参考様式第５－８号

Reference Form 5-8

生 活 オ リ エ ン テ ー シ ョ ン の 確 認 書

Confirmation of Orientation for Life in Japan

１　私の日本での生活一般に関する事項

General matters concerning my life in Japan

２　私が出入国管理及び難民認定法第１９条の１６その他の法令の規定により履行しなければならない又は履行すべき国又は地方公共団体の機関に対する届出その他の手続に関する事項

Matters concerning notifications and other procedures which I must or should make to national or local government agencies, pursuant to the provision of Article 19-16 of Immigration Control and Refugee Recognition Act, and other laws and regulations.

３　私が把握しておくべき，特定技能所属機関又は当該特定技能所属機関から契約により私の支援の実施の委託を受けた者において相談又は苦情の申出に対応することとされている者の連絡先及びこれらの相談又は苦情の申出をすべき国又は地方公共団体の機関の連絡先

The contact information of the organization of affiliation of the specified skilled worker, the contact information of the person who is in charge of handling my consultations and complaints and belongs to the party that is entrusted with providing me with support pursuant to the contract with the organization of affiliation of specified skilled workers, and the contact information of the national or local government agency where I should consult or make a complaint about the aforementioned organization/party if necessary, which I should understand.

４　私が十分に理解することができる言語により医療を受けることができる医療機関に関する事項

Matters concerning medical institutions where I can receive medical treatment in a language in which I am reasonably fluent.

５　防災及び防犯に関する事項並びに急病その他の緊急時における対応に必要な事項

Matters concerning disaster prevention and crime prevention, and matters necessary for taking action at a time of sudden illness or other emergency.

６　出入国又は労働に関する法令の規定に違反していることを知ったときの対応方法その他私の法的保護に必要な事項

What to do if I notice a violation of provisions of laws and regulations regarding immigration or labor, and other matters necessary for my legal protection.

について，

Date of explanation:

　　　　${year1} 年　${month1}　月　${day1}　日　${h1}　時　${mi1}　分から　${h1\_1}　時　${mi1\_1}　分まで

From: Time ( ${h1\_vn} : ${mi1\_vn} ) to ( ${h1\_1\_vn} : ${mi1\_1\_vn} ) on ${day1\_vn}/ ${month1\_vn}/ ${year1\_vn}

　　　　　　　　${year2}　年　${month2}　月　${day2}　日　${h2}　時　${mi2}　分から　${h2\_2}　時　${mi2\_2}　分まで

From: Time ( ${h2\_vn} : ${mi2\_vn} ) to ( ${h2\_2\_vn} : ${mi2\_2\_vn} ) on ${day2\_vn}/ ${month2\_vn}/ ${year2\_vn}

　　　　　　　　${year3}　年　${month3}　月　${day3}　日　${h3}　時　${mi3}　分から　${h3\_3}　時　${mi3\_3}　分まで

From: Time (${h3\_vn} : ${mi3\_vn} ) to ( ${h3\_3\_vn} : ${mi3\_3\_vn} ) on ${day3\_vn}/ ${month3\_vn}/ ${year3\_vn}

特定技能所属機関（又は登録支援機関）の氏名又は名称 ${organization\_name}

Name of the organization of affiliation of the specified skilled worker (or registered support organization) ${organization\_name\_vn}

説明者の氏名 ${presenter\_name}

Name of the explaining party ${presenter\_name\_vn}

l

から説明を受け，内容を十分に理解しました。

I have received an explanation from the above person and fully understood the contents.

特定技能外国人の署名　　　${signature}　　　　 ${year\_signature}　　年　　${month\_signature}　月　${day\_signature}　　日

Signature of the specified skilled worker ${signature\_vn} ${day\_signature\_vn}/ ${month\_signature\_vn}/ ${year\_signature\_vn}