|  |
| --- |
| **Guidelines of Application Form for**  **the JICA Knowledge Co-Creation Program（Young Leaders）** |

The attached form is to be used to apply for the Knowledge Co-Creation Program (KCCP)（Young Leaders） 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. How to complete the Application Form** |

In completing the application form, please be advised to:

1. carefully read the General Information (GI) for which you intend to apply, and confirm if the objectives and contents are relevant to yours,
2. be sure to write in the title name of the course/seminar/workshop/project accurately according to the GI, which you intend to apply,
3. use a typewriter/personal computer in completing the form or write in **block letters**,
4. fill in the form in **English**,
5. use or “x” to fill in the ( ) check boxes,
6. attach a picture of the Nominee,
7. attach additional page(s) if there is insufficient space on the form,
8. prepare the necessary document(s) described in the General Information (GI), and attach it (them) to the form,
9. confirm the application procedure stipulated by your government, and
10. 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.

|  |
| --- |
| **2. 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:

1. In cases of legally mandated disclosure requests;
2. In cases in which the provider of information grants permission for its disclosure to a third party;
3. 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.

|  |
| --- |
| **3. Copyright policy** |

Participants of the JICA Knowledge Co-Creation program (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 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 the JICA 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**

**(Young Leaders)**

|  |
| --- |
| **Information about the Nominee** |

(to be completed by the Nominee)

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

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)

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

**3. Information about the Nominee**

**1) Name of Nominee (as in the passport)**

**Family Name**

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

**Middle Name**

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

**First Name**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) Departure airport to Japan and Arrival Airport back to Vietnam**

Noi Bai, Hanoi　　　　Tan Son Nhat, Ho Chi Minh

**7) Passport possession**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | | | No |
| **Type of passport** | Official | Ordinary | Issuance of passport is underway |
| **Date of issue** |  | | Will be created later |
| **Date of expiry** |  | |  |

**8) 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 |
|  |  |  |  |  |  |

**9) Type of Organization**

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

**10) Outline of duties: Describe your current duties**

|  |
| --- |
|  |

**11) 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: |

**12) Others (if necessary)**

|  |
| --- |
|  |

**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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Knowledge Co-Creation Program (KCCP)**

**1) Personal Goal: Describe what you intend to achieve in the applied KCCP.**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**\*7. Declaration (to be signed by the Nominee) (required)**

I certify that the statements I made in this form are true and correct to the best of my knowledge.

If accepted for the program, I agree:

1. not to bring or invite any member of my family (except for the program whose period is one year or more),
2. 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,
3. to follow the program, and abide by the rules of the institution or establishment that implements the program,
4. to refrain from engaging in political activity or any form of employment for profit or gain,
5. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
6. 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.
7. to consent to waive exercise of my copyright holder’s rights for documents or products that are produced during the course of the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
8. 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: |

|  |
| --- |
| **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 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?

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

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

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

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

|  |
| --- |
| ( )  *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?

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

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

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

3. Other Medical Problems

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

|  |
| --- |
|  |

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 of the Nominee: |

|  |
| --- |
| **REQUEST FOR COOPERATION ON EX-POST QUESTIONNAIRE SURVEY**  **ON KCCP FOR YOUNG LEADERS** |

JICA conducts ex-post questionnaire surveys on the ex-participants of KCCP for Young Leaders to understand how the ex-participants have been utilizing the knowledge acquired in Japan in their daily work. For this purpose, JICA would like to send the questionnaire to the participants by e-mail after the program.

In addition, considering the purpose of the survey, we also would like to send the questionnaire to the person in their organizations; such as their supervisor or the person in their human resources department, who can observe any changes of their attitudes toward their tasks after participating the program.

We would highly appreciate it if you fill in the information about the appropriate person in your organization to whom JICA can send the questionnaire on this purpose. The questionnaire will be directly sent by e-mail to the participants and the person mentioned below within 1 year after the program.

We kindly ask for your understanding and cooperation for implementing the survey.

【Contact Person’s Information】

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Designation / Position |  | |
| Department / Division |  | |
| Office Address and  Contact Information | Address: | |
| E-mail: | |
| Tel: | Fax: |

**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)Religion**

**(2)Food Restrictions**

I cannot eat:

Pork

Because of:  Religious belief

Allergy

Others

Beef

Because of:  Religious belief

Allergy

Others

Fish

Because of:  Religious belief

Allergy

Others

Eggs

Because of:  Religious belief

Allergy

Others

Others

Because of:  Religious belief

Allergy

Others

**(3)Alcohol & Smoking**

I drink.

I don’t drink.

I smoke.

I don’t smoke.

**(4)Pets**

I would not like to stay at a home keeping the following animals.

Dog

Cat

Others

|  |  |  |
| --- | --- | --- |
| Printed Name of the Applicant | **Date** | **Signature of Applicant** |
|  |  |  |