

**Mansfield – PhRMA Research Scholars Program 2023 Application Form**

**マンスフィールド－PhRMA研究者プログラム2023 応募申請書**

　　Photo / 写真(3か月以内)

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| **1. Name / 氏名** | |
| **Last, First** |  |
| **氏　名** |  |



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| **2. Current Work Information / 現在の所属先情報** | | |
| **Affiliation** |  | |
| **機関** |  | |
| **Division** |  | |
| **部署** |  | |
| **Title/Position** |  | |
| **役職** |  | |
| **住所（職場）** |  | |
| **TEL（work）** |  | |
| **Email（work）** |  | |
| Are you currently on secondment from your home institution? / 現在出向中ですか？  　No / いいえ　　　Yes / はい  If yes, please provide the name of the home institution. / 「はい」の場合は出向元機関名をお書きください。 | | |
| **Home institution** | |  |
| **出向元機関名** | |  |

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| **3. Personal Information / 個人情報** | | | | |
| Date of Birth /生年月日 (M/D/Y) | |  | Age (年齢) |  |
| Sex (性別) | Male (男性)　　　　　　Female (女性)　　　　　Decline to state (回答しない) | | | |
| Nationality (国籍) | | Japanese (日本人)　　Other (それ以外) | | |

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| **4. Home Address / 個人連絡先** | | | | | | | | |
| **Postal Code** |  | | **Prefecture** | |  | |  | |
| **City/Street** |  | | | | | | | |
| **郵便番号** |  | | **都道府県** | |  | |  | |
| **市町村／番地** |  | | | | | | | |
| **Home Phone / 自宅電話** | |  | | | | **Mobile Phone / 携帯電話** | |  |
| **Email (if different from work mail)**  **電子メール（仕事先と異なる場合のみ)** | | | |  | | | | |

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| **5. Education-List College, Professional and Special Training (most recent first)**  **学歴-学位を取得した大学や大学院および職務トレーニングを受けた教育機関等について、最終学歴からご記入ください。** | | | |
| 1. **Educational Institution / 教育機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of institution** |  | | |
| **教育機関名** |  | | |
| **Major** |  | | |
| **専攻** |  | | |
| **Degree / 学位** |  | | |
| 1. **Educational Institution / 教育機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of institution** |  | | |
| **教育機関名** |  | | |
| **Major** |  | | |
| **専攻** |  | | |
| **Degree / 学位** |  | | |
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| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of institution** |  | | |
| **教育機関名** |  | | |
| **Major** |  | | |
| **専攻** |  | | |
| **Degree / 学位** |  | | |
| 1. **Educational Institution / 教育機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of institution** |  | | |
| **教育機関名** |  | | |
| **Major** |  | | |
| **専攻** |  | | |
| **Degree / 学位** |  | | |
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| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of institution** |  | | |
| **教育機関名** |  | | |
| **Major** |  | | |
| **専攻** |  | | |
| **Degree / 学位** |  | | |

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| **6. Work Experience-** **List your professional experience (most recent first)**  **職歴-現所属機関を含み、最近の職務から順にご記入ください** | | | |
| **Current Employment / 現在の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** | Present |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |

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| --- | --- | --- | --- |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |
| 1. **Previous Employment / 以前の所属機関** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Name of Affiliation** |  | | |
| **所属機関** |  | | |
| **Exact Title** |  | | |
| **役職名** |  | | |
| **Dates on this Title / 上記役職期間** | | | |
| **From (Month/Day/Year)** |  | **To (Month/Day/Year)** |  |
| **Main Responsibilities** |  | | |
| **主な職務内容** |  | | |

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| **7. Explain in detail about the duties and responsibilities of your current position**  **現職の職務内容を詳しくご説明ください** |
| English: |
| 日本語: |

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| **8-a. Overseas Experience-Indicate below if you have traveled or lived abroad for work or education (for periods of time lasting one month or longer)**  **海外生活経験 1ヶ月以上の海外生活経験のある方は、最近のものから英語でご記入ください** | |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |
| 1. **Country / City** |  |
| **Dates of Residence** |  |
| **Purpose** |  |

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| **8-b. Presentation Overseas-Indicate below if you have made presentation overseas**  **海外でのプレゼンテーション経験 海外でのプレゼンテーション経験のある方は、主なものをご記入ください** | |
| 1. **Country / City** |  |
| **Dates of Presentation** |  |
| **Name of Conference** |  |
| 1. **Country / City** |  |
| **Dates of Presentation** |  |
| **Name of Conference** |  |
| 1. **Country / City** |  |
| **Dates of Presentation** |  |
| **Name of Conference** |  |
| 1. **Country / City** |  |
| **Dates of Presentation** |  |
| **Name of Conference** |  |

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| **9. English Language Ability / 英語力について** | | | | | |
| **Please indicate your score if you have taken any of the tests below.**  **過去に以下の試験を受験したことがある場合は、下記にスコアを記入してください。** | | | | | |
| **TOEFL score** | |  | **Date Tested (受験日)** | |  |
| **TOIEC score** | |  | **Date Tested (受験日)** | |  |
| **IELTS score** | |  | **Date Tested (受験日)** | |  |
| **Please provide an honest assessment of your English language proficiency in the following areas. ご自身の英語力について率直に判断してください。** | | | | | |
| **Reading** | I am able to read basic documents in my field. | | | Easily　　　　With Difficulty | |
| I am able to read daily newspapers. | | | Easily　　　　With Difficulty | |
| **Listening** | I am able to understand daily conversations. | | | Easily　　　　With Difficulty | |
| I am able to understand presentations and speeches. | | | Easily　　　　With Difficulty | |
| **Speaking** | I am able to participate in simple conversations about weather, family, and transportation. | | | Easily　　　　With Difficulty | |
| I am able to participate in conversations on current events and my professional areas. | | | Easily　　　　With Difficulty | |
| **Other comments on your language proficiency**  **ご自身の英語力に関して付け加えるコメントがございましたらお書きください** | | | | | |
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| **10. Have you ever visited the U.S. Food and Drug Administration (FDA), National Institute of Health (NIH), or pharmaceutical companies/R&D Centers in the U.S. or participated in one of the programs the abovementioned institutions sponsored before? 米国FDA、ＮＩＨ，米国の製薬会社/Ｒ＆Ｄセンターを訪問したことがありますか？または、それらが主催するプログラムに参加したことがありますか?** | | |
| Yes　　　　No  If yes, please describe the program and your participation. / **ご参加されたプログラムの内容を具体的にご説明ください。** | | |
| **English** |  | |
| **日本語** |  | |
| **When did the program take place?** （**実施時期）** | |  |

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| **11．List of Research and Publications (Separate sheet is acceptable)**  **これまでの研究業績についてご記入ください（別紙可）。** |
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| **12. On a separate sheet below, please describe the following points in 300-500 words (roughly 1-2 double-spaced pages) in Japanese and English.**   * **Your motivation to participate in this program.** * **Your area of specialty and specific medical research field of interest.** * **Your career goals, including the area you would like to work on in the near future.** * **Your personal thoughts on the current situation of overall medical care, medical policy, and the promotion of Japan’s drug development and medical innovation, as well as the activities you are currently working on and/or the ones you would like to do in the near future.**   **あなたの１）このプログラムへの参加動機・意義、２）専門分野と関心事項、３）今後取り組みたい分野、将来のキャリアゴール、４）日本の医療全般・医療政策の現状、および今後の創薬・医療イノベーション創出に関して思うこと及び自身が現在取り組んでいること・今後チャレンジしたいこと、について別紙に日本語と英語でご説明ください。** |

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| **13. Emergency Contact Information / 緊急連絡先情報** | | | | | | | | | | |
| **Name** | |  | | | | | **Relationship** | |  | |
| **名前** | |  | | | | | **関係** | |  | |
| **Postal Code** |  | | | **Prefecture** | |  | |  | | |
| **City/Street** |  | | | | | | | | | |
| **郵便番号** |  | | | **都道府県** | |  | |  | | |
| **市町村／番地** |  | | | | | | | | | |
| **Home Phone / 自宅電話** | | |  | | | | **Mobile Phone / 携帯電話** | | |  |
| **Email Address (電子メール)** | | | | |  | | | | | |

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| **14. How did you learn about this program announcement?**  **当プログラムへの参加者募集について、どのようにしてお知りになりましたか。** |
| 財団ホームページを見て (At the Foundation Website)  　財団ポスターやチラシを見て　(Through the Foundation poster and/or flyer)  　財団のニュースリリースを見て　(Through the Foundation’s news release)  　PhRMAのニュースリリースを見て　(Through PhRMA’s news release)  　所属先機関内での案内回覧を見て (Through the announcement circulated and/ posted on the bulletin board at your work place)  　関係機関ウェブサイトへの掲示やソーシャルメディアへの掲載を見て（Through the announcement posted on the relevant organizations and/or advertisement on the social media）  　お知り合いの方からのご案内やご紹介 (Through introduction from your friends, supervisor, etc.)  　その他 (Other) |

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| **15. Signature / 署名** | |
| 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.  本申請書の内容に間違いが無いことを証明します。 | |
| 申請者の署名 (Signature of Applicant) | 日付 (Date) |

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| **Q12 [Separate Sheet] English** |
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| **問12＜別紙＞日本語** |
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