**K:\10_pictures_videos\1312 logos_and_flags\LOGO_official\eujapan_2_scaled50%.gif APPLICATION FORM**

**WCM 2018 – course I**

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**SUBMISSION DEADLINE: 22 March 2018**

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*Before sending this application form, you are invited to:*

**- *read the information about this training programme****(*<http://www.eu-japan.eu/events/world-class-manufacturing>*),* including the Q&A section.

**- *ensure that your application is complete, dated and duly signed both by yourself and your employer.***

***Any questions?****Contact Mrs Diane LULA, tel.: +32 2 282 0040, e-mail:* [*d.lula@eu-japan.eu*](mailto:d.lula@eu-japan.eu)

***Application documents can be sent by e-mail to*** [***d.lula@eu-japan.eu***](mailto:d.lula@eu-japan.eu) ***All attachments should be named “FAMILY NAME + CONTENTS” (ex. SMITH – CV). Maximum file size per sending is 10 MB.***

***Approximate timescale (all dates to be confirmed):***

*22 March Application deadline*

*End of March The selection board will allocate places. The European Commission and the Centre’s Tokyo Head Office will be asked to approve its decision.*

*Applicants will receive results of their application.*

*April Selected companies will be requested to either pay the tuition fee (for non-SMEs) or a refundable deposit (for SMEs).*

*April Mission preparation: participants will be asked to complete additional documents, and will be sent all necessary information to help them prepare for the mission.*

*May A pre-departure briefing (online webinar) will be organised to answer all questions you may have. It will also offer you a very helpful cross-cultural training session.*

*25-29 June Mission will take place in Japan*

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**COMPANY’S INFORMATION**

Official Name:

Website:

VAT number:

Sector of activity:

Main shareholders? :

If your company is part of a group, name of that group:

Number of staff: in firm:       worldwide:

Latest turnover in €: in firm:       worldwide:

**CANDIDATE’S PERSONAL INFORMATION**

Full name (surname in capitals):

Male  Female

Date of birth:

Nationality:

Private e-mail address:

Mobile phone number:

LinkedIn profile:

Educational background:

Your level in English? (1 = basic --- 5 = native):

Date you joined your current company:

Work e-mail address:

Work telephone number:

Current job title:       Since:

Number of people you are responsible for?

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Have you ever participated in a EU-Japan Centre’s programme?

If so, which one(s))? :

Has someone in your company ever participated in a EU-Japan Centre’s programme?

If so, what’s his/her name? :

How did you hear about this programme?

**WCM CORPORATE STRATEGY**

**QUESTION I** - From among the following items, select the 3 ones that are currently challenging your company, and describe the main challenges for each 3:

* Quality
* Cost
* Productivity
* HR development
* Safety
* Working environment
* Development of new products
* motivation



**QUESTION II** - What actions has your company already taken to improve its production methods? (0 = not implemented --- 5 most advanced):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | 5 |
| Total Quality Management |  |  |  |  |  |  |
| Six Sigma |  |  |  |  |  |  |
| Quality Control |  |  |  |  |  |  |
| Total Quality Control |  |  |  |  |  |  |
| Total productive Maintenance |  |  |  |  |  |  |
| Kaizen |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Other \_      \_ |  |  |  |  |  |  |

**QUESTION III** - Please provide your company’s WCM ‘road map’ or production strategy document (in PDF or PPT version) (all documents will be kept confidential).

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| **QUESTION IV - What are your personal responsibilities in terms of WCM strategy?** |

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| --- |
| **QUESTION V - How does your participation in this course fit with your company’s overall WCM strategy?** |

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| --- |
| **QUESTION VI - How will your company benefit from a participation in this course?** |

**REQUEST FOR A GRANT (for SMEs only)**

To facilitate small and medium-sized enterprises participation in the course, participants from SMEs can apply for a EUR 600 grant.

To be eligible for a grant, the participant’s company must meet the [standard European Commission definition of an SME](http://ec.europa.eu/enterprise/enterprise_policy/sme_definition/index_en.htm) (<http://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition/index_en.htm>), i.e.:

* + - Maximum number of employees worldwide: 250,   
      AND
    - Maximum turnover: €50m (OR maximum balance sheet total: €43m), AND
    - Minimum 75% financial independence.
* **Do you meet all 3 criteria? Yes**  **No**

**CHECK-LIST** (please tick boxes)

I have read the information related to this training scheme (<http://www.eu-japan.eu/events/world-class-manufacturing>) including the Q&A section and financial conditions.

If selected, I agree to transfer 1000 EUR (refundable for SMEs, non-refundable for non-SMEs)

*I have enclosed the following required documents:*

Company’s presentation / brochure

Company’s WCM ‘road map’ or production strategy document

Organisational chart showing the company’s business units and the position of the candidate

Curriculum Vitae of the candidate

Copy of the candidate’s ID or passport

Passport-size photo of the candidate

Only for SMEs applying for a grant: latest official financial statements indicating consolidated turnover.

**SIGNATURE BY THE APPLICANT**

* *If selected, I commit myself to attending the entire course, without missing a single activity.*
* *I understand that during and after the course, my work contact details may be included in a printed/electronic Alumni directory/database.*

**Date Signature**

**SIGNATURE BY THE EMPLOYER**

* *I endorse this application. I have read all pages of this application form and declare on my honour the accuracy of its contents.*
* *Places on the course are usually limited to 20. Should your company decide to submit two or more applications for the same session, please state the name of your preferred candidate.*

*My first-choice candidate is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *Cancellation policy: I understand that if, for whatever reason, a participant is unable to take up his / her confirmed place, the deposit / contribution may NOT be refund*

**Date Signature**