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

**Application Form for the JICA Knowledge Co-Creation Program**

**(JICA Development Studies Program)**

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| **OFFICIAL APPLICATION FORM** |

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

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

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**2. Course Number:** (the number as “xxxxxxxxxJxxx “shown in the GI)

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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):**

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| 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.

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| Date: |  | | Signature: | |  | | | |
| Name: | |  | | | | | | |
| Designation / Position | |  | | | | | Official Stamp | |
| Department / Division | |  | | | | |
| Office Address and  Contact Information | | Address: | | | | |
| Telephone: | | Fax: | | E-mail: | | |
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**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.

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| --- | --- | --- | --- | --- | --- |
| 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)

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| **1. Profile of Organization** |

**1) Name of Organization:**

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**2) The mission of the Organization and the Department / Division:**

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| **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.**

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**2) Objective: Describe what your organization intends to achieve by participating in KCCP.**

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**3) Future Plan of Actions: Describe how your organization shall make use of the expected achievements, in addressing the said issues or problems.**

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**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.**

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| **Part B: Information about the Nominee** |

(to be completed by the Nominee)

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| 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. Course 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.)

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**2. Course Number:** (the number as “xxxxxxxxxJxxx “shown in the GI) **(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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**First Name**

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**Middle Name**

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| **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**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 ( ) | | |

【Questionnaire on Relationship with the Military】

**\*If your organization and/or your status is related to the Military, please mark with ✓ or X below in the ( ) which best describes the relationship.**

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| (　)  the Military, an active military personnel or a military personnel listed in the muster roll/military register |
| (　)  an organization affiliated with the Military, or a personnel who does not belong to the military at present but is listed in the muster roll/military register |
| (　)  the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense |
| (　)  an civilian organization but with military personnel or a military division within the organization |
| (　)  an organization which will be affiliated with or under the control of the Military in times of emergency as specified clearly in its organic law/law of establishment |
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**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)**

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| --- | --- | --- | --- | --- | --- |
| Organization | City/  Country | Period | | Position or Title | Brief Job Description |
| From  Month/Year | To  Month/Year |
|  |  |  |  |  |  |
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**2) Educational Record (Higher Education) (required)**

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| --- | --- | --- | --- | --- | --- |
| Institution | City/  Country | Period | | Degree obtained | Major |
| From  Month/Year | To  Month/Year |
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**3) Training or Study in Foreign Countries; *please write your past visits to Japan specifically as much as possible, if any.***

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| --- | --- | --- | --- | --- |
| Institution | City/  Country | Period | | Field of Study / Program Title |
| From  Month/Year | To  Month/Year |
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**5. Language Proficiency (required)**

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| 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 |

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| 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.**

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

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**3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied KCCP. (required)**

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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?

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| --- | --- |
| [ ] 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.* |

(b) Are you pregnant?

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

(c) Are you allergic to any medication or food?

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

(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

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| ( )  *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.* |

2. Past Medical History

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

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

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

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

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.

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

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| **Application Form for** **SDGs Global Leadership Program for FY XXXX** |

1.University Information

(1) After examining university list provided by JICA, please fill in University, Supervisor, and the respective Field of studies that you expect to study in Japan. If you have more than two universities in your mind, you can select **up to three universities**

|  |  |
| --- | --- |
| Name of University and Graduate School(1) |  |
| Graduate School Code(1) |  |
| Name of Course/Major |  |
| Master/PhD |  |
| Supervisor of choice\* |  |
| Field of Study |  |
|  |  |
| Name of University and Graduate School(2) |  |
| Graduate School Code(2) |  |
| Name of Course/Major |  |
| Master/PhD |  |
| Supervisor of choice\* |  |
| Field of Study |  |
|  |  |
| Name of University and Graduate School(3) |  |
| Graduate School Code(3) |  |
| Name of Course/Major |  |
| Master/PhD |  |
| Supervisor of choice\* |  |
| Field of Study |  |

\*If you wish to apply for a PhD, please make sure to fill in "Supervisor of choice".

**Master's degree applicants must also fill in the name of desired supervisor for some universities. Please refer to the appropriate section of the "university list".**

**【重要】JICAはあなたの志望大学に対し、選考に必要なあなたの個人情報（学歴、経歴、健康状態、健康診断書等）を提供する。各大学の個人情報保護方針は大学HPの記載を確認すること。**

**[IMPORTANT] JICA will provide your desired university with your personal information (educational background, career, health condition, health certificate, etc.) necessary for selection. For the privacy policy of each university, check the description on the university website.**

2. Research Plan

Write a brief research plan of your proposed Master’s or Doctor’s thesis more than 700 words (minimum 3 pages)**.**

Below is an example of the structure of the research plan. Usage of this structure is not essential but strongly recommended.

1. TITLE of your Master’s or Doctor’s thesis
2. INTRODUCTION (1 paragraph):

To state clearly what your research interests are. Necessary to include the followings:

* Background information regarding the selected topic and your involvement (e.g. what is the main reason that you chose the topic, your relevant working experience, etc.)
* The main objective of your study

1. MAIN BODY (approximately 3 paragraphs):

To provide specific information to support your ideas. To explain what you are going to study and how the research is conducted. Necessary to include the followings:

・　Brief explanation for your analysis of this topic.

・　Brief explanation for your research methodology.

(d) CONCLUSION (1 paragraph):

To stress the most important point(s) of your research plan, and your future work. Necessary to include the followings:

* The skills which you wish to obtain in Japan.
* How you intend to utilize your research to solve the issue(s) mentioned in the first part of the plan after returning to your home country.

**\*For PhD courses, please attach your master thesis in English and related papers (if any)**.

!! IMPORTANT !!

* It is recommended to make prior contact the faculty before submitting the applications in order to know whether or not the university can accept the research plan. You should write the research plan in light of the requirements and characteristics of the Master’s or Doctor’s course.
* It must be demonstrated that your academic background and/or job experience are sufficient enough to engage in and complete the Master’s or Doctoral course in Japan. In this regard, it is essential for you to select a research theme which is associated with your current or future job.
* If you are you are currently employed, it is desirable for you to discuss with your organization to get supporting references, such as a policy and/or strategic paper of the organization.

3. Career Plan after Graduation

In connection with the fields of study, please describe your idea /plan to utilize your knowledge, skills and experiences that you obtained in Japan after returning to your home country in 400-500 words.

Please be reminded of the aim of SDGs Global Leadership Program which expects the participants to be leaders who share values of Japan in order to help establish and maintain mid and long - term good relations between Japan and the participants’ countries

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| **Part C: Terms and Conditions** |

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| 1. **General Rules** |

The participants/applicants are requested:

1. to understand that it is mandatory to physically come to Japan for participating in this program at the date designated by JICA,
2. not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves.
3. not to change course subjects or extend the course period,
4. to understand that inviting your family members is not recommended before you stay more than 6 months in Japan,
5. to return to your home country on the designated flight by JICA, when you finish the program or when it is deemed impossible to finish the program within your program period, or when you are not successful on the regular course examination,
6. 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,
7. to observe the rules and regulations of the program implementing partners to provide the program or establishments (“Plagiarism“ especially is taken severely by enrolling university, regardless of whether it is direct plagiarism or self-plagiarism and participants may be subjected to disciplinary action such as suspension)
8. not to engage in political activities, or any form of employment for profit,
9. to discontinue the program, should the participants violate the 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. The participants shall be responsible for paying any cost for treatment of the said health conditions except for the medical care stipulated in (15) of "12. Expenses NOT to be borne by JICA".
10. 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,
11. not to drive a car or motorbike, regardless of an international driving license possessed,
12. to observe the rules and regulations at the place of the participants' accommodation,
13. to refund allowances or other benefits paid by JICA in the case of a change in flight schedule,
14. to accept that the Government of Japan will examine applicants who belong to the military or other military-related organizations and/or who are enlisted in the military, taking into consideration of their duties, positions in the organization and other relevant information in a comprehensive manner to be consistent with the Development Cooperation Charter of Japan.
15. to turn in Health Certificate with JICA format at your expense. It must be the results of health check-up at the time of your application to the entrance examinations (within 6 months before arrival in Japan),
16. to accept to turn in second Health Certificate with JICA format if you will not be able to arrive within 6 months from the date of your first medical examination. The cost of it will be borne by JICA only if the delay is not due to your personal reasons.
17. to be in good health to participate in the program. ~~In order to reduce the risk of worsening symptoms associated with respiratory tract infection, please be honest to declare in the "Medical History" prepared in the "Application Form",~~
18. not to be receiving nor planning to receive another scholarship during the program,
19. to understand not to make other applications for different JICA training courses at the same time,
20. to understand that the maximum duration of "Overseas research" and "Temporary Leave (leaving Japan for private purpose)" is 60 days in principle.

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| **2. Privacy Policy** |

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

(1) Scope of Use

Personal information specified in this form will be stored, used, or analyzed by JICA only within the scope of conducting and supervising JICA’s technical training(long-term) (selection, coordination, travel and life support of the participants in Japan) which is stipulated in Article 40, Paragraph 3 of the Japan International Cooperation Agency Organization Regulations. The personal information contains also medical history information and health certificate.

（1）取得する個人情報の利用目的について

JICAが研修参加を希望される方から取得した個人情報は、独立行政法人国際協力機構組織規程第40条第3項において定める事務であるJICA長期研修員の研修監理（研修先選考・調整、研修実施、研修員の渡航・生活の支援）のため保存、使用、分析いたします。また、JICAが取得する個人情報には病歴情報及び健康診断書も含まれます。

JICA will provide the personal information to the universities that the applicants wish to enroll.

Once the candidate is accepted by a university, JICA will make a contract for the implementation of the program with that university.

研修先選考・調整に際し入学を希望する大学にはJICAより個人情報を提供いたします。選考の結果研修先が決定した際は、研修先となる大学に対しJICAより研修実施を委託することとなります。

JICA will not use the acquired personal information for purposes other than the above.

JICA will take safety management measures for the acquired personal information and manage it appropriately in accordance with the privacy policy and internal rules.

JICAは上記目的以外に収集した個人情報を利用せず、目的以外での利用は行いません。

JICAは、本プライバシーポリシー及び内部規程に従い、取得した個人情報に対する安全管理措置を講じ適切に管理いたします。

(2) Provision of acquired personal information to a third party

JICA shall never provide personal information to third parties except as required by law.

However, in the following cases, we will provide personal information and will take the following measures.

（2）取得した個人情報の第三者への提供について

JICAは、法令に基づく場合を除き、個人情報を第三者に提供することはありません。

ただし、以下の場合については利用目的のため個人情報を提供し、下記の措置を講じます。

(a) In the case of contracted universities for the implementation of the program

The use of the personal information is limited to the scope of the commissioned tasks (implementation of the program) and JICA will request the commissioned party to take safety management measures and manage it appropriately, and will confirm the implementation status.

（a）研修実施を業務委託する場合。

提供する個人情報は委託業務の範囲内での利用（研修実施）に限定し、委託先に対しては安全管理措置を講じ適切に管理することを求め、JICAがその履行状況を確認いたします。

(b) In the case of uncontracted universities for the purpose of admission screening

The use of the personal information is limited to the admission screening of the applicants by universities (career, academic background, research plan, medical history information and medical certificate), and JICA will notify the applicants of the name of the universities to which the information is provided and the privacy policy of the universities at the time of its provision.

（b）入学を希望する大学に選考のため情報提供する場合

提供する情報は大学が候補者の入学審査に必要な範囲（経歴、学歴、研究計画、病歴情報及び健康診断書）に限定し、提供時には、情報提供者に対し提供先大学名及び同大学の定めるプライバシーポリシーに関する情報を通知いたします。

(3) Security Notice

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

\*Information Security Policy of JICA in relation to Personal Information Protection

■ JICA will properly and safely manage personal information collected through Application Forms 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 the Applicant him/herself or there are valid reasons such as disclosure under the laws and ordinances, etc. and except for the reasons 1-3 below, JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in 1-3 below and will not use the information for any purposes other than those described in 1-3 below without prior approval of the Applicant him/herself.

1. To provide the KCCP to Participants.

2. To provide the KCCP to Participants under the Citizens’ Cooperation Activities.

3. In addition to 1 and 2 above, if the government of Japan or JICA determines it necessary in technical cooperation.

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| ※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). |

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| **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 scope approved by each copyright holder.

If the participants apply to online KCCP, the participants shall also comply with terms of use of copyrighted works for the online KCCP that are shown on the JICA website.

(https://www.jica.go.jp/english/our\_work/types\_of\_assistance/tech/acceptance/training/index.html)

1. All the documents for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party’s work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants’ country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.
2. The participants shall agree that JICA may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by JICA (for example, as reference for other KCCP courses and project formulation).

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| **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.

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| **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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Application materials checklist** | | | |
|  |  |  | Applicant's Name: |
| Please enclose this checklist in your application. Please be sure to submit all the following documents check() the items you enclosed. In case you are not able to submit any document by the deadline, please write the estimated date you will be able to submit. | | | |
| **Application documents to JICA** | | **Check()** | **Check point** |
| 1 | Application materials check list |  | Are all documents attached? |
| 2 | JICA Application Form for Knowledge Co-Creation Program |  | Is the full name written as shown on the Passport? (National ID is acceptable if the applicant does not own a Passport.) |
| Is the date of birth same as on the Passport or ID? |
| Is your age between 22 to 39? (if not, consult with JICA overseas office in your country) |
| Is the name of organization, department, and position correctly mentioned? (No abbreviation is allowed) |
| Is the working history and period correctly filled? |
| Is the name of the degree same as in the "University Diploma" and "Academic Transcript"? |
| In the Declaration Form, is the signed date within the application |
| 3 | Application Form for SDGs Global Leadership Program for FY2019 (Appendix-4) |  | Is the research plan written with enough amount of words? (Extreme lack of words may not be accepted) |
| Is the "Title", "Introduction", "Main Body" and "Conclusion", respectively followed? |
| If yes in Medical History 1(a), is the doctor's letter (written in English) attached? The letter should describe current status of the applicant's illness and has a consent for an applicant to join the program healthy. |
| 4 | Graduation certificate |  | Is the name and date of birth as shown on the Passport or ID? If not, please describe the reason in the letter. |
| If not written in English, is the official English translation attached? |
| 5 | Academic transcript |  | Is the notary seal affixed to Academic Transcript for all the grades earned in the university? |
| Is the name and date of birth as shown on the Passport or ID? If not, please describe the reason in the letter. |
| If not written in English, is the official English translation attached? |
| 6 | Photocopy of certificate of English Test |  |  |
| 7 | A copy of Passport with photo |  | Is the copy of valid Passport (or National ID) attached? |
| If not written in English, French, Portuguese or Spanish, is the official English translation attached? |
| 8 | ID photo (4cm × 3cm) pasted on application form |  | Is the applicant's photo attached on the Application form? |