Application Form

(to be confirmed and sighed by the head of the relevant department / division of the applying organization)

To the Director of the RIKEN BioResource Research Center (RIKEN BRC)

Applicant information

Full Name (as in the passport) Last/Family First Middle	
Sex: Male Female	Nationality:
Date of Birth: dd / mm / yyyy	
Organization:	
Department / Division:	
Present Position:	
Address	
TEL:	E-mail:
Date:	Signature:

Our organization hereby applies for **Training for the isolation, cultivation, and classification of gut bacteria** provided by RIKEN BioResource Research Center (RIKEN BRC) and proposes to dispatch the above person to participate in the following Training Course.

Theme: **Training for the isolation, cultivation, and classification of gut bacteria**
Place: Information and JCM Building, RIKEN Tsukuba Campus
Date: January 16, 2026 1 day
Language: **Japanese**

Responsible person

Name:			
Designation / Position			
Department / Division			
Office Address and Contact Information	Address:		
	TEL:	FAX:	E-mail:
Date:	Signature:		

Agreement: As a trainee at RIKEN, the applicant hereby agrees to abide by the following provisions.

1. All rights concerning research results (including tangible research materials) produced or obtained in the process of the training course shall, in principle, belong to RIKEN.
2. The trainee must not disclose information obtained or acquired in the process of the training course at RIKEN (except for handouts and explanatory information).
3 RIKEN shall not be held liable for any injury or damage that the trainee suffers or that the trainee causes a third party during the training course without any fault attribute to RIKEN. When the trainee has caused damage to RIKEN either intentionally or by gross negligence, compensation for the total or partial cost of the damage may be imposed on the applying organization.