**Appendix-1**

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| **Guidelines of Application Form for** **the JICA Knowledge Co-Creation Program** |

The attached form is to be used to apply for the Knowledge Co-Creation program (KCCP) 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.

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| **1. Parts of Application Form to be completed** |

**1) Which part of the form should be submitted?**

It depends on the type of KCCP you are applying for.

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| **>Application for KCCP (Group, Region Focus and Long-term)**Official application and Parts A and B including Medical History must be submitted.**>>Application for KCCP (Country Focus) including KCCP for Counterpart and KCCP related to ODA Loan**Official Application and Part B including Medical History will be submitted. Part A needs not to be submitted. |

**2) How many parts does the Application Form consist of?**

The Application Form consists of three parts as follows;

|  |
| --- |
| **Official Application**This part is to be confirmed and signed by the head of the relevant department/division of the organization which is applying. **Part A. Information on the Applying Organization**This part is to be confirmed by the head of the relevant department/division of the organization which is applying.**Part B. Information About the Nominee including Medical History**This part is to be completed by the person who is nominated by the organization applying.The applicants for KCCP (Group, Region Focus and Long-term) 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 on the Form. |

Please refer to the General Information to find out which type KCCP that your organization applies for belongs to.

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| **2. 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 KCCP 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.

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| **3. 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.

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| **4. Copyright policy** |

Participants of 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 KCCP, participants shall comply with the purposes and scopes approved by each copyright holder.

|  |
| --- |
| **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 (Appendix-3)  | 　 | 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 | 2 ID photos (4cm × 3cm) pasted on application form (Original and copy) | 　 | Is the applicant's photo attached on the Application form? |

**Appendix-2**

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

**Appendix-3**

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

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| **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)

|  |
| --- |
|  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J** | **0** |  | **-** |  |  |  |  |  |

**3. Country Name:**

|  |
| --- |
|  |

**4. Name of Applying Organization:**

|  |
| --- |
|  |

**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: |  | Official Stamp |
| Designation / Position |  |
| 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.**

|  |
| --- |
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| --- |
| **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)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J** | **0** |  | **-** |  |  |  |  |  |

**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**

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

|  |
| --- |
|  |

**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)**

|  |
| --- |
|  |

**4. Career Record**

**1) Job Record (After graduation)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | City/Country | Period | Position or Title | Brief Job Description |
| FromMonth/Year | ToMonth/Year |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | City/Country | Period | Degree obtained | Major |
| FromMonth/Year | ToMonth/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 |
| FromMonth/Year | ToMonth/Year |
|  |  |  |  |  |
|  |  |  |  |  |
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**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)**

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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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**\*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 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 |

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| **Application Form for** **SDGs Global Leadership Program for FY 2021** |

**Appendix-4**

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 | 　 |

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\*If you wish to apply for a PhD, please make sure to fill in "Supervisor of choice". In case of Master's program, please fill in if you have a desired supervisor.

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