Form 1

# **Application Form for Financial Support**

# of Training for Employees (ToE) and Training for Trainers (ToT) Programs

|  |  |  |
| --- | --- | --- |
|  | Date of Application | Click or tap to enter a date. |

1. **Training Program for Training for Employees**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | Course Title | |  | | | | | | | | | |
|  |  | | |  | | | | | | | | | |
|  | (1) English: |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |
|  | (2) Native: |  | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | |
| 1.2 | Training Format: | | |  | | |  | | |  | | | |
|  |  | | |  | | |  | | |  | | | |
| 1.3 | Applied Training Program’s Type: | | | | Choose an item. | | | |  | | | | |
|  | *(\*Please fill in the information in the Attachment 1.)* | | | | | | | | | | | | |
|  |  | | | |  | | | |  | | | | |
| 1.4 | Training for Trainers of this Training Program: | | | | |  | | Applied herewith | | |  | Not Applied | |
|  | *(\*Please fill in the information in the Attachment 5.)* | | | | | | | | | | | | |

1. **Applicant Information**

*(\*Please fill in the information as appeared in your organization’s business registration certificate. \*\*Please submit the business registration certificate and the applicants’ brochure respectively.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.1 | Educational Institution / Corporate Name | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | (1) English: | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | |
|  | (2) Native: | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | |
| 2.2 | Address: | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | |
| 2.3 | Legal Personality: | | | | |  | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | |
| 2.4 | Registered Country: | | | | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | |
| 2.5 | Registration Fund: | | | |  | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | |  | |  | |
|  | Foreign Fund: | | |  | | | Yes | |  | | No | Investor’s Group: | | | | Choose an item. | |
|  |  | | | |  | |  | |  |  | | | | | | | | |
|  | Capital: | | | | | | |  | | | | | | | Account for: | |  | |
| 2.6 | Representative | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | First Name |  | | | | | | | | | | | Last Name |  | | | | |
|  |  | (with Title) | | | | | | | | | | |  |  | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
|  | Position: |  | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
|  | Email: |  | | | | | | | | | | | Tel No: |  | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
| 2.7 | Project Coordinator / Administrative Coordinator | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
|  | First Name |  | | | | | | | | | | | Last Name |  | | | | |
|  |  | (with Title) | | | | | | | | | | |  |  | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
|  | Position: |  | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
|  | Email: |  | | | | | | | | | | | Tel No: |  | | | | |

1. **Partner Organizations**

*(\*A partner organization is a company/university/public institute/legal entity that is cooperating in the implementation of this application of training program e.g., providing part of the program, supervising the program, or serving as an instructor in part of the program. The Applicant and the partner organization will be the Subsidy Recipients.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**, our organization collaborates with |  | partner organization(s) to establish |
|  | this training program. *(Please fill in the details in the Attachment 3.)* | | |
|  |  | | |
|  | **No**, our organization oversees and administers this training program independently. | | |

1. **Training for Employees: Course Conduct Detail**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.1 | Expected Number of Trainee per Batch: | | | | | | | | |  | | | | | persons (maximum) | | |
|  | *(\*Please explain the rationale for the number in the Attachment 1 Item 6.3)* | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | |  | | | | |
|  | Expected Number of Batch a Year: | | | | | | | |  | | | | | batches (maximum) | | | |
|  |  | | | | |  | | | | |  | | | | | | |
| 4.2 | Expected Number of Instructors: | | | | | | |  | | | | persons | | | | Lecture Language: |  |
|  |  | | | | | |  | | | | | |  | | | | |
| 4.3 | Training Site: | | | | | | |  | | | | |  | | | | |
|  |  | | | | | | |  | | | | |  | | | | |
|  | **No.** | **Training Site** | | | | | | | | | | | **Address** | | | | |
|  | 1 |  | | | | | | | | | | |  | | | | |
|  | 2 |  | | | | | | | | | | |  | | | | |
|  | 3 |  | | | | | | | | | | |  | | | | |
|  |  |  | | | | | | | | | | |  | | | | |
| 4.4 | Total Training Duration: | | | |  | | | | | days (only actual training days /per batch) | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |
|  | Total Training Hours: | |  | | | | | | hours (only actual training hours /per batch) | | | | | | | | |

*(\*Please do not include the time for non-training period such as introduction, opening and closing ceremonies, breaks, etc.)*

1. **Training for Trainers: Course Conduct Detail**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 | Expected Number of Trainees: | | | |  | | | | | | persons | | |
|  |  | | | |  | | | | | |  | | |
| 5.2 | Expected Number of Batch a Year: | | | | |  | | | | | | batches (maximum) | | |
|  |  | | | | |  | | | | | |
|  |  | | | | |  | | | | | |
| 5.3 | Expected Number of Instructors: | | | | |  | | | | | persons | | Lecture Language: | | |  |
|  |  | | | | |  | | | | | |  | | | | |
| 5.4 | Training Site: | | | | | |  | | | | |  | | | | |
|  |  | | | | | |  | | | | |  | | | | |
|  | **No.** | **Training Site** | | | | | | | | | | **Address** | | | | |
|  | 1 |  | | | | | | | | | |  | | | | |
|  | 2 |  | | | | | | | | | |  | | | | |
|  | 3 |  | | | | | | | | | |  | | | | |
|  |  |  | | | | | | | | | |  | | | | |
| 5.5 | Total Training Duration: | | |  | | | | | | days (only actual training days /per batch) | | | | | | |
|  |  | | |  | | | | |  | | | | | | | |
|  | Total Training Hours: | |  | | | | | hours (only actual training hours / per batch) | | | | | | | | | |

*(\*Please do not include the time for non-training period such as introduction, opening and closing ceremonies, breaks, etc.)*

1. **Training for Employees: Quantitative and Qualitative Training’s Benefits***(\*This part should be aligned with Item 4 in the Attachment 1. The KPIs listed below should at least cover one of two major areas including Decarbonization Effects and Productivity Improvement Effects through introducing digital technologies.)*

|  |  |  |
| --- | --- | --- |
| **No** | **Key Performance Index** | **Description** |
| 1 | Decarbonization Effects: |  |
| 2 | Productivity Improvement Effects: |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

1. **Expected Trainees of Training for Employees** (if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Organization / Company** | **Size** | **Expected Number of Trainees (persons)** | **Type** | **Industry Field** |
| 1 |  | Choose an item. |  | Choose an item. | Choose an item. |
| 2 |  | Choose an item. |  | Choose an item. | Choose an item. |
| 3 |  | Choose an item. |  | Choose an item. | Choose an item. |
| 4 |  | Choose an item. |  | Choose an item. | Choose an item. |
| 5 |  | Choose an item. |  | Choose an item. | Choose an item. |

*(\*The provided organizations above might be contacted by the Secretariat for further inquiry of the specified information as filled out.)*

1. **Expected Trainees of Training for Trainers**

*(\*Please attach the CVs of following potential trainees.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Trainees** | **Position** | **Organization** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

1. **Budgetary / Financial Information***\*Enter amounts exclusive of taxes, as taxes are not subsidized.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | |  | | | | |  | | | | | | | | | | | | |  |  | |
|  | | | |  | |  | | | | |  | | | | | | | | | | | | |  |  | |
| 9.1 | | **Training for Employees:** Estimated Financial Support | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | (1) | | Estimated Number of Trainees: | | | | | |  | | | | | | | | | | | | persons / batch (maximum) | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | (2) | | Participation Fee: | | | |  | | | | | | /person | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | |  | | | | | | | | | | | | | |
|  | (3) | | Total Cost of Conducting the Program: | | | | | | | | | | | |  | | | | | | | /batch | | | | |
|  |  | |  | | | | | | | | | | |  | | | | | | | | |  | | | |
|  | (4) | | Subsidy Amount per Trainee: | | | | | | | (Local Currency) | | | | | | | | | |  | | | | | | |
|  |  | |  | | | | | | | (JPY Currency) | | | | | | | | | |  | | | | | | |
|  |  | |  | | | | | | |  | | | | | | | | |  | | | | | | | |
|  |  | | *\*Lecture Training: 1/2 of the participation fee (2) but not more than 25,000 JPY/ trainee*  *OJT Training: 1/2 of the participation fee (2) but not more 250,000 JPY/ trainee*  *\*\*Please make calculations based on the exchange rates indicated in the Guideline.*  *(If the amount after exchange rate calculation has fractional values, they are rounded down.)* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | | | | | | | |  | | | | | | | |
|  | (5) | | Expected Total Batches: | | | | |  | | | | | | | | per year (maximum) | | | | | | | | | | |
|  |  | |  | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | (6) | | Estimated Total Subsidy Amount per Year: | | | | | | | | | | | | | | JPY Currency | | | | | | | | | |
|  |  | | *\*(1) x (4) JPY currency x (5)* | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | *=* |  | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | (7) | | | Estimated Course Conduct Expense by Category per Batch (in Local Currency) | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 9.2 | | **Training for Trainers:** Estimated Financial Support | | | | | | | | | | |  | |
|  |  | |  | | | | |  | | |  | | |
|  | (1) | | Estimated Number of Trainees: | |  | | | | | | persons (maximum) | | |
|  |  | |  | | | |  | | | |  | | |
|  | | (2) | | Total Eligible Expenses for the Training: | | | | | |  | | |  | |
|  | |  | |  | | | | | |  | | |  | |
|  | | (3) | | Subsidy Amount per Trainee: | | | (Local Currency) | | | |  | | | |
|  | |  | |  | | | (JPY Currency) | | | |  | | | |
|  | |  | |  | | | | | |  | | |  | |
|  | |  | | *\*1/3 of the Eligible Expenses per Trainee ((2) (1)) but not more than 1,000,000 JPY/ trainee*  *\*\*Please make calculations based on the exchange rates indicated in the Guideline.*  *(If the amount after exchange rate calculation has fractional values, they are rounded down.)* | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | (4) | Estimated Total Subsidy Amount: | JPY Currency | |
|  | |  | *\*(3) JPY currency x (1)* |  | |
|  | |  |  | *=* |  |
|  |  | |  | | | | | |
|  | (5) | | Estimated Course Conduct Expense by Category (in Local Currency) | | | | | |
| \*Items not included in the estimate shall not be regarded as eligible expenses.  \*If multiple batches are to be conducted, enter the total expenses of all batches, not the expenses per batch. | | | | | | | | |

1. **Organizational Structure and Training Experiences as an Institution**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10.1 | Organization Chart for the Applied Program: *(\*Please submit a document separately.)* | | | | | | | | | |
|  |  | |  | |  | | | | | |
| 10.2 | Number of Instructors: |  | | | persons | | | | | |
|  |  |  | | |  | | | | | |
| 10.3 | Experience of Conducting Training Programs: | | | |  | | years | |
|  |  | | | |  | |  | | |
| 10.4 | Implementation of Training Programs: | | |  | | courses / year | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |
| 10.5 | Experiences in Conducting Training Program(s) with Learning Modules & Methodology Translatable to your Current GX/DX Training Program(s) | | | |

|  |  |
| --- | --- |
|  | **Yes**, our organization has conducted similar training program(s) or those with training concept(s), objective(s) and/or format(s) that are applicable to our applied GX/DX training program(s). *(Please fill in the details in the Attachment 4.)* |
|  |  |
|  | **No**, our organization has never conducted any training program(s) with training concept(s), objective(s) or format(s) either similar or applicable to our applied GX/DX training program(s). |

1. **Signature of the Authorized Person / Director of the Educational Institution**

11.1 I hereby certify that the information in this document, including the referenced supporting documents, is accurate and true in every respect.

11.2 I hereby pledge to abide by the provisions of the Subsidy Grant Regulations and the Application Guideline of the ASEAN Support Program for GX/DX Human Resource Development dated March 3rd,　2025, and apply for the subsidy in accordance with the provisions of Article 4, Paragraph 2 of the said regulations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name – Last Name** | | | | **Authorized Signature** | | |
|  |  | |  |  | | |
|  |  | |  |
| Position: | |  |  |
|  | |  | |
| Date: | | Click or tap to enter a date. |  | Date: | Click or tap to enter a date. |  |
|  | |  | |  | | |

1. **Checklist of Documents Required for the Application**

*(\*Regulations: Subsidy Grant Regulations of the ASEAN Support Program for GX/DX Human Resource Development. \*\*Project summary for both Training for Employees and Training for Trainers may be prepared in Japanese; however, the other documents shall be prepared in English.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **12.1 For all applicants, please submit all the following documents.** | | | |
|  |  |  |  |
|  | Project Summary for Training for Employees |  | Application Form with Attachment 1-4 |
|  |  |  |  |
|  | Business Registration Certificate (*refer to Application Form Item 2. Applicant Information*) |  | Organization chart for this program *(refer to Application Form Item 10. Organizational Structure)* |
|  |  |  |  |
|  | Applicants’ Company Brochure (*refer to Application Form Item 2. Applicant Information, including brochure(s) of partner organization(s))* |  | Referential & illustrative information such as evidentiary data, charts and diagrams if any |
|  |  |  |  |
|  | CVs of Instructors *(refer to Application Form Attachment 1, Item 5. Instructor Information.)* |  | Pledge of Personal Information Protection *(refer to Form 3 of the Regulations)* |
|  |  |  |  |
|  | Financial Statement of the Applicant *(Past three years)* |  | Pledge of Anti-social Forces Dissociation and Counterterrorism *(refer to Form 2 of the Regulations)* |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12.2 For applicants of Training for Trainers, please submit all the following documents.** | | | |
|  |  |  |  |
|  | Project Summary for Training for Trainers |  | Attachment 5, Training for Trainers Program Curriculum |
|  |  |  |  |
|  | CVs of Trainees of Training for Trainers *(refer to Application Form Item 8. Expected Trainees of Training for Trainers)* |  | Class Schedule (Curriculum) *(refer to Application Form Attachment 5, Item 5-3. Class Schedule)* |
|  |  |  |  |
|  | CVs of Instructors *(refer to Application Form Attachment 5, Item 3. Instructor Information.)* |  |  |
|  |  |  |  |

1. **Application Process** *(\*for the Secretariat)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | |
|  | All documents required are in order. | | | **Signature** | | |
|  |  | | |  | | |
|  | The budget complies with the Regulations. | | |
|  |  | | |
|  | Approved of the Application | | |
|  |  | | |  | | |
|  | Disapproved of the Application | | |  | | |
|  |  | | |  | | |
| Reason: | |  |  | Date: | Click or tap to enter a date. |  |
|  | |  |  |  |  |  |
|  |  | | |  | | |
| **Decision of the Authorized Person** | | | | **Signature** | | |
|  |  | | |  | | |
|  | Approved | | |
|  |  | | |
|  | Not Approved | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  | |  |  | Date: | Click or tap to enter a date. |  |
|  | |  |  |  |  |  |

**Attachment 1: Training for Employees (ToE) Program Curriculum**

1. **Course Title**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | |
| English: | |  | | | | |
|  | |  | | | | |
| Native: | |  | | | | |
|  | |  | | | | |
| Training Program Type: | | | Choose an item. | |  | |
|  | | | |  | |  | | |
|  |

1. **Course Description**

2-1. Challenge / Background

|  |
| --- |
|  |

2-2. Purpose

|  |
| --- |
|  |

2-3. Training Techniques and Content that lead to Decarbonization Effects/Productivity Improvement Effects   
 *(\*Please explain how the program integrates the required technology(s) and expertise(s) industrial customers have to acquire.)*

|  |
| --- |
|  |

2-4. International Rules related to GX/DX  
 *(\*Please explain how the training program accommodate any international standards related to GX/DX)*

|  |
| --- |
|  |

1. **Main equipment, Instruments for Training and Technologies for Decarbonization Effects / Productivity Improvement Effects**

3-1. Name of Main Equipment / Instruments / Technologies

|  |
| --- |
|  |

3-2. Description of Main Equipment / Instruments / Technologies

|  |
| --- |
|  |

1. **Expected Training Outcomes:**

4-1. Trainees

|  |
| --- |
|  |

4-2. Benefits to Participating Companies

*(\*Please explain qualitative and quantitative data showing outcomes related to the program. Please provide study, evidentiary data and results of survey, if any.)*

|  |
| --- |
|  |

1. **Instructor Information** *(\*Please attach the CVs of following instructors responsible for course items in this program.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Instructor** | **Position** | **Organization** | **Responsible Course Item in the Program** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **Trainees**
   1. Target Group of this Training Program

|  |
| --- |
|  |

* 1. Qualifications of Trainees

|  |
| --- |
|  |

* 1. Please specify the reason(s) for the program’s batch capacity setting and how it leads to the efficiency of the program with the current maximum number at Click or tap here to enter text. persons/batch.

|  |
| --- |
|  |

1. **Program Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7.1 | Total Course Period: |  | days | | |
|  |  |  |  | | |
| 7.2 | Total Training Hours: |  | hours | | |
|  |  |  |  | | |
|  | Hour(s) per Class Period: |  | hours |  | minutes |
|  |  |  |  |  |  |
|  | *(\*Please do not include the time for non-training period such as introduction, opening and closing ceremony, break, etc.)* | | | | |
| 7.3 | Class Schedule: | | | | |
|  | *(\*Please enclose the completed Attachment 2 in the spreadsheet.)* | | | | |

1. **Course Material and Facilities**
   1. Teaching and Learning Material

|  |
| --- |
|  |

* 1. Training Sites and Facilities

|  |
| --- |
|  |

1. **Evaluation Criteria**
   1. Pre-Training Phase (if any):

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Evaluation Criteria** |
| 1 |  |  |
| 2 |  |  |

* 1. During and Post-Training Phase:

|  |  |  |
| --- | --- | --- |
| (1) Minimum attendance rate: | Click or tap here to enter text. | *% of the total lecture time* |
|  |  |  |

(2) Methods of ascertaining educational effectiveness (Completion evaluation)

| **No.** | **Item** | **Evaluation Criteria** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

* 1. Follow-up Phase (if any):

| **No.** | **Item** | **Evaluation Criteria** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Approval Process** (\*for the Secretariat) | | | | | | | | |
|  | Not Approved | |  | Approved |  | |  | |
| Signature: | |  | | | | Date: | | Click or tap to enter a date. |
|  | | ( ) | | | |  | |  |

**Attachment 3: Partner Organization Detail**

(Addendum to Application Form Item 3. Partner Organization)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  | |  | | | |
| (1) Institution: | | | (English) | | | |  | | | |
|  | | |  | | | |  | | | |
|  | | | (Native) | | | |  | | | |
|  | | |  | | | |  | | | |
| Representative: | | | |  | | | | | | |
|  | | | |  | | | | | | |
| Position: | |  | | | | | | | | |
|  | | | | |  | | | | | |
| Email: | |  | | | | | | | Tel No: |  |

* Reason for Collaboration

|  |
| --- |
|  |

* Concrete Role on the Training Program

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (2) Institution: | (English) | | | |  | | | | |
|  |  | | | |  | | | | |
|  | (Native) | | | |  | | | | |
|  | | |  | | | |  | | |
| Representative: | | | |  | | | | | |
|  | | | |  | | | | | |
| Position: | |  | | | | | | | |
|  | | | | | |  | | | |
| Email: | |  | | | | | | Tel No: |  |

* Reason for Collaboration

|  |
| --- |
|  |

* Concrete Role on the Training Program

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (3) Institution: | (English) | | | |  | | | | |
|  |  | | | |  | | | | |
|  | (Native) | | | |  | | | | |
|  | | |  | | | |  | | |
| Representative: | | | |  | | | | | |
|  | | | |  | | | | | |
| Position: | |  | | | | | | | |
|  | | | | | |  | | | |
| Email: | |  | | | | | | Tel No: |  |

* Reason for Collaboration

|  |
| --- |
|  |

* Concrete Role on the Training Program

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (4) Institution: | (Native) | | | |  | | | | |
|  |  | | | |  | | | | |
|  | (English) | | | |  | | | | |
|  | | |  | | | |  | | |
| Representative: | | | |  | | | | | |
|  | | | |  | | | | | |
| Position: | |  | | | | | | | |
|  | | | | | |  | | | |
| Email: | |  | | | | | | Tel No: |  |

* Reason for Collaboration

|  |
| --- |
|  |

* Concrete Role on the Training Program

|  |
| --- |
|  |

*(\*Please add more institutions, using the format above, if there is.)*

**Attachment 4: Experiences in Conducting Similar or Applicable Training Program**

(Addendum to the Application Form Item 10. Organizational Structure and Training Experiences as an Institution)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (1) | **Program Title** | | (English) |  | | | | | | |
|  | |  |  | | | | | | |
|  | | (Native) |  | | | | | | |
|  | | |  | | | | | | |
| **Course Description** | | |  | | | | | | |
|  | | |  | | | | | | |
| **Objectives** | | |  | | | | | | |
|  | | |  | | | | | | |
| **Partner Organization(s)** | | |  | | | | | | |
|  | | |  | | | | | | |
| **Training Format** | | | | Choose an item. | | | **Year of Implementation** | |  |
|  | | | |  | | | (from year to year) | |  |
| **Total Completed Batches** | | | |  | | | **Total Number of Trainees** | |  |
|  |  | | |  | | | |  | |  |
|  | **Participation Fee** | | |  | | |  | | |  |
|  |  | | |  | | |  | | |  |
|  | **No.** | **Major Companies of Trainees** | | | | **Total Number of Trainees** | | | **Type** | |
|  | *1* |  | | | |  | | | Choose an item. | |
|  | *2* |  | | | |  | | | Choose an item. | |
|  | *3* |  | | | |  | | | Choose an item. | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (2) | **Program Title** | | (English) |  | | | | | | | |
|  | |  |  | | | | | | | |
|  | | (Native) |  | | | | | | | |
|  | | |  | | | | | | | |
| **Course Description** | | |  | | | | | | | |
|  | | |  | | | | | | | |
| **Objectives** | | |  | | | | | | | |
|  | | |  | | | | | | | |
| **Partner Organization(s)** | | |  | | | | | | | |
|  | | |  | | | | | | | |
| **Training Format** | | | Choose an item. | | | | **Year of Implementation** | |  | |
|  | | | |  | | | (from year to year) | |  | |
| **Total Completed Batches** | | | |  | | | **Total Number of Trainees** | |  | |
|  |  | | |  | | |  | | | |  |
|  | **Participation Fee** | | |  | | |  | | | |  |
|  |  | | |  | | |  | | | |  |
|  | **No.** | **Major Companies of Trainees** | | | | **Total Number of Trainees** | | | **Type** | | |
|  | 1 |  | | | |  | | | Choose an item. | | |
|  | 2 |  | | | |  | | | Choose an item. | | |
|  | 3 |  | | | |  | | | Choose an item. | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (3) | **Program Title** | | (English) |  | | | | | |
|  | |  |  | | | | | |
|  | | (Native) |  | | | | | |
|  | | |  | | | | | |
| **Course Description** | | |  | | | | | |
|  | | |  | | | | | |
| **Objectives** | | |  | | | | | |
|  | | |  | | | | | |
| **Partner Organization(s)** | | |  | | | | | |
|  | | |  | | | | | |
| **Training Format** | | | Choose an item. | | **Year of Implementation** | |  | |
|  | | |  | | (from year to year) | |  | |
| **Total Completed Batches** | | |  | | **Total Number of Trainees** | |  | |
|  |  | | |  | |  | | |  |
|  | **Participation Fee** | | |  | |  | | |  |
|  |  | | |  | |  | | |  |
|  | **No.** | **Major Companies of Trainees** | | | **Total Number of Trainees** | | **Type** | | |
|  | 1 |  | | |  | | Choose an item. | | |
|  | 2 |  | | |  | | Choose an item. | | |
|  | 3 |  | | |  | | Choose an item. | | |

*(\*Please add more related training programs, using the format above, if there is.)*

**Attachment 5: Training for Trainers (ToT) Program Curriculum**

1. **Course Title**

|  |  |  |
| --- | --- | --- |
|  |  | |
| English: | Click or tap here to enter text. |
|  |  |
| Native: |  |
|  |  |

1. **Course Description**

2.1 Challenge / Background

|  |
| --- |
|  |

2.2 Purpose

|  |
| --- |
|  |

2.3 Training Techniques and Content to train the Trainers for the related ToE Program  
 *(\*Please explain how the program integrates the required technology(s) and expertise(s) trainers have to possess.)*

|  |
| --- |
|  |

1. **Instructor Information** *(\*Please attach the CVs of following instructors responsible for course items in this program.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Instructor** | **Position** | **Organization** | **Responsible Course Item in the Program** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. **Number of Trainees and Efficiency**

Please specify the reason(s) for the program’ capacity setting and how it leads to the efficiency of the program with the current maximum number at Click or tap here to enter text. persons.

|  |
| --- |
|  |

1. **Program Schedule**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 | Total Course Period : | |  | | days | | | |
|  |  | |  | |  | | | |
| 5.2 | Total Training Hours: | |  | | hours | | | |
|  |  | |  | |  | | | |
|  | Hour(s) per Class Period: | | |  | hours |  | | minutes |
|  |  | |  | |  |  | |  |
|  | *(\*Please do not include the time for non-training period such as introduction, opening and closing ceremony, break, etc.)* | | | | | | | |
| 5.3 | Total Training Batches: |  | | | | | batches | |
|  |  |  | | | | |  | |
| 5.4 | Class Schedule: | | | | | | | |
|  | *(\*Please enclose the class schedule prepared by the applicant (no designated form).)* | | | | | | | |

1. **Course Material and Facilities**
   1. Teaching and Learning Material (if any)

|  |
| --- |
|  |

* 1. Training Sites and Facilities (if any)

|  |
| --- |
|  |

1. **Evaluation Criteria** 
   1. Pre-Training Phase (if any):

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Evaluation Criteria** |
| 1 |  |  |
| 2 |  |  |

* 1. During and Post-Training Phase:

|  |  |  |
| --- | --- | --- |
| (1) Minimum attendance rate: |  | *% of the total lecture time* |
|  |  |  |

(2) Methods of ascertaining educational effectiveness (Completion evaluation)

*(\*If there are any in-house criteria for becoming instructors, please specify them quantitatively as much as possible.)*

| **No.** | **Item** | **Evaluation Criteria** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

* 1. Follow-up Phase:

*(\*Please include the utilization plan of the trainee(s) who have completed this ToT program for a certain subsequent period of time.)*

| **No.** | **Item** | **Evaluation Criteria** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |

7.4 Post-Training Retention Measures

|  |  |
| --- | --- |
|  | I hereby commit that the Applicant shall implement appropriate retention measures for trainees who have completed this Training-for-Trainers (ToT) program, and shall cooperate with the Secretariat to provide information through questionnaire(s), survey(s) and/or others as requested. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Approval Process** (\*for the Secretariat) | | | | | | | | |
|  | Not Approved | |  | Approved |  | |  | |
| Signature: | |  | | | | Date: | | Click or tap to enter a date. |
|  | | ( ) | | | |  | |  |