

This guideline explains how to apply for the Knowledge Co-Creation Program (KCCP) (Young Leaders) 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.

Forms to be submitted
Form1. Application Form
Form2. Questionnaire on Medical Status and Restrictions
Form3. Contact Person at Your Organization for Post-program Survey about KCCP for Young Leaders
Form4. Terms and Conditions, and Declaration

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 and 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 1, 2, 4	
3. Your Photo	Form 1	
4. Attach a copy of passport (Machine Readable Zone) * Applicants from Latin American and the Caribbean Countries, please refer to the note below.	-	
5. Attach the required document(s) as instructed in the GI	-	

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.

Application Form for the JICA Knowledge Co-Creation Program (Young Leaders):

※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
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)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Passport/Visa

Passport possession	() Yes	() No	Expiry date of passport	Date	Month	Year
USA visa possession*	() Yes	() No				

*Applicants from Latin America and the Caribbean only.

6) Contact Information

Private	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Office	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Emergency Contact	Name:	
	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	<input type="checkbox"/> National Government <input type="checkbox"/> Local Government <input type="checkbox"/> Public Enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (Non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other : _____	
Number of employees		
Home Page Address		

【Questionnaire on Relationship with the Military】

*If your organization and/or your status is related to the Military, please mark with YES below in the () which best describes the relationship. If not, please mark NO in the () below.

(YES / NO) the Military, an active military personnel or a military personnel listed in the muster roll/military register
 (YES / NO) 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
 (YES / NO) the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense
 (YES / NO) a civilian organization but with military personnel or a military division within the organization
 (YES / NO) 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

4. Experience and Eligibility
1) Career Background (After graduation and before taking the present position)

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 experiences in JICA's programs)

Institution	City/ Country	Period		Field of Study / Program Title
		From Month/Year	To Month/Year	

4) Experience visiting / living in Japan

<input type="checkbox"/> Yes	<input type="checkbox"/> One month or less	<input type="checkbox"/> More than one month
<input type="checkbox"/> No		

5) Language Proficiency (Self-Assessment)

1) Language to be used in the course (as in the GI)					
Listening	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Language Tests Scores if any (ex. TOEFL, TOEIC, etc.)					
2) Mother Tongue					
3) Other languages ()		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> 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 (to be completed by the Applicant)

- 1) Personal Statement including your Goal:** Describe the reasons for your application and what you intend to achieve in this program.

- 2) Relevant Experience of Applicant:** Describe previous occupational experiences which are highly relevant to the themes of this program.

- 3) Area of Interest and/or your expectation:** Specify your particular interest with reference to the contents of this program.

By Applicant

Date

Name

Signature

(Self-Declaration)

1. Present Medical Status

(a) Have you taken any medicine or had a medical checkup by a physician for any illness such as diabetes, hypertension, asthma, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	Name of illness (), Name of medicine ()
If yes, please attach your doctor's letter (preferably in English) that describes the current status of your illness, and gives agreement to your participation in the program.	

(c) Do you have any allergies to the medicine, food, pollen etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.?
	()

(d) Please indicate any needs arising from disabilities which may require additional support and facilities.

()
Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be inquired directly 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.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	Please specify ()

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	Please specify ()

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	Please specify ()

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes:
	Please specify ()
	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.

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* Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Weeks of pregnancy (weeks)
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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 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
Name
Signature

※ Please notify JICA staff upon any changes in your health condition after submission of the form.



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

In addition, considering the purpose of the survey, we also would like to send the questionnaire to persons other than the Participants such as their supervisor or the person in the human resources department, who can observe changes in Participants' attitude in performing his/her tasks after the program.

We would highly appreciate it if you could give us the name to whom JICA can send the questionnaire(s). Please fill in the following tables. The questionnaire(s) will be directly sent by e-mail to the Applicant and the person given below within 1 year after the program.

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

【Name of Applicant】

Name	
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【Contact Person at Applicant's organization】 (Applicant's supervisor or a person in the human resources department to whom JICA can send the questionnaire after the program)

Name	
Designation / Position	
Department / Division	
E-mail Address	

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 to 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 and JICA's regulations, or the participants commit illegal or immoral conduct, or get critical illness or seriously 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') work (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 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 consequences 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 purposes 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
Signature