not use abbreviations or acronyms; [2] capillary (powder), cylinder (gas), plate (crystal), metal foil, tablet, bulk, etc.; [3] SI Unit (e.g.; 3 mg, 3 mm3, and not the number of samples); [4] radioactive, toxic, flammable, infectious, harmless, etc.; [5] sample, for measurement, for cleanser, for coolant, for tranquilizer, etc.; [6] details of how to keep and dispose (e.g.; store in a plastic case and bring it back); [7] details of safety measures (e.g.; take preventive measures against scattering) \* For substance which need special handling such as toxic chemicals, safety measures should be specifically described. [8] Please report the assessment results, in principle, on 4- or 5-level rating system (e. g. the risk level is 3 of the 4 stage, “3/4”). Large number means serious hazard. For example, “COSSH e-tool” results “control approach” for handling chemicals as follows.  4: Recommendation to consult an expert, 3: Good working practice and containment, 2: Good working practice with engineering control, 1: Good working practice and general ventilation  Input “N/A” for chemical substances that are exempt from the regulation. | | | | | |
| (1) | Name [1] |  | (2) | Name |  |
| Shape (form) [2] |  | Shape (form) |  |
| Quantity [3] |  | Quantity |  |
| Hazards [4] |  | Hazards |  |
| Purpose [5] |  | Purpose |  |
| Handling and  disposal method [6] |  | Handling and  disposal method |  |
| Safety measures [7] |  | Safety measures |  |
| Risk Level [8] | / | Risk Level | / |
| (3) | Name |  | (4) | Name |  |
| Shape (form) |  | Shape (form) |  |
| Quantity |  | Quantity |  |
| Hazards |  | Hazards |  |
| Purpose |  | Purpose |  |
| Handling and  disposal method |  | Handling and  disposal method |  |
| Safety measures |  | Safety measures |  |
| Risk Level | / | Risk Level | / |
| (5) | Name |  | (6) | Name |  |
| Shape (form) |  | Shape (form) |  |
| Quantity |  | Quantity |  |
| Hazards |  | Hazards |  |
| Purpose |  | Purpose |  |
| Handling and  disposal method |  | Handling and  disposal method |  |
| Safety measures |  | Safety measures |  |
| Risk Level | / | Risk Level | / |
| (7) | Name |  | (8) | Name |  |
| Shape (form) |  | Shape (form) |  |
| Quantity |  | Quantity |  |
| Hazards |  | Hazards |  |
| Purpose |  | Purpose |  |
| Handling and  disposal method |  | Handling and  disposal method |  |
| Safety measures |  | Safety measures |  |
| Risk Level | / | Risk Level | / |
| (9) | Name |  | (10) | Name |  |
| Shape (form) |  | Shape (form) |  |
| Quantity |  | Quantity |  |
| Hazards |  | Hazards |  |
| Purpose |  | Purpose |  |
| Handling and  disposal method |  | Handling and  disposal method |  |
| Safety measures |  | Safety measures |  |
| Risk Level | / | Risk Level | / |

8-4. Equipment that you will bring to BL15XU/SPring-8

High-pressure gas containers and laser systems are essential; an additional document will be required.

|  |  |  |
| --- | --- | --- |
| Equipment  (name of company, product, and model ; personally manufactured; etc.) | Specifications  (voltage, ampere, pressure, temperature, etc.) | Safety measures |
|  |  |  |
|  |  |  |
|  |  |  |

**Purpose and Significance**

9. Purpose and Significance of Experiment (2250 word limit)

Quantitatively describe the purpose, significance, originality, and expected outcome of your proposed experiments.

[Image Files] A total of 3 image files (figures and/or tables) can be inserted in section 8. “Purpose and Significance,” and 9. “Method and Layout.” The acceptable file formats are JPEG (.jpg/.jpeg), GIF(.gif), and PNG(.png) only. Maximum file size is 1 MB per file.

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| Please describe in detail the pre-experimental results and how the measurements using synchrotron radiation should be carried out for a successful outcome. |
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(continued on next page)

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**Method and Layout**

10. Experimental details (sketch of setup, measurement method, detector, concentration of samples, etc.) (1350 word limit)

Please describe the method of the measurements using synchrotron radiation and the expected outcome. Specification of required energy or wavelength is necessary.

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| For special equipment, please describe the installment methods in detail by using image files. |
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日本人 Japanese National

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| 氏名/Name | 所属（部、課まで）/Affiliate Company/Organization (Division, Section)  連絡先/Contact Information | 居住地/ Residence | 経済産業省が公表している外国ユーザーリストの機関に所属していますか （※）  Do you affiliate with any company/organization listed in the “End User List”?\* |
| 派遣元/Source corporation name (in case of dispatch) |
|  |  | □ 国内/Japan  □ 国外/Outside Japan | □ はい/Yes  □ いいえ/No |
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外国人 Foreign National

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| 氏名/Name | 所属（部、課まで）/Affiliate Company/Organization (Division, Section)  連絡先/Contact Information | 雇用関係  /Employment relationship | 滞在期間  /Length of stay in Japan | 国籍  /Nationality | 経済産業省が公表している外国ユーザーリストの機関に所属していますか（※）  Do you affiliate with any company/organization listed in the “End User List”? \* |
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|  |  | □ 有/Employee  □ 無/None | □ 六ヶ月未満/less than 6 months  □ 六ヶ月以上/more than 6 months |  | □ はい/Yes  □ いいえ/No |
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