

## Supervising Business Plan

1. License no.	
2. Name of supervising organization	
3. Name with furigana of place of business engaging in the supervising business	
4. Period of the plan	From                  to
5. Region where the supervising-organization-type technical intern training which is to be supervised is to be conducted	<input type="checkbox"/> Throughout Japan <input type="checkbox"/> Within one single prefecture (                                      ) <input type="checkbox"/> Within two or more prefectures (                                      )
6. Scope, etc. of applicable occupations of the supervising-organization-type technical intern training	
7. Estimated no. of implementing organizations of the supervising-organization-type technical intern training to be supervised	Implementing organizations of supervising-organization-type technical intern training: persons/juridical persons
8. Estimated no. of supervising-organization-type technical intern trainees to be supervised	Supervising-organization-type technical intern trainees (i): trainees Supervising-organization-type technical intern trainees (ii): trainees Supervising-organization-type technical intern trainees (iii): trainees

9. Expected nationalities (countries or regions) of supervising-organization-type technical intern trainees to be supervised	
10. No. of employees to engage in the practical affairs of the supervising business	Total no. of persons:                      persons (full-time employees:                      persons; part-time employees:                      persons)
11. Frequency of regular audits	times a month
12. Floor area of the place of business	m <sup>2</sup>

Notes.

1. Fill in the details for all of the places of business engaging in the supervising business.
2. Section 1. This is to be filled in by persons who have already obtained the license number of a supervising organization.
3. Section 4. Give the scheduled date of commencement of business at the place of business until the last day of the business year of the technical intern training which includes the last day of the valid period of the license.
4. Section 6. In cases of occupations and work subject to transfer, write the code number, occupation name and work name by referring to the Code Table separately provided by the Minister of Labour and Minister of Health, Labour and Welfare. If you do not have enough space to fill in all of the required information within the designated sections, write "As given in the attached paper" in the section, and attach a separate sheet.
5. Sections 7 to 9 inclusive. Write the estimated number for the period of the plan.
6. Section 12. Write the floor area of the place of business.