

CERTIFICATION (CARE WORKERS)

This is to certify that _____ (Name of Implementing Organization/Company) _____ with address at _____ has (total number) full-time care workers.

This certifies also that pursuant to the “Technical Intern Training Act”, the technical intern trainee/s shall be paid remuneration equivalent to or greater than the amount paid to a Japanese national performing similar work, as shown below:

Type of Occupation	Gross Monthly Wage of Japanese Staff (provide document to prove wage of Japanese staff)	No. of Trainees Needed	Gross Monthly Wage of Trainee/s
CARE WORKER			

Additional information:

1. Has your facility availed of the services of FILIPINO CAREGIVERS/NURSES under the JPEPA?
 Yes No

If yes,

	Caregivers	Nurses
How many? (Accumulated Number)		
Number of National Board Examination Passers		
How many? (Accumulated Number)		

2. Do you intend to employ FILIPINO CAREGIVERS under the JPEPA? Yes No

If yes,

Proposed Date of Employment	
Proposed Numbers to be Accepted	
Intended Amount of Salary	¥

This certification is being issued in relation to the application for the verification of documents attached to the Technical Intern Offer of the abovementioned company.

 Name of Implementing Organization
 Representative/Employer

 (Signature/Seal)

 (Date)