1. KOICA Ghana Office: https://www.koica.go.kr/sites/gha_kr/index.do koicaghana@gmail.com
2. KOICA Cameroon Office: https://www.koica.go.kr/sites/cmr_kr/index.do cameroon@koica.go.kr
3. KOICA Côte d'Ivoire Office: https://www.koica.go.kr/sites/civ_kr/index.do abidjan@koica.go.kr
4. KOICA Nigeria Office: https://www.koica.go.kr/sites/nga_kr/index.do ngkoica@gmail.com
5. KOICA Senegal Office: https://www.koica.go.kr/sites/sen_kr/index.do Koica.sn@gmail.com

KOICA
Korea International Cooperation Agency

Application Guidelines

- Read your Program Information (PI) thoroughly.
- Application should be typed (not handwritten) except for your signature. Fill in the form in English.
- Be sure to fill in every item of the form.
- Send the completed form to the KOICA Office in your country together with a copy of your passport.
- Handwriting is not acceptable. Be reminded that your participation may be denied if you fail to provide the required information and documents completely and on time.

Items	Page No.	Check (√) if completed
Before completing the application form, please complete the following Self-Assessment Questionnaire. The results will be used as a reference during the participant selection process.	p.2	
Filled in every item of Applicant Information	pp. 3–5	
Agreed/disagreed on Collection and Use of Personal, Sensitive, and Unique Identifying Information	pp. 5–8	
Agreed/disagreed on Sexual Harassment Policy	p.6	
Signed the Declaration	p.6	
Signed and filled in Medical Report 1	p.7	
Had an authorized physician complete Medical Report 2	p.7	
Had an authorized official from your organization complete the Nomination form (Part 4)	p.8	
Copy of passport ready for submission	–	

*This is to certify that I have completed every part of the application form to apply for the **KOICA Youth Leaders Advanced Program for West Africa (Private Sector Track)**.*

Date: _____ Applicant's Name: _____ Signature: _____

Applicant Self-Assessment Questionnaire

Instructions: Please answer all questions honestly. Select the option that best describes your current experience and capability.

Scoring: Yes = 1 point / No = 0 point

1. I regularly use digital tools (e.g., Google Workspace, Microsoft Office, Canva, Notion, etc.) for work, study, or business.

□ Yes (1) □ No (0)

2. I have used Generative AI tools (e.g., ChatGPT, Claude, Gemini, Copilot) for learning, work, or business purposes.

□ Yes (1) □ No (0)

3. I have founded, co-founded, or actively participated in a startup, social enterprise, or business project.

□ Yes (1) □ No (0)

4. I can identify community or social challenges and propose practical solutions.

□ Yes (1) □ No (0)

5. I have participated in at least one ICT, digital, AI, software, mobile app, or technology-related project.

□ Yes (1) □ No (0)

6. I have conducted interviews, surveys, market research, or user needs assessments.

□ Yes (1) □ No (0)

7. I have led a team, organization, project, club, community initiative, or business activity.

□ Yes (1) □ No (0)

8. I am willing to learn basic no-code tools, AI applications, and entrepreneurship methodologies during the program.

□ Yes (1) □ No (0)

9. I am committed to developing an AI/ICT-based Action Plan or MVP business concept during the training.

□ Yes (1) □ No (0)

10. I intend to apply and share the knowledge gained from this program within my organization or community.

□ Yes (1) □ No (0)

Application Form
KOICA Youth Leaders Program (2026-2027)
Private Sector Track (AI · ICT Entrepreneurship)

This form is to be used to apply for the **Private Sector Track** of the KOICA Youth Leaders Advanced Program for West Africa (KOICA), implemented as part of the Official Development Assistance (ODA) Program of the Government of Korea.

This track is designed for young professionals in startups, NGOs, social enterprises, and academia who aim to develop AI·ICT-based entrepreneurship skills and social problem-solving capabilities.

PART 1. APPLICANT INFORMATION (to be completed by the applicant)

Ⅰ. PROGRAM OF APPLICATION	
Program Title	KOICA Youth Leaders Program (2026-2027)
Track	**Track 2 — Private Sector (AI · ICT Entrepreneurship)**
Training Duration	Online: 2 weeks (07.20–07.31, 2026) + Field Training in Ghana: 2 weeks (08.16–08.29, 2026)
Training Location	Online (LMS) + GIMPA, Accra, Ghana

Ⅱ.. PERSONAL DATA			
Name *(as in passport)*	First Name: _____	Middle Name: _____	Family Name: _____
Date of Birth	Day: _____	Month: _____	Year: _____
Gender	□ Male □ Female	**Airport of Departure**	
Nationality		**Religion**	
Home Address			
Contact Information	Telephone:	E-mail 1:	
	Mobile:	E-mail 2:	
	SNS (Facebook, Instagram, LinkedIn, etc.):		SNS ID: _____
	Messenger (WhatsApp, Skype, LINE, etc.):		Messenger ID: _____
Emergency Contact (1)	Name: _____	Relation: _____	Tel / E-mail: _____
Emergency Contact (2)	Name: _____	Relation: _____	Tel / E-mail: _____

Ⅲ. CURRENT AFFILIATION & ENTREPRENEURSHIP STATUS	
Organization / Startup / University	
Department / Team / Major	
Present Position / Role	Position: _____ Duration: From _____ to present (MM-YYYY)
Employment / Affiliation Type *(Please check all that apply)*	□ Full-time Employee □ Part-time Employee □ Self-employed □ Startup Founder / Co-founder □ Social Entrepreneur □ NGO/CSO Staff □ University Student □ Researcher / Academic Others (please specify): _____

Current Main Duties / Activities	*Describe your current main duties, responsibilities, or entrepreneurship activities. Specify any technical skills, tools, or platforms you regularly use.*
Social Problem You Aim to	*Describe the key social, economic, or environmental problem in your community or country that you want to address through entrepreneurship or technology. Provide*

Solve	*specific context (sector, target population, etc.).*
Startup / Project Idea	**Do you currently have a startup, project, or business idea?** □ Yes □ No — I have an idea but haven't started □ No — I plan to explore during the program *If YES, describe your startup/project (name, stage, sector, product/service, and current status):*
AI / ICT Skills & Background	Rate your proficiency in the following areas *(1=Beginner / 2=Basic / 3=Intermediate / 4=Advanced):* Python Programming: □1 □2 □3 □4 No-Code Tools (Glide, Bubble, etc.): □1 □2 □3 □4 Generative AI (ChatGPT, Claude, etc.): □1 □2 □3 □4 Business Model Design (BMC): □1 □2 □3 □4 UX/UI Design: □1 □2 □3 □4 Data Analysis: □1 □2 □3 □4 Other relevant skills: _____
Expected Learning Outcomes & Application Plan	*Elaborate on what you expect to learn from this program and how you plan to apply the training outcomes to develop your startup, project, or organization upon return to your country.*

Ⅳ. CAREER & ENTREPRENEURSHIP RECORD (Past 5 Years)				
Organization / Startup / Project	**Department / Role**	**Position / Responsibilities**	**From (MM-YYYY)**	**To (MM-YYYY)**

Ⅴ. LANGUAGE PROFICIENCY				
Native Language: _____	**English**	**French**	**Other: _____**	**Remarks**
Listening	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	
Speaking	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	
Writing	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	
Reading	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	□ Excellent □ Good □ Fair □ Basic	

Proficiency Scale: 1. Excellent – Fluent, can lead discussions/presentations. 2. Good – Conversational accuracy in a wide range of situations. 3. Fair – Limited but functional communication. 4. Basic – Simple self-introduction level.

Ⅵ. OTHERS	
Restriction on Food / Behavior / Medication	Any restrictions on food, behavior or medication due to health or religious reasons? □ NO □ YES >> □ No Beef □ No Pork □ No Fish □ Vegetarian Others: _____

PART 2. TERMS & CONDITIONS

I. PRIVACY & COPYRIGHT POLICY

Any information acquired by KOICA to be used for identifying individuals will be stored, used and/or analyzed only within the scope of KOICA activities, and in accordance with KOICA policy and regulations.

Collected Personal Information: name, date of birth, gender, nationality, home address, contact information, emergency information, employment/affiliation information, career background, language proficiency level, startup/business information.

Purpose: Implementation and promotion of the KOICA Youth Leaders Program, identification of participants, record keeping, supporting KOICA Alumni Network activities, and strengthening the partnership between Korea and Partner Countries.

Retention Period: 3 years for printed copies / permanent preservation of electronic copies.

KOICA reserves the right to use all documents or products produced by participants (e.g., country report, action plan, business plan, Pitch Deck, demo project, etc.) for the purpose of the Program including duplication, translation, distribution, and/or posting on websites.

Agree □ Disagree □ Date: _____ Name: _____ Signature: _____

Consent to Provide Personal Information to a Third Party

The recipient of personal information and purposes: • KOWORKS: checking qualifications, operation of training programs, records and performance management • Training Institute (Hallym University): operation of training programs, sojourn support, records management, KOICA Alumni Network • DB Insurance Co., Ltd.: insurance purchase, roster management, claims management • Travel Agency: flight reservations and ticketing Information provided: name, date of birth, gender, nationality, contact info, affiliation/position, email, SNS/messenger ID, academic background, photos, bank account info, passport info.

You have the right to disagree. However, there may be restrictions to KOICA support and your participation in the Program.

Agree □ Disagree □ Date: _____ Name: _____ Signature: _____

Consent to Provide Sensitive Information to a Third Party

KOICA would like to obtain your consent to the provision of sensitive information to KOWORKS, Training Institute, and DB Insurance Co., Ltd. Sensitive information includes: religion, health information (medical history), treatment records.

You have the right to disagree. However, there may be restrictions to KOICA support and your participation in the Program.

Agree □ Disagree □ Date: _____ Name: _____ Signature: _____

Consent to Provide Personally Identifiable Information to a Third Party

KOICA would like to obtain your consent to the provision of personally identifiable information (passport number, alien registration number) to KOWORKS, Training Institute, DB Insurance Co., Ltd., and Travel Agency for flight and insurance purposes.

You have the right to disagree. However, there may be restrictions to KOICA support and your participation in the Program.

Agree □ Disagree □ Date: _____ Name: _____ Signature: _____

II. POLICY ON SEXUAL HARASSMENT

Sexual harassment is regarded as a serious misconduct and will be dealt with accordingly. Cases may result in 1) dismissal from the Program, 2) report to the pertinent organization and/or government, 3) civil and criminal lawsuits and penalties.

Participants are encouraged to file a complaint in accordance with KOICA's complaint procedure when they feel that they are sexually harassed.

Agreement: I fully understand and agree to abide by KOICA's policy on sexual harassment.

Agree □ Disagree □ Date: _____ Name: _____ Signature: _____

III. GENERAL TERMS & CONDITIONS

Attendance & Punctuality: Participants must be punctual and devoted to following the schedule of the KOICA Youth Leaders Program. Absence without prior notice or acceptable reasons may cause disadvantages in evaluation.

Misconduct: Any form of harassment, discrimination, or behavior disturbing the efficient implementation of the Program will not be tolerated.

Security & Well-being: Participants are responsible for their own personal belongings, safety, health and well-being. Pregnancy or treatment for any chronic disease is excluded from the insurance coverage.

General Rules: Participants shall not engage in political activities or any form of employment for profit during the course period. Participants shall not bring family members (dependents) to the training country.

Intellectual Property: All startup/business ideas, Action Plans, Pitch Decks, and project outputs remain the property of the participant. KOICA may, however, use these materials for program promotion purposes with participant consent.

IV. DECLARATION

I, _____, of _____ have read and fully agree to the terms and conditions set forth above and declare that all the information given above is true and complete. I will accept any penalties and consequences for failure to abide by the above terms and conditions.

Date: _____ Applicant's Name: _____ Signature: _____

PART 3. MEDICAL REPORTS

I. MEDICAL REPORT 1 (to be completed by the applicant)

1. Present Status

Do you currently use any drugs for treatment? □ No □ Yes >> Medication: _____, Dosage: _____

Are you pregnant? (female only) □ No □ Yes >> (_____ months)

Any disabilities requiring additional support or facilities? _____

2. Medical History

Significant/serious illnesses? Past: □ No □ Yes >> _____ Present: □ No □ Yes >> _____

Mental health treatment? Past: □ No □ Yes >> _____ Present: □ No □ Yes >> _____

High blood pressure? Past: □ No □ Yes Present: □ No □ Yes >> _____ mm/Hg | Diabetes? Past: □ No □ Yes Present: □ No □ Yes

Other conditions: □ Thyroid □ Liver Disease □ Heart Disease □ Kidney Disease □ Tuberculosis □ Asthma □ Infectious Disease □ Others: _____

I certify that I have answered all questions truthfully.

Date: _____ Applicant's Name: _____ Signature: _____

II. MEDICAL REPORT 2 (to be completed by an authorized physician)

1. Basic Health Information

Name	Age	Blood Type	Height (cm)	Weight (kg)	Blood Pressure (mmHg)

2. Health Examination Result	Examination	Remarks
EKG	□ Normal □ Abnormal	
Chest PA	□ Normal □ Abnormal	
Urinalysis	□ Normal □ Abnormal	
Diabetes	□ Normal □ Abnormal	
Hepatitis B	□ Normal □ Abnormal	
Syphilis	□ Normal □ Abnormal	
AIDS	□ Normal □ Abnormal	
Infectious disease	□ Normal □ Abnormal	
Endemic disease	□ Normal □ Abnormal	
Pregnancy test	□ Normal □ Abnormal	

3. How long have you known this person? □ < 6 months □ > 1 year □ > 5 years □ > 10 years

4. Has this person received medical treatment in the last 5 years? □ Yes >> _____ □ No

5. Does he/she have any conditions that require special care or may disturb participation in an intensive training away from home? □ Yes >> _____ □ No

I certify that I have answered all questions truthfully.

Date: _____ Clinic Name: _____ Address: _____

Physician Name: _____ Signature: _____ Contact: _____

PART 4. NOMINATION (to be completed by an authorized official of your organization / university / employer)

I. Reasons for Nomination

Please describe the relevance of this program to the nominee's current work/activities, their capabilities, and how the program outcomes will benefit your organization, startup ecosystem, or institution:

II. ORGANIZATIONAL CHART / TEAM STRUCTURE

Please attach an organizational chart or team structure with the nominee's position/role marked, or describe it briefly below:

III. OFFICIAL NOMINATION (for private sector, NGO, university, or startup)

[Name of Organization / Startup / University / NGO]: _____ officially nominates
[Full Name of Nominee]: _____ to participate in the
KOICA Youth Leaders Advanced Program for West Africa — Private Sector Track,
as organized by the Korean Government (KOICA).
I, [Name of Authorized Official]: _____, on behalf of [Organization Name]: _____,
certify that:

- All information provided by the nominee in this form is true, complete, and accurate to the best of my belief and knowledge.
- The nominee has an adequate knowledge of and/or expertise in the training field and has sufficient proficiency in English (and/or French) to undergo the program.
- My organization agrees to support the nominee's participation, including granting leave of absence for the training period, and commits to providing an environment for applying the training outcomes upon return.
- My organization agrees to the terms and conditions of KOICA for this program.

Name (Authorized Official): _____ Position / Title: _____
Organization: _____ Telephone: _____
Email: _____ Date: _____
Signature: _____