

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)

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

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**3. Country Name:**

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**4. Name of Applying Organization:**

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**5. 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:					
Designation / Position				Official Stamp	
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 be addressed.

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.)

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

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

1) Name of Nominee (as in the passport)

Family Name

[illegible]

First Name

[illegible]

Middle Name

[illegible]

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						

#### 6) 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

### 7) Type of Organization

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

8) Outline of duties: Describe your current duties

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## 9) 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:

## 10) Others (if necessary)

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## 4. Career Record

### 1) Job Record (After graduation)

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

### 2) Educational Record (Higher Education) (required)

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



**3) 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
		From Month/Year	To Month/Year	

**5. 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	

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.

## 6. Expectation on the applied KCCP

1) Personal Goal: Describe what you intend to achieve in the applied KCCP in relation to the organizational purpose described in Part A-2.

2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied KCCP. (required)

3) 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:

- (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 divulgence, 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:



## MEDICAL HISTORY

### 1. Present Medical Status

(a) Do you currently use any medicine or have regular medical checkup by a physician for your illness?

<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 current status of your illness and agreement to join the program.</i>

(b) Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Months of pregnancy ( months)
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: What are you allergic to? ( )
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( )
<i>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.</i>

### 2. Past Medical History

(a) Have you had any significant or serious illness?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( )
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(b) 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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### 3. Other Medical Problems

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

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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.

Date	Signature
	Print Name