



Guidelines of Application Form for the JICA Knowledge Co-Creation Program

The attached form is to be used to apply for the Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency (JICA), which are implemented as part of the Official Development Assistance Program of the Government of Japan. Please complete the application form while referring to the following and consult with the respective country's JICA Office - or the Embassy of Japan if the former is not available - in your country for further information.

1. Parts of Application Form to be completed

1) Which part of the form should be submitted?

It depends on the type of KCCP you are applying for.

>Application for KCCP (Group and Region Focus)

Official application and Parts A and B including Medical History must be submitted.

>>Application for KCCP (Country Focus) including KCCP for Counterpart and KCCP related to ODA Loan

Official Application and Part B including Medical History will be submitted. Part A needs not to be submitted.

2) How many parts does the Application Form consist of?

The Application Form consists of three parts as follows;

Official Application

This part is to be confirmed and signed by the head of the relevant department/division of the organization which is applying.

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

This part is to be confirmed by the head of the relevant department/division of the organization which is applying.

Part B. Information About the Nominee including Medical History

This part is to be completed by the person who is nominated by the organization applying. The applicants for 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 on the Form.

Please refer to the General Information to find out which type KCCP that your organization applies for belongs to.

2. How to complete the Application Form

In completing the application form, please be advised to:

- (a) carefully read the General Information (GI) for which you intend to apply, and confirm if the objectives and contents are relevant to yours,
- (b) be sure to write in the title name of KCCP accurately according to the GI, which you intend to apply,





- (c) use a typewriter/personal computer in completing the form or write in **block letters**,
- (d) fill in the form in English,
- (e) use ✓or "x" to fill in the () check boxes,
- (f) attach a picture of the Nominee,
- (g) attach additional page(s) if there is insufficient space on the form,
- (h) prepare the necessary document(s) described in the General Information (GI), and attach it (them) to the form,
- (i) confirm the application procedure stipulated by your government, and
- (j) submit the original application form with the necessary document(s) to the responsible organization of your government according to the application procedure.

Any information that is acquired through the activities of the Japan International Cooperation Agency (JICA), such as the nominee's name, educational record, and medical history, shall be properly handled in view of the importance of safeguarding personal information.

3. Privacy Policy

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 that can be used to identify individuals to any third party, with the following three exceptions:

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

3) Security Notice

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

4. Copyright policy

Participants of KCCP are requested to comply with the following copyright policy;

Article 1. Compliance matters with participants' drafting of documents (various reports, action plans, etc.) and presentations (report meetings, lectures, speeches, etc.)

- 1. Any contents of the documents and presentations shall be created by themselves in principle.
- 2. Comply with the following matters, if you, over the limit of quotation, have to use a third person's work (reproduction, photograph, illustration, map, figure, etc.) that is protected



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under laws or regulations in your country or copyright-related multinational agreements or the like:

- (1) Obtain license to use the work on your own responsibility. In this case, the scope of the license shall meet the provisions of Article 2.
- (2) Secure evidential material that proves the grants of the license and specifies the scope of the license.
- (3) Consult with the third party and perform the payment procedure on your own responsibility regarding negotiations with a third person about the consideration for granting the license and the procedure for paying the consideration.

Article 2. Details of use of works used for KCCP

- (1) The copyright on a work that a participant prepares for KCCP shall belong to the participant. The copyright on the parts where a third party's work is used shall belong to the third party.
- (2) When using texts, supplementary educational materials and other materials distributed for KCCP, participants shall comply with the purposes and scopes approved by each copyright holder.





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)										
3. Country N	3. Country Name:									
4. Name of A	4. Name of Applying Organization:									
	<u></u>	<u> </u>	<u> </u>							
5. Name of t	he Nomi	nee(s):								
1)	110 110	1100(0).			3)					
2)					4)					
Our organiza	tion here	by applie	s for k	Knowled	ge Co-Creati	on program	(KCC	P) of the Japan		
	•	on Agend	y and	propose	s to dispatch	qualified no	minees	s to participate in		
the programs.	ı .					1				
Date:					Signature:	<u></u>				
Name:										
Designation /	Position									
Department /	Division							Official Stamp		
Office Address		Address	:							
Contact Inform		Telepho	ne:		Fax:		E-mail:			
Confirmation	-	_		_	-					
	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.									
nominate this	person(s) on bena	ilt ot ou	r govern	ment.					
Date:					Signature:			1		
Name:										
Decimation /	Desition							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
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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 be addressed.
2) Objective: Describe what your organization intends to achieve by participating in KCCP.



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Future Plan of Actions: Describe how your organization shall make use of the expension hievements, in addressing the said issues or problems.	ected
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Selection of the Nominee: Describe the reason(s) the nominee has been selecte	
e said purpose, referring to the following view points; 1) Course requirement pacity /Position, 3) Plans for the candidate after the KCCP, 4) Plan of organization Others.	it, 2)
e said purpose, referring to the following view points; 1) Course requirement repacity /Position, 3) Plans for the candidate after the KCCP, 4) Plan of organization	it, 2)
e said purpose, referring to the following view points; 1) Course requirement repacity /Position, 3) Plans for the candidate after the KCCP, 4) Plan of organization	it, 2)
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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. 1	itie: (Please	write	aowr	i as	sno	wn ir	tne	Gene	erai	Into	rmatio	on) (r e	equire	ea)	III	٠.			
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2. Number: (Please write down as shown in the General Information) (required)										ed)	X		מ							
2	0	1	9	8		4										F			ָ ס	
	I	I							<u> </u>									ַ <u>-</u>	ا	
3. Ir	2 0 1 9 8 4 3. Information about the Nominee (nos. 1-9 are all required)																			
1) N	1) Name of Nominee (as in the passport)																			
Fa	amily	Name	Э																	
Fi	rst Na	ame																		
М	iddle	Name	e																	
2) Na	ationa	lity											5.8	a) Da	te of	Birth	(ple	ease v	vrite	out
(as s	hown	in the	pass	port))								th	the month in Eng				lish as in "April")		
3) Se	ex					(() Male () Female				[Date	onth	Y	ear	Α	ge			
4) R	eligior	า					·													
					-											I -				<u> </u>
5. b)) Pas	sport	/Visa																	
Pass	port p	osses	sion		()	Yes	5	()	No		**	Valid	l for a	at lea	st 6 m	nonths	fro	m the	dat	e of
USA	visa p	osses	sion		()	Yes	Yes ()No the cours			rse.	se.									
6) P	reser	nt Pos	ition	and	Cur	rrer	nt Du	uties	3											
	nizatio																			
Olya	ııızaıı	JII																		
Depa	artmer	nt / Div	ision																	
Pres	ent Po	sition																		
Data	of or	mnlovm	ent by	, 1	Date	,	Mor	nth	Ye	ar	D.	ate of	accia	nment	to the	Date	е	Month	1 \	Year
		organiz	-								7	Date of assignm present position								
																1				
7) T	ype o	f Org	anizat	ion																
()	() National Governmental					() Local Governmental				(() Public Enterprise									
()	Private	e (profi	it)				()	NGC)/Priva	ate	(Nor	n-prof	it)	() Uni	versity				
()	() Other (

8) Outline of duties: Describe your current duties

	City./	Per	riod			
Organization	City/ Country	From	То	Position or Title	Brief Job Description	
	Country	Month/Year	Month/Year			

2) Educational Record (Higher Education) (required)

	City/	Pei	riod		
Institution	City/ Country	From	То	Degree obtained	Major
	Country	Month/Year	Month/Year		



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

	City/	Pe	riod		
Institution	Country	From	То	Field of Study / Program Title	
	Country	Month/Year	Month/Year		

5. Language Proficiency (required)

1) Language to be used in the progra				
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.

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.



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6. Expectation on the applied KCCP

*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:

- (a) not to bring or invite any member of my family (except for a program whose period is one year or more),
- (b) 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,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements said program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- (f) 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 discontinuation.
- (g) 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.
- (h) 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. To provide KCCP to the participants from developing countries under the Citizens' Cooperation Activities.
- 3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.
- (i) to observe Japanese laws and ordinances during my stay, if I violate Japanese laws and ordinances, I will return the total amount or a part of the expenditure required for the KCCP depending on the extent of the violation.
- (j) to understand that JICA does not assure issuance of Japan entry visa even after JICA decide to accept me. I understand the Embassy of Japan will decide it according to necessary formalities upon the submission of visa application from each participant.

Date:	Signature:
	Print Name:



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MEDICAL HISTORY

1. Present Medical Status									
(a) Do you currently use any medicine or have regular medical checkup by a physician for									
your illness?									
[] No	[] Yes	: Name of illne)	ss (), Nam	ne of medic	cine		
		If yes, please attach your doctor's letter (preferably, written in English) that							
/I \ A	1	current status o	t your lliness a	ana agree.	ment to join the	e program.			
. , ,	(b) Are you pregnant?								
[] No		Months of pregna		months	S)				
	ou allergic to	any medication							
[] No	[(] Yes:	What	are)	you a	llergic	to?		
(d) Pleas support or		any needs arisir	ng from disab	ilities that	might necess	sitate additio	onal		
/	.aomaoo.								
Note: Disab	oility does no	t lead to exclusion	of persons with	n disability	from the prograi	n. However, ι	upon i		
situation, yo	ou may be o	lirectly inquired by	the JICA officia	l in charge	e for a more de	tailed account	t of yo		
condition.									
2. Past Me	edical Histo	ry							
		y significant or s	erious illness?						
[] No	ſ	<u>, </u>	Yes		Please	spe	cify		
[]	(,		-)	979	,		
(b) Have	vou ever be	een a patient in a	mental clinic	or been tr	eated by a psy	chiatrist?			
[] No	[1	Yes		Please		cify		
	(•	-	-)				
3. Other M	ledical Prob	lems			,				
		al problems that	are not descri	ibed abov	e. please indic	ate below.			
,	- ay	- Problemo man			o, prodeca.c				
L certify the	at I have re	ead the above ir	nstructions and	d answere	ed all guestion	s truthfully :	and		
•		t of my knowledg				, , , , , , , , , , , , , , , , , , , ,			
		ept that medical		sulting from	m an undisclos	sed pre-evis	tina		
		financially comp		•		-	•		
	nay not be	mandally comp	onouted by Ji	or cand III	ay 103uit iii to	minauon oi	uie		
program.									
Date		Signature							
		Print Name							





Supplementary Information

We will use the information provided here merely as reference data to your convenience during your stay in Japan. Thus we ask that you be honest and forthcoming with the relevant information.

JICA shall take the required measures to prevent the leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

(1)Keligion				
	Religious belief Allergy Others			
(3)Alcohol & Smok I drink. I don't drink. I smoke. I don't smoke.	ing			
(4)Pets I would not like to □ Dog □ Cat □ Others	stay at a home ke	eeping the following	animals .	
Printed Name of the	e Applicant	Date	Signature	e of Applicant