**AbbVie GK Academia Collaborations**

**Internship Program 2017**

**Application Form**

**1. Name**

　　 Last (Family name) First (Given name)

**2. Contact email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (for communications of this internship program)

**3. Current Work Information**

　 Institution/affiliation

Office / Division / Section

Title / Position

Work Phone 　　　　　　Work Fax

**Are you currently on secondment from your home institution?**

□Yes

(name of the home institution)：

□No

**4. Personal Information**

Age :

Current country of Residency : ＿＿＿＿＿＿＿＿＿＿＿＿＿

**5. Education** **List College, professional and special training (most recent first)**

Name of Institution 　　 Dates Attended Major Degree

**１．**

**２．**

**３．**

**6. Work Experience** **List your professional experience (most recent first) \*Any applicants with pharma industry work experiences is not in scope with this internship program. This includes any applicants with appointed position in pharma.**

Agency / Employer Dates Employed Exact Title

**１．**

**２．**

**３．**

**7. Summarize duties and responsibilities of your current position:**

**8. PI status Are you a PI at your place of work? If so please give details.**

**9. Overseas Experience** **Indicate below if you have traveled or lived abroad for work or education**

Country / Location Dates of Residence Purpose

**10. English Language Ability**

**Please indicate your TOEFL/TOEIC score if you have taken either test.**

TOEFL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 　　　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Score Date Tested

TOEIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 　　　 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Score 　　　　　 Date Tested

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide an honest assessment of your English language proficiency in the following areas:**

**Reading (please circle appropriate response):**

* I am able to read basic documents in my field Easily With Difficulty
* I am able to read national daily newspapers Easily With Difficulty

**Listening (please circle appropriate response)**

* I am able to understand daily conversations Easily With Difficulty
* I am able to understand presentations and speeches Easily With Difficulty

**Speaking (please circle appropriate response**

* I am able to participate in simple conversations about the weather, family and transportationEasily With Difficulty
* I am able to participate in conversations on current events and my professional areas

Easily With Difficulty

**11. (For anyone with non-Japanese as your primary language) Experience in Japan**

\*Japanese proficiency is not required to take part in this program however if you have any Japanese experience, please indicate it here.

Japanese Language Proficiency Test (JLPT) 　　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

　　　 Level Date Acquired

**Have you ever studied abroad in Japan? If so please give details.**

**12. Have you ever worked for any pharma company or have position appointed in pharma company?**

□Yes

□No

**13. Have you ever attended internship program in any of the pharma companies?**

□Yes

□No

**14. Achievement (i.e. List of Research, Publications, Awards). Please indicate any noteworthy achievements (both academic and personal) that show that you would be an asset to the program. Write the most recent achievements first.**

**15. Signature/Declaration**

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. (By signing this application form you agree that if selected, any pictures taken during the program can be used in reports and promotional material by Kyushu University).

(Signature of Applicant) (Date)

* + Your personal information will be used solely for the purpose of candidate selection for this Internship Program and will be properly destroyed upon completion of the Internship Program.

(AbbVie Privacy Policy: <http://www.abbvie.co.jp/privacy.html>)

(Kyushu University Privacy Policy: <https://www.kyushu-u.ac.jp/ja/university/disclosure/privacy/>)