Knowledge Co-Creation Program under Technical Cooperation with the Government of Japan

# Application Form for the JICA Knowledge Co-Creation Program

**OFFICIAL APPLICATION**

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

1. **Title:** (Please write down as shown in the General Information)
2. **Number:** (Please write down as shown in the General Information)

### Country Name:

1. **Name of Applying Organization:**
2. **Name of the Nominee(s):**

|  |  |
| --- | --- |
| 1) | 3) |
| 2) | 4) |

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: |  |
| Designation / Position |  | Official Stamp |
| Department / Division |  |
| Office Address and Contact Information | Address: |
| Telephone: | Fax: | E-mail: |

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

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 |
| Designation / Position |  |
| Department / Division |  |

 **Part A: Information on the Applying Organization**

(to be confirmed by the head of the department / division)

**1. Profile of Organization**

1. **Name of Organization:**
2. **The mission of the Organization and the Department /Division:**

**2. Purpose of Application**

1. **Current Issues: Describe the reasons for your organization claiming the need to participate in Knowledge Co-Creation Program (KCCP), with reference to issues or problems to beaddressed.**
2. **Objective: Describe what your organization intends to achieve by participating in KCCP.**
3. **Future Plan of Actions: Describe how your organization shall make use of the expected achievements, in addressing the said issues or problems.**
4. **Selection of the Nominee: Describe the reason(s) the nominee has been selected for the said purpose, referring to the following view points; 1) Course requirement, 2) Capacity/Position,3) Plans for the candidate after the KCCP, 4) Plan of organization and**
5. **Others.**

**Part B: Information about the Nominee**

(to be completed by the Nominee)

NOTE>>>The applicants for Knowledge Co-Creation Program (KCCP) (Group and Region Focus) are required to fill in “Every Item”. As for the applications for KCCP (Country Focus) including KCCP for Counterpart and some specified

programs, it is required to fill in the designated **“required”** items as is shown below.

1. **Title:** (Please write down as shown in the General Information)**(required)**

**Attach the nominee’s**

**photograph (taken within the last three months) here**

**Size: 4x6 (Attach to the documents to be submitted.)**

1. **Number:** (Please write down as shown in the General Information)**(required)**

### Information about the Nominee (nos. 1-9 are all required)

#### 1) Name of Nominee (as in the passport) Family Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**First Name Middle Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **2) Nationality****(as shown in the passport)** |  | **5) Date of Birth (please write out the month in English as in “April”)** |
| **3) Sex** | ( ) Male | ( ) Female | **Date** | **Month** | **Year** | **Age** |
| **4) Religion** |  |  |  |  |  |

1. **Present Position and Current Duties**

|  |  |
| --- | --- |
| Organization |  |
| Department / Division |  |
| Present Position |  |
| Date of employment by the present organization | Date | Month | Year | Date of assignment to the present position | Date | Month | Year |
|  |  |  |  |  |  |

1. **Type of Organization**

|  |  |  |
| --- | --- | --- |
| ( ) National Governmental | ( ) Local Governmental | ( ) Public Enterprise |
| ( | ) | Private (profit) | ( ) NGO/Private (Non-profit) | ( ) University |
| ( | )Other( | ) |

1. **Outline of duties: Describe your current duties**
2. **Contact Information**

|  |  |
| --- | --- |
| Office | Address: |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Home | Address: |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Contact person in emergency | Name:Relationship to you: |
| Address: |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |

1. **Others (if necessary)**
2. **Career Record**
3. **Job Record (After graduation)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | City/ Country | Period | Position or Title | Brief Job Description |
| From Month/Year | To Month/Year |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Educational Record (Higher Education)(required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | City/ Country | Period | Degree obtained | Major |
| From Month/Year | To Month/Year |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Training or Study in Foreign Countries; *please write your past visits to Japan specifically as much as possible, if any.***

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | City/ Country | Period | Field of Study / Program Title |
| FromMonth/Year | ToMonth/Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Language Proficiency(required)

|  |  |
| --- | --- |
| 1) Language to be used in the program (as in GI) |  |
| Listening | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Speaking | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Reading | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Writing | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Certificate (Examples: TOEFL, TOEIC) |  |
| 2) Mother Tongue |  |
| 3)Other languages( ) | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |

1 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.

1 Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.

1 Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.

1 Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

### Expectation on the applied KCCP

##### Personal Goal: Describe what you intend to achieve in the applied KCCP in relation to the organizational purpose described in PartA-2.

1. **Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied KCCP. (required)**
2. **Area of Interest: Describe your subject of particular interest with reference to the contents of the applied KCCP.(required)**

**\*7. Declaration (to be signed by the Nominee) (required)**

I certify that the statements I have made in this form are true and correct to the best of my knowledge. If accepted for the program, I agree:

1. not to bring or invite any member of my family (except for a program whose period is one year or more),
2. to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
3. to follow the program, and abide by the rules of the institution or establishment that implements said program,
4. to refrain from engaging in political activity or any form of employment for profit or gain,
5. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
6. to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said is continuation.
7. To consent to waive any copyright holder’s rights for documents or products produced during the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
8. To approve the privacy policy and the copyright policy mentioned in the Guidelines of Application. JICA’s Information Security Policy in relation to Personal Information Protection
	* JICA will properly and safely manage personal information collected through this application form in accordance with JICA’s privacy policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.
	* Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc., and except for the following 1.-3., JICA will neither provide nor disclose personal information to any third party. JICA will use personal information

provided only for the purposes in the following 1.-3 and will not use for any purpose other than the following 1.-3 without prior approval of an applicant itself.

1. To provide KCCP to the participants from developing countries.
2. ToprovideKCCPtotheparticipantsfromdevelopingcountriesundertheCitizens’Cooperation Activities.
3. Inadditionto1.and2.above,if the government of Japan or JICA determines necessary in the course of technical cooperation.
4. to follow the Term of Use for the Online KCCP shown in the JICA Website : https:/[/www.j](http://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)i[ca.go.jp/english/our\_work/types\_of\_assistance/tech/acceptance/training/index.html](http://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)

|  |  |
| --- | --- |
| Date: | Signature: |
| Print Name: |

1

**MEDICAL HISTORY**

1. Present Medical Status
2. Do you currently use any medicine or have regular medical checkup by a physician for your illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Name of illness ( ), Name of medicine ( ) |
| *If yes, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program.* |

1. Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Months of pregnancy ( months) |

1. Are you allergic to any medication or food?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: What are you allergic to? ( ) |

1. Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( )

*Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.*

## Past Medical History

1. Have you had any significant or serious illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

1. Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

1. Other Medical Problems

If you have any medical problems that are not described above, please indicate below.

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.

|  |  |
| --- | --- |
| Date | Signature |
| Print Name |