

Application form for the JICA Knowledge Co-Creation Program:

**Form1. OFFICIAL APPLICATION FORM**

**\*To be signed by your supervisor (the head of the relevant department / division of your organization).**

**1. Course Title** (as shown in the GI)

**2. Course Number** (the number as "xxxxxxxxJxxx" shown in the GI)

**3. Course Duration**

From  to  (DD/MM/YYYY)

**4. Country**

**5. Organization**

**6. Name of the Nominee(s)**

1)	3)
2)	4)

**7. Confirmation by the organization in charge**

Our organization hereby applies for the Knowledge Co-Creation Program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

**INSTITUTION/DIVISION (Approval Sign & Stamp from Director)**

Our organization hereby applies for Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:		Signature:	
Name:			
Title / Position		Official Stamp	
Department / Division			
Office Address and Contact Information	Address:		
	Tel:	E-mail:	Fax:



**(If necessary) Confirmation by the organization in charge**

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

**MINISTRY (When this application is through a ministry.)**

Our ministry hereby applies for the training and dialogue program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:		Signature:	
Name:			Official Stamp
Title / Position			
Department / Division			

**MINISTRY OF STATE SECRETARIAT**

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

Date:		Signature:	
Name:			Official Stamp
Title / Position			
Department / Division			

**Form2. NOMINATION FROM THE ORGANIZATION**

**\*To be signed by your supervisor (the head of the relevant department / division of your organization).**

**1. Reason for nominating the Applicant**

Please describe the reason(s) why the Applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the Applicant after the KCCP, 4) Future plan of your organization and 5) Others.

**2. Expectation and Future Plan of Actions**

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems.

By nominator (head of relevant department/division)

Date
Name and Title/Position
Signature

Application form for the JICA Knowledge Co-Creation Program:

**Form3. INDIVIDUAL APPLICATION FORM**

*\*To be filled by Applicant.*

Attach here  
your photo  
  
(taken within  
the last six months)  
  
Size: 4.5x3.5cm

**1. Course Title:** (as shown in the GI)

**2. Course Number:** (the number as “xxxxxxxxJxxx “shown in the GI)

**3. Personal Information on Applicant**

**1) Name of Applicant (as shown in the passport)**

\*Please type the name as shown in the passport carried. The information will be used for flight arrangements.

**Family Name /Surname**

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**First Name**

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**Middle Name**

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<b>2) Nationality</b> (as shown in the passport)				
<b>3) Sex</b>	( ) Male		( ) Female	
<b>4) Date of Birth</b>	<b>Date</b>	<b>Month</b> (ex. April)	<b>Year</b>	<b>Age</b> (as of the date of the form)

**5) Passport/Visa**

Passport possession	( ) Yes	( ) No	Expiry date of passport	Date	Month	Year
USA visa possession*	( ) Yes	( ) No				

**\*Applicants from Latin American and the Caribbean Countries only.**

**6) Contact Information**

Private	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Office	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Emergency Contact	Name:	
	Relationship to you:	
	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:

\*Please fill it out from country code for telephone, mobile, and fax number.

**7) Present Position**

Organization		
Year that entered the organization		
Department / Division		
Title		
No. of years of service in the present position	Years	From (Month/Year)
Type of Organization	<input type="checkbox"/> National Government <input type="checkbox"/> Local Government <input type="checkbox"/> Public Enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (Non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other : _____	
Number of employees		
Home Page Address		

**【Questionnaire on Relationship with the Military】**

**\*If your organization and/or your status is related to the Military, please mark with ✓ or X below in the ( ) which best describes the relationship.**

<input type="checkbox"/> the Military, an active military personnel or a military personnel listed in the muster roll/military register <input type="checkbox"/> an organization affiliated with the Military, or a personnel who does not belong to the military at present but is listed in the muster roll/military register <input type="checkbox"/> the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense <input type="checkbox"/> an civilian organization but with military personnel or a military division within the organization <input type="checkbox"/> an organization which will be affiliated with or under the control of the Military in times of emergency as specified clearly in its organic law/law of establishment
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**4. Experience and Eligibility**

**1) Career Background (After graduation and before taking the present position)**

**\*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.**

Organization	City/ Country	Period		Position or Title and Department/Division	Brief Job Description
		From Month/Year	To Month/Year		

**2) Academic Background (University, College or Higher Education)**

Institution	City/ Country	Period		Degree	Major
		From Month/Year	To Month/Year		

**3) Experience of Training or Study in Foreign Countries (including all the training experience in JICA's programs)**

**\*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.**

Institution	City/ Country	Period		Field of Study / Program Title
		From Month/Year	To Month/Year	

**4) Language Proficiency (Self-Assessment)**

1) Language to be used in the course (as shown in GI)					
Listening	( ) Excellent	( ) Good	( ) Fair	( ) Poor	
Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor	
Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor	
Writing	( ) Excellent	( ) Good	( ) Fair	( ) Poor	
Language Test Scores if any (ex. TOEFL, TOEIC, etc.)					

2) Mother Tongue				
3) Other languages ( )	( ) Excellent	( ) Good	( ) Fair	( ) Poor

Excellent	Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
Good	Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.
Fair	Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.
Poor	Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

**5. Background and Purpose of Application**

**1) Current challenges in the organization in relation to the theme of the KCCP you are applying:**

Describe the issues that your organization/department intends to tackle by participating in this program.

**2) Main duties of Applicant:** Describe your main duties and responsibilities in relation to this program.

**3) Relevant Experience of Applicant:** Describe previous occupational experiences that is highly relevant in this program.

**4) Your individual Goal:** Elaborate on your plans to apply the lessons learned from this program to your organization.

5) **Area of Interest and/or your expectation:** Specify your particular interest with reference to the contents of this program.

By Applicant

Date

Name and  
Title/Position

Signature



**Form4. QUESTIONNAIRE ON MEDICAL STATUS AND RESTRICTION**

**(Self-Declaration)**

**1. Present Medical Status**

(a) Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Name of illness ( _____ ), Name of medicine ( _____ ) <i>If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.</i>
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(b) Do you have any allergies with medicine, food, pollen, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? ( _____ )
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(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

<input type="checkbox"/> No	<input type="checkbox"/> Yes: ( _____ ) <i>Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be directly inquired by the JICA official in charge for a more detailed account of his/her condition.</i>
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**2. Medical History**

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( _____ )
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(b) Have you or/and your family members had tuberculosis?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( _____ )
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(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( _____ )
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(d) Have you ever had any sleeping, eating or other disorders?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( _____ ) Name of medicine taken if any ( _____ )
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**3. Other Medical Issues/Conditions**

If you have any medical issues/conditions that are not described above, please indicate below.

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\* Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Weeks of pregnancy (                  weeks)
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I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

Date
Name and Title/Position
Signature

**※ Please notify JICA staff upon any changes in your health condition after submission of the form.**

## Form5. TERMS AND CONDITIONS

### 1. General Rules

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The participants are requested:

- (1) to strictly observe the course schedule,
- (2) not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves,
- (3) to understand that leaving Japan during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),
- (4) not to bring or invite any family members (except for programs longer than one year),
- (5) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Japanese Government in respect of the course,
- (6) to observe the rules and regulations of the program implementing partners to provide the program or establishments,
- (7) not to engage in political activities, or any form of employment for profit,
- (8) not to quit the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious injury and be considered unable to continue the course,
- (9) to return the total amount or a part of the expenditure for the KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,
- (10) not to drive a car or motorbike, regardless of an international driving license possessed,
- (11) to observe the rules and regulations at the place of the participants' accommodation, and
- (12) to refund allowances or other benefits paid by JICA in the case of a change in schedule.

### 2. Privacy Policy

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The participants are requested to understand Privacy Policy of JICA as follows.

#### (1) Scope of Use

Any information used for identifying individuals that is acquired by JICA will be stored, used, or analyzed only within the scope of JICA activities. JICA reserves the right to use such identifying information and other materials in accordance with the provisions of this Privacy Policy.

#### (2) Limitations on Use and Provision

JICA shall never intentionally provide information to a third party that can be used to identify individuals, with the following three exceptions:

- (a) legally mandated disclosure requests;
- (b) the information provider grants permission for information disclosure to a third party;
- (c) JICA commissions a party to process information collected, in which case the information provided will be within the scope of the commissioned tasks.

#### (3) Security Notice

JICA takes any measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

\*Information Security Policy of JICA in relation to Personal Information Protection

- JICA will properly and safely manage personal information collected through Application Forms in accordance with JICA's Privacy Policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulcation, loss or damages of such personal information.
  - Unless otherwise obtained approval from the Applicant him/herself or there are valid reasons such as disclosure under the laws and ordinances, etc. and except for the reasons 1-3 below, JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in 1-3 below and will not use the information for any purposes other than those described in 1-3 below without prior approval of the Applicant him/herself.
1. To provide the KCCP to Participants.
  2. To provide the KCCP to Participants under the Citizens' Cooperation Activities.
  3. In addition to 1 and 2 above, if the government of Japan or JICA determines it necessary in technical cooperation.

※JICA's policy for the transfer of personal data from the European Economic Area (EEA) to outside the EEA (to Japan and third countries);

JICA has revised "Bylaws for the Implementation of Personal Information Protection" which was published based on Japan's legislation by adding new provisions regarding how to deal with personal data within the EEA in order to meet General Data Protection Regulations (GDPR's) requirements for data protection. Based on the new bylaws, JICA entered into the EU Standard Contractual Clauses (SCCs) which allows us to transfer personal data from offices within the EEA to offices outside the EEA (in Japan and third countries).

### **3. Copyright Policy**

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The participants are requested to comply with the following;

1. The participants shall use all the documents provided for the KCCP (including texts, materials, etc.), within the scope approved by each copyright holder.  
If the participants apply to online KCCP, the participants shall also comply with terms of use of copyrighted works for the online KCCP that are shown on the JICA website.  
([https://www.jica.go.jp/english/our\\_work/types\\_of\\_assistance/tech/acceptance/training/index.html](https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html))
2. All the documents for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party's work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants' country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.
3. The participants shall agree that JICA may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by JICA (for example, as reference for other KCCP courses and project formulation).

#### 4. Portrait Right Policy

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During the implementation period of KCCP, JICA (including hired photographer and program implementing partners) will shoot photographs and video footage mainly for the following purposes:

- Use on the website or in SNS administrated/operated by JICA,
- Use in JICA publications (public relations magazines, annual reports, journals, etc.) in printed or electronic form,

\*Photos and images taken will not be used for commercial purposes and the participants' personal information will not be disclosed to any third party without the consent of the participants.

JICA would appreciate it if the participants of KCCP grant the participants themselves portrait right license to JICA for photos and images taken described above.

It is, however, not a requirement of KCCP. The participants do not agree to grant the participants themselves portrait right license to JICA, has absolutely no problem in participating KCCP. JICA respects the intention of each Participant.

### **DECLARATION** (to be signed by the Applicant)

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- I understand and fully agree to the following terms and conditions set forth above.
  1. General Rule
  2. Privacy Policy
  3. Copyright Policy
- I will be subject to any penalties imposed as a consequence of my failure to abide by the above terms and conditions.
- I understand the intention of JICA on "4.Portrait Right Policy" mentioned above, and my intention for usage/publication of photographs and videos including the portrait of myself by JICA for the purpose above is as follows:  
 Agree /  Disagree
- I certify that the statements I made in this form are true, complete and correct to the best of my knowledge and belief.

By Applicant

Date
Name and Title/Position
Signature