[redacted]

This guideline explains how to apply for the Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency (JICA) under the Official Development Assistance Program of the Government of Japan.
Please complete the Application Forms according to the guideline. For additional information, please consult the JICA Office, or in its absence, the Embassy of Japan in your country.

| Form | Filled by |
|---|---|
| **Form1. Official Application Form** | ・ To be filled by you and your supervisor*<br>・ To be signed by your supervisor<br>・ Official stamp of your organization is needed. |
| **Form2. Nomination from the Organization** | You and your supervisor * |
| **Form3. Individual Application Form** | You |
| **Form4. Questionnaire on Medical Status and Restrictions** | You |
| **Form5. Terms and Conditions, and Declaration** | You |

*Supervisor: the head of the department/division of your organization

**Please be advised:**

(a) To carefully read the General Information (GI) of the KCCP,
(b) To fill only in typewritten except for signature,
(c) To fill in the form in **English**,
(d) To use "√" or "x" to mark the ( ) options,
(e) To attach your photographs,
(f) To prepare document(s) described in the GI and/or confer with the JICA Expert or JICA overseas office, and attach these documents to the completed Application Forms,

**In submitting the Application Forms and attached documents, please make sure:**

(g) To prepare a copy of your passport,
(h) To confirm the application procedure stipulated by your government,
(i) To submit the original Application Forms with all necessary document(s) to the responsible organization of your government according to its application procedure, and
(j) That your participation may be denied, if you fail to provide all required information and documents completely and on time.

**CHECK LIST before submission:**

| Items | Form No. | Check |
|---|---|---|
| 1. Fill in all items in typewritten | All the forms | |
| 2. Your signature | Form 3, 4, 5 | |
| 3. Signature of your supervisor* | Form 1, 2 | |
| 4. Official stamp of your organization | Form 1 | |
| 5. Your photo | Form 3 | |
| 6. Attach a copy of passport (Machine Readable Zone)<br>*Applicants from Latin American and the Caribbean Countries, please refer to the note below. | - | |
| 7. Attach the required document(s) as instructed in the GI | - | |

*Supervisor: the head of the department/division of your organization

**Note for Applicants from Latin American and the Caribbean Countries:**

(1) If you are from any of the countries listed below and have a passport with a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and detailed passport information), and the page of U.S. visa:

Antigua and Barbuda, Argentina (only Japanese descendants), Barbados, Bolivia, Brazil, Chile, Colombia, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Mexico, Peru, Rep. of Dominica, St. Christopher and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, or Venezuela.

(2) If you are from any of countries listed below and have a passport without a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and your detailed passport information).

Belize, Costa Rica, El Salvador, Honduras, Jamaica, Marshall, Micronesia, Nicaragua, Palau, Panama, Paraguay, Trinidad and Tobago, and Uruguay.

Japan International Cooperation Agency

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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 "xxxxxxxxxJxxx "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.

| | | | | |
|---|---|---|---|---|
| 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.

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

Application form for the JICA Knowledge Co-Creation Program

## 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:

*To be filled by Applicant.

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

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

Attach here your photo

(taken within the last six months)

Size: 4.5x3.5cm

**3. Personal Information on Applicant**

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**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**

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

**First Name**

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

**Middle Name**

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

| | | | | |
|---|---|---|---|---|
| **2) Nationality (as shown in the passport)** | | | | |
| **3) Sex (for VISA application)** | ( ) Male | | ( ) Female | |
| **4) Date of Birth** | **Date** | **Month (ex. April)** | **Year** | **Age (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:<br>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 | ( ) National Government ( ) Local Government ( ) Public Enterprise<br>( ) Private (profit) ( ) NGO/Private (Non-profit) ( ) University<br>( ) Other :_____ | |
| Number of employees | | |
| Home Page Address | | |

【Questionnaire on Relationship with the Military】(FOR ALL THE APPLICANTS)

**Please mark Yes or No about your status.**

(YES / NO) Personnel of the military or organizations under the military (active military personnel or military personnel listed in the muster roll/military register)
(YES / NO) Personnel of the Ministry of Defense, or organizations under the Ministry of Defense
(YES / NO) Personnel of organizations that are specified by law under the military or the Ministry of Defense in case of an emergency
(YES / NO) Persons listed in the muster roll/military register who are not currently affiliated with the military, the Ministry of Defense, or affiliated organizations
(YES / NO) Personnel of civilian organizations which have divisions to conduct military-related activities

## 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 required 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.

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By Applicant

| |
|---|
| Date<br><br>Name and Title/Position<br><br>Signature |

[redacted]

# (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.?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Name of illness (  ), Name of medicine (  ) |
| | *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.* |

(b) Do you have any allergies with medicine, food, pollen, etc.?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.?<br>(  ) |

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

| |
|---|
| (  ) |
| *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.* |

## 2. Medical History

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

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Please specify (  ) |

(b) Have you or/and your family members had tuberculosis?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Please specify (  ) |

(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Please specify (  ) |

(d) Have you ever had any sleeping, eating or other disorders?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Please specify (  )<br>Name of medicine taken if any (  ) |

**3. Other Medical Issues/Conditions**

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

| |
|---|
| |

* Are you pregnant?

| | |
|---|---|
| [ ] No | [ ] Yes:<br>Weeks of pregnancy (  weeks) |

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand that medical conditions resulting from pre-existing conditions will not be financially compensated by JICA, and may be a reason for termination of the program.

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

By Applicant

| |
|---|
| Date<br><br>Name and Title/Position<br><br>Signature |

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



## Form5. TERMS AND CONDITIONS

### 1. General Rules

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) to discontinue 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

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

(1) Scope of Use

Any information used for identifying individuals (hereinafter referred to as "Personal Information") 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 Personal Information in accordance with the provisions of this privacy policy.

(2) Limitations on Use and Provision

JICA shall never intentionally provide Personal Information 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 the Personal Information grants permission for its disclosure to a third party;
(c) In cases in which JICA needs to provide Personal Information for the persons or entities where JICA contracts out all or part of the KCCP and its relevant projects. The Personal Information provided herein will be only limited to the information necessary for the persons or entities to implement the contracted tasks.

(3) Security Notice

JICA takes measures required to prevent the divulgence, loss, or destruction of Personal Information, and to otherwise properly manage such information.

※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

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 scopes and/or conditions separately approved by JICA and/or the Original Author.
   If the participants apply to the KCCP, the participants shall also comply with Terms of Use of the Materials for the KCCP that are shown on the JICA website.
   (https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)

2. All the documents prepared for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use any third party's(ies') works (photograph, illustration, map, figures, etc.), which are protected under the copyright laws and regulations in the participants' countries or copyright-related multinational agreements, the participants shall obtain a license necessary to use the works from such third party(ies).

3. The participants agree that JICA may use (including, but not limited to, reproduce, publicly transmit, distribute and modify) any documents prepared by the participants for other programs conducted by JICA (for example, as a reference for the other KCCP courses and a project formulation).

4. JICA will not be liable for the contents of any documents created by the participants for the purpose of the KCCP.

### 4. Portrait Right Policy

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)

- 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 |