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Application Guideline for the JICA Knowledge Co-Creation Program

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

Form	Filled by
Form1. Official Application Form	• To be filled by you and your supervisor* • To be signed by your supervisor • Official stamp of your organization is needed.
Form2. Nomination from the Organization	You and your supervisor *
Form3. Individual Application Form	You
Form4. Questionnaire on Medical Status and Restrictions	You
Form5. Terms and Conditions, and Declaration	You

*Supervisor: the head of the department/division of your organization

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 with 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 3, 4, 5	
3. Signature of your supervisor*	Form 1, 2	
4. Official stamp of your organization	Form 1	
5. Your photo	Form 3	
6. Attach a copy of passport (Machine Readable Zone) *Applicants from Latin American and the Caribbean Countries, please refer to the note below.	-	
7. Attach the required document(s) as instructed in the GI	-	

*Supervisor: the head of the department/division of your organization

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.

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Application form for the JICA Knowledge Co-Creation Program:

Form1. OFFICIAL APPLICATION FORM

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Course Title (as shown in the GI)

2. Course Number (the number as "xxxxxxxxxJxxx "shown in the GI)

3. Course Duration

From ____ to ____ (DD/MM/YYYY)

4. Country

5. Organization

6. Name of the Nominee(s)

1)	3)
2)	4)

7. Confirmation by the organization in charge

Our organization hereby applies for the Knowledge Co-Creation Program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:	Signature:		
Name:			
Title / Position			Official Stamp
Department / Division			
Office Address and Contact Information	Address:		
	Tel:	E-mail:	Fax:

(If necessary) Confirmation by the organization in charge

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
Title / Position		
Department / Division		

Form2. NOMINATION FROM THE ORGANIZATION

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Reason for nominating the Applicant

Please describe the reason(s) why the Applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the Applicant after the KCCP, 4) Future plan of your organization and 5) Others.

2. Expectation and Future Plan of Actions

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems.

By nominator (head of relevant department/division)

Date

Name and
Title/Position

Signature

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Application form for the JICA Knowledge Co-Creation Program:

Form3. INDIVIDUAL APPLICATION FORM

*To be filled by Applicant.

1. Course Title: (as shown in the GI)

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

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	( ) Male		( ) Female	
4) Date of Birth	**Date**	**Month (ex. April)**	**Year**	**Age (as of the date of the form)**

5) Passport/Visa

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

***Applicants from Latin American and the Caribbean Countries 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	( ) National Government ( ) Local Government ( ) Public Enterprise ( ) Private (profit) ( ) NGO/Private (Non-profit) ( ) University ( ) 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 ✓ or X below in the ( ) which best describes the relationship.**

( ) 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

4. Experience and Eligibility

1) Career Background (After graduation and before taking the present position)

*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.

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 experience in JICA's programs)

*Only Applicants for KCCP (Group and Region Focused) are required to fill in this part.

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

4) Language Proficiency (Self-Assessment)

1) Language to be used in the course (as shown in GI)				
Listening	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Writing	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Language Test Scores if any (ex. TOEFL, TOEIC, etc.)				
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.

5. Background and Purpose of Application

1) **Current challenges in the organization in relation to the theme of the KCCP you are applying:** Describe the issues that your organization/department intends to tackle by participating in this program.

2) **Main duties of Applicant:** Describe your main duties and responsibilities in relation to this program.

3) **Relevant Experience of Applicant:** Describe previous occupational experiences that is highly relevant in this program.

4) **Your individual Goal:** Elaborate on your plans to apply the lessons learned from this program to your organization.

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

By Applicant

Date Name and Title/Position Signature

Form4. QUESTIONNAIRE ON MEDICAL STATUS AND RESTRICTION

(Self-Declaration)

1. Present Medical Status

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

[ ] No	[ ] Yes: Name of illness ( ), Name of medicine ( )
	If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.

(b) Do you have any allergies with medicine, food, pollen, etc.?

[ ] No	[ ] Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? ( )

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

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

[ ] No	[ ] Yes: Please specify ( )

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

[ ] No	[ ] Yes: Please specify ( )

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

[ ] No	[ ] Yes: Please specify ( )

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

[ ] No	[ ] Yes: Please specify ( ) Name of medicine taken if any ( )