

# 学生 VISA 申請書の記入例 【高校正規入学用】

この記入例の通りに、必要事項全てを記入してください。  
提出前に、記入漏れがないか、必ず見直してください。



## GOVERNMENT OF THE FIJI ISLANDS IMMIGRATION DEPARTMENT

### Photographs

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

### APPLICATION FOR A PERMIT TO STUDY/RESEARCH

#### IMPORTANT NOTES

#### PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

- 1 This form must be completed fully. We are under no obligation to consider an application will be considered on the basis of the information submitted at the time of application.
- 2 One form should be completed by each applicant. However where a family is applying for permits at the same time as the principal applicant, the other spouse and their children under 21 years of age may be included on the same form. The only occasion where children under 21 years complete a separate form is when they enter the Fiji Islands separately from the family and their permits were not applied for at the same time.
- 3 Where proof of qualifications and financial status are required, attested copies may be submitted but the Department reserves the right to call for original documents.
- 4 Appropriate fees, which are not refundable, must accompany the application either in a bank draft/or cash in Fiji currency.
- 5 Permits are normally issued for a period not greater than 3 years in the first instance.
- 6 Dates should be shown in the form: Day/Month/Year, e.g.28/09/2001.
- 7 Copies of marriage certificate (if appropriate) should be attached with all children's' birth certificates if permits are required for them. The department reserves the right to request for original documents.
- 8 Police Reports in respect of the applicant and his/her spouse from their countries of citizenship or residency must be submitted if they have lived there for 12 months or more in the last 10 years.
- 9 Medical reports, which are less than 3 months old, must be submitted by the applicant and members of his/her family who are applying for permits. The Department's medical report form must be used for this purpose.

顔写真を貼ってください。  
写真の裏面にお名前をアルファベット  
でご記入ください。  
多少のサイズ違いは構いません。

Please send the application with all the documents and fees to:

The Director  
Immigration Department  
Civic Towers  
Victoria Parade  
P O Box 2224  
Government Buildings  
Suva, Fiji Islands

**PART A: PERSONAL DETAILS OF THE APPLICANT**

パスポートのスペル通りに、  
お名前をご記入ください。

1. Name as shown on the birth certificate/passport:

Surname/family name	Given names
<b>YAMADA (苗字)</b>	<b>TARO (名前)</b>

2. Gender: Male  Female   
性別 (男) (女)

3. Date of Birth: 生年月日

<b>1</b>	<b>APR</b>	<b>1980</b>
day (日)	month (月)	year (年)

4. Nationality: **JAPAN**  
国籍

5. Passport Number: **TH0123456**  
パスポート番号

6. Addresses: 住所

Permanent Residential Address	Postal Address
<b>2-6-4.Ichigayatamachi. Shinju-ku.Tokyo.Japan</b>	<b>2-6-4.Ichigayatamachi. Shinju-ku.Tokyo.Japan</b>

本籍

現住所

- ※ ご出発当日に住民票のある住所
- ※ ご出発前に住民票を海外に移される方は、国内緊急連絡先のご住所を記入

7. Marital status: (Please tick box). 婚姻区分

Married  Never married   
(既婚) (未婚)  
Widowed  Divorced   
(配偶者を亡くされた方) (離婚)

8. If in a relationship, give details of spouse/partner and all children under the age of 21 years who are applying for permits.

Full names (surname first)	Date of birth	Country of birth	Sex	Relationship

9. Have you previously spent any time in Fiji? YES  NO.  If yes, please provide the following information:

From	To	Type of Permit Held	From	Type of Permit Held

※ フィジーに行った事があるかどうか、YES 又は NO にチェックを入れてください

10. Residential addresses of the applicant and spouse where they lived

Applicant (申請者)	Spouse (配偶者) ※いる場合のみ
<b>Dates:</b> <b>Address:</b> <b>2-6-4.Ichigayatamachi.</b> <b>Shinju-ku.Tokyo.Japan</b>	<b>Dates:</b> <b>Address:</b>
<b>Dates:</b> <b>Address:</b>	
<b>Dates:</b> <b>Address:</b>	

※ 過去 10 年間に 1 年以上居住したことがある住所を全て記入して下さい  
 ※ 該当住所がない場合は、本籍を記入  
 ※ 記録や記憶がない場合も、本籍記入で構いません。

11. Have you ever been convicted of a criminal offence? YES  NO.  If yes, give details:

Date	Offence	Sentence

12. Intended residential and postal addresses in the Fiji Islands:

Residential	Postal

13. Name and address of any friends, relatives or contacts in the Fiji Islands are:

Name	Relationship	Address

14. Someone else has completed or has helped to complete this form. Their details are:

Name	Address

**PART B: TO BE COMPLETED BY PERSONS COMING TO STUDY IN A PRIMARY/SECONDARY/ INSTITUTE.**

1. Name of School:

*(attach a school acceptance letter for the study permit being applied for)*

2. Class/Form:

3. Date you intend to start School:

4. Who will be your guardian in Fiji:

*(attach evidence of financial arrangement made for your stay in Fiji)*

5. Give reasons why you chose to study in Fiji:

なぜ、留学先にフィジーを選んだのですか？

**例 I heard that people are friendly. So It's nice for me to learn English.**

記入例の通りでも、ご自分の文章でも、どちらでも構いません。

*(attach your parent or guardian's letter agreeing to your study in Fiji)*

**PART C: TO BE COMPLETED BY PERSONS COMING TO STUDY AT A TERTIARY INSTITUTION**

1. Name of Institution:

*(attach the Institution's letter confirming your acceptance)*

2. Title of course or study:

3. Date you intend to start attending and duration of the whole course of study:

Date Course Starts	Duration of the Course

**PART D: TO BE COMPLETED BY PERSONS WISHING TO UNDERTAKE RESEARCH STUDIES.**

1. Title of Research:

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2. Give a brief description of this research project:


*(attach a copy of your curriculum vitae)*

3. Give the name(s) of the local institution(s), which will assist you in your research:


*(attach support letters from the Fiji institutions who have agreed to assist you in your research)*

4. Give the name(s) of your sponsor(s):


*(attach proof of funds available for this research and your sponsor's approval to do it in Fiji)*

5. How can this research project assist or be of value to Fiji:


6. Where in Fiji will the research be conducted:


*(attach approvals granted to do your research in the places named above)*

7. Please provide a copy of your thesis to the Immigration Department:


**PART E:**

## APPLICANT'S DECLARATION

1. I agree to comply with all requirements in this form and to submit all documents requested therein.
2. I agree to comply with any terms and conditions stated in this form and which may be stated in connection with any permit granted to me as a result of this application.
3. I realize that I shall not be able to undertake employment in the Fiji Islands unless I first secure appropriate permit to work from the Permanent Secretary.
4. I undertake not to become a liability in any way whatsoever on the Government of the Fiji Islands, and will provide an Immigration Security Bond for repatriation purposes if required, when my permit is approved.
5. I certify that all information on this application is true to the best of my knowledge and belief.

Signature of Applicant: Taro Yamada

本人署名

Signature of Adult Witness:

Name in Full:

Address:

Date:

Date: 07 / JUL / 2006

日付（日 / 月 / 年）

- ※ 記入される日の日付をそのままご記入ください。
- ※ 但し、ご出発日の4ヶ月前を切っただけからの日付にしてください。

※上記部分は未記入のまま！

**PART F:** *(Tick the appropriate box)*

	<b>YES</b>	<b>NO</b>
1. Completed and signed application form	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
3. Police report(s) of principal applicant if attending tertiary institution	<input type="checkbox"/>	<input type="checkbox"/>
4. Police report(s) of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Police report(s) of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical report of principal applicant (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical report of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical report of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

※<渡航時点で18歳未満の場合は、POLICE REPORTは不要です。>  
 ※警察署に無犯罪証明書を申請する際に、必ずこの書類を持参してください。  
 (持参しないと、申請ができませんのでご注意ください。)

**PART G : POLICE REPORT**

(Section A of this part should be completed by the applicant and forwarded to the police in his country of domicile)

**SECTION A**

Name: **Taro Yamada**

(名前)

Date of birth: **1 / APR / 1980**

(生年月日) (日/月/年)

Nationality: **JAPAN**

(国籍)

Marital Status: **Never married** Passport No: **TH0123456** Date and place of issue **1 / JUL / 7**

(婚姻区分)

(パスポート番号)

**Metropolitan Police Department**

(職業の記入例)

- ・ 会社員 Employee
- ・ 学生 Student
- ・ アルバイト Part time job worker
- ・ 無職 Unemployed

P.2 の 7 番をご参照ください。

Addresses of places where I have resided for 12 months or more in the past 10 years: (If additional space is required please use a separate sheet of paper).

1.	<b>2-6-4.Ichigayatamachi.Shinjuku-ku.Tokyo.Japan</b>	
From	To	

※ Date and place of issue に無犯罪証明書を取得した日付と発行した警察署を英語でご記入ください。

例) 東京都 (警視庁) Metropolitan Police Department  
 ○○県 (○○県警) ○○○ Police Department

1.		2.	
From	To	From	To

- ※ 過去 10 年間に 1 年以上居住したことがある住所を全て記入して下さい
- ※ 該当住所がない場合は、本籍を記入
- ※ 記録や記憶がない場合も、本籍記入で構いません。
- ※ P.3 の 10 番と同じ内容をご記入ください。

1.		2.	
From	To	From	To

※ 無犯罪証明を申請した日付 と ご自分の署名 を忘れずに記入して下さい。

**SECTION B**

I hereby authorize the Police to carry out my record check and forward this report to the Director of Immigration, P. O. Box 2224, Government Buildings, Suva, Fiji Islands.

Date: **1 / JUL / 2006**

Signature of the applicant: **Taro Yamada**

「健康診断」のページです。

- ※ 英語のわかるお医者様にお願いして診断結果を英語  
でご記入ください。
- ※ 英語のわかる医師の有無は、最寄りの病院に直接問  
い合わせをして、確認してください。
- ※ 問診のみの健康診断で可能です。
- ※ P. 9 と P. 11 の署名はご自分でご記入下さい。



## GOVERNMENT OF THE FIJI ISLANDS

IMMIGRATION DEPARTMENT

# MEDICAL REPORT FORM

### Photographs

Attached two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an official being a professional photographer.

### IMPORTANT NOTES

1. This medical certificate form must be completed by the person applying to stay in the Fiji Islands for more than 4 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

顔写真を貼ってください。

写真の裏面にお名前をアルファベットでご記入ください。

多少のサイズ違いは構いません。

## PART H: SECTION A: PERSONAL DETAILS OF THE APPLICANT

1. Name(s) as shown in the passport:

パスポートのスペル通りに、お名前をご記入ください。

**YAMADA** (苗字)

**TARO** (名前)

(Surname)

(Given names)

2. Full residential address:

現住所

**2-6-4.Ichigayatamachi.Shinjuku-ku.Tokyo.Japan**

3. Gender: Male  Female

性別

4. Date of birth:

生年月日

**1** | **APR** | **1980**

day month year

5. Nationality as on passport:

**JAPAN**

パスポート上の国籍

6. Passport number:

**TH0123456**

パスポート番号

7. Give reasons why you need to do this medical examination:

健康診断を受ける理由

※記入例の通り、ご記入ください。

例 To get a VISA to study in Fiji Island more than four month.

**SECTION B: APPLICANT'S MEDICAL RECORDS**

1. Has the applicant ever been hospitalised or undergone surgery of any kind:      Yes       No
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds:      Yes       No
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances:      Yes       No
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy:      Yes       No
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease:      Yes       No

If Yes to any of the above, please give details and dates:


6. Other observations found not normal, e.g. diabetic, high blood pressure, pregnancy, etc.

※ P10, 11 はお医者様が記入されます  
※ 病院のスタンプが必要ですのでご注意ください

**SECTION C: APPLICANTS DECLARATION**

- 1. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
- 2. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.

3. I authorize the medical examiner to complete this form with the information acquired from the medical examination. I understand that the information provided to the medical examiner is confidential and will be used only for the purpose of the medical examination.

SIGNATURE OF APPLICANT: ..... SIGNATURE OF EXAMINER AS WITNESS: .....

Taro Yamada

DATE: 1 / JUL / 2006

ご自分のサインと日付をご記入下さい

お医者様のサインと日付

**SECTION D : MEDICAL EXAMINER'S DECLARATION**

- 1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
- 2. I am satisfied that the particulars submitted by the applicant are true and correct.
- 3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- 4. I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
- 5. I certify that the applicant is medically fit/not medically fit to work in the occupation specified on the form.

SIGNATURE OF MEDICAL EXAMINER: .....

DATE: .....

COMPANY STAMP/SEAL:

STAMP/SEAL

病院のスタンプ  
お医者様のシャチハタ  
印のみは不可

お医者様のサインと日付

※お医者様のサイン、病院のスタンプ  
については、日本語でも可能です。