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

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

**for Long-Term Participants**

**(JICA Development Studies Program)**

|  |
| --- |
| **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)

|  |
| --- |
| Universal Health Coverage Program (Admission April 2024) |

**2. Course Number:** (the number as “xxxxxxxxxJxxx “shown in the GI)[[1]](#footnote-2)

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

**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 there is no Note Verbale/ Letter from the government nominating the applicant**)[[2]](#footnote-3)**

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[[3]](#footnote-4)** | | | | | |

(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.**

|  |
| --- |
|  |

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

(to be completed by the Nominee)

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

Attach the nominee’s photograph (taken within the last six months) here

Size: 4cm x 3cm

|  |
| --- |
|  |

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

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

**3. Information about the Nominee (nos. 1)-9) are all required)**

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

**Family Name**

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

**First Name**

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

**Middle Name**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2) Nationality**  **(as shown in the passport)** |  | | **5) Date of Birth (please write out the month in English as in “April”)** | | | |
| **3) Sex**  **(for visa application)** | ( ) 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) Passport/Visa[[4]](#footnote-5)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.**

【Questionnaire on Relationship with the Military】

**\*If your organization and/or your status is related to the Military, please mark with YES or NO below in the ( ) which best describes the relationship.**

|  |
| --- |
| (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)  an 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 |

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

|  |
| --- |
|  |

**10) 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: |

**11) 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) (required)**

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1.University Information[[5]](#footnote-6)

(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".**

**[IMPORTANT][[6]](#footnote-7) 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[[7]](#footnote-8)

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 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[[8]](#footnote-9)

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

|  |
| --- |
| **MEDICAL HISTORY** |

**(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 ever been a patient in a mental clinic or been treated by a psychiatrist?

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

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

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

**3. Tuberculosis Screening**

(a) Do you have any history of previous TB?

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

(b) Has anyone in your household been diagnosed with TB in the last 2 years?

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

(c) Do you have any history of recent contact with a case of active pulmonary TB(shared the same enclosed airspace or household or other enclosed environments

for a prolonged period for days or weeks)?

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

(d) Do you have any history of or are you currently immune compromised (HIV infected, chronic renal failure, malignant tumors, etc.)? Do you have any history of using immunosuppressant (steroids, anti-cancer drugs, rheumatic drugs, etc.)?

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

(e) Have you (or your household) had any of the following symptoms in the last three months?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  [ ] Cough  [ ] Sputum expectoration  [ ] Hemoptysis  [ ] Night sweats  [ ] Weight loss  [ ] Fever |

**4. Other Conditions/Medical Issues**

Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Weeks of pregnancy ( weeks) |

If you have any medical issues/conditions 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.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

|  |  |
| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |

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

|  |
| --- |
| **Part C: Terms and Conditions[[9]](#footnote-10)** |

|  |
| --- |
| 1. **General Rules** |

The accepted applicants/participants are requested:

1. to understand that participants must physically come to Japan to participate in this program at the date designated by JICA,
2. to be in good health to participate in the program,
3. not to change course subjects or extend the course period,
4. not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants on their own,
5. 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,
6. to submit a Health Certificate in JICA format at the participant’s expense. The certificate must be the results of health check-up at the time the participant applied to the entrance examinations (within 6 months before arrival in Japan),
7. to accept to submit a second Health Certificate in JICA format if the participant will not be able to arrive within 6 months from the date of his/her first medical examination. The cost of the Health Certificate will be borne by JICA only if the delay is not due to the participant’s personal reasons,
8. to return to their home country on the designated flight by JICA, when they finish the program/course or when it is deemed impossible to finish the program within the program period, or when the participant is not successful on the regular course examination,
9. to refund allowances or other benefits paid by JICA in the case of a change in schedule,
10. to understand that inviting participant’s family members is not recommended before their stay in Japan has passed more than 6 months,
11. 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,
12. 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),
13. to observe the rules and regulations at the place of the participants’ accommodation,
14. not to engage in political activities, or any form of employment for profit,
15. not to drive a car or motorbike, regardless of an international driving license possessed,
16. to discontinue the program, should the participant violate Japanese laws or JICA’s regulations, or commit illegal or immoral conduct, or become critically ill or seriously injured 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 expenses described in the table of “11. Expenses To be borne by JICA,”
17. to return the total amount or a part of the expenditure for KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,
18. not to be receiving nor plan to receive another scholarship during the program,
19. to understand not to make other applications for different JICA KCCP (long-term) 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, and
21. to enroll and complete JICA-DSP online courses, when you receive JICA’s instructions to do so.

|  |
| --- |
| **2. Privacy Policy** |

The accepted applicants/participants 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, supervising and follow-up of JICA’s KCCP (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.

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.

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.

(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.

(a) In the case of contractedparties 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 parties to take safety management measures and manage it appropriately and will confirm the implementation status.

(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.

(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.

|  |
| --- |
| ※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 scope approved by each copyright holder.

If the participants apply to KCCP, the participants shall also comply with terms of use of copyrighted works 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)

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).

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

1. 研修員決定決裁後にKCCPシステムでの研修コース登録を行う場合は記載不要。 [↑](#footnote-ref-2)
2. 署名又は代替書類は必須であり、いずれも無い場合、研修員の受入、来日手続きが不可となるため留意すること。 [↑](#footnote-ref-3)
3. 研修コース特性に応じ任意記載 [↑](#footnote-ref-4)
4. 有効なパスポートは「受入回答」（遅くとも来日日１か月前）での必要書類であるため留意すること。 [↑](#footnote-ref-5)
5. 研修コース特性に応じ任意記載 [↑](#footnote-ref-6)
6. 受入大学に候補者情報を提供する研修コースにおいては記載必須。 [↑](#footnote-ref-7)
7. 研修コース特性に応じ任意記載。 [↑](#footnote-ref-8)
8. 研修コース特性に応じ任意記載。 [↑](#footnote-ref-9)
9. 記載必須（「DECLARATION」欄含む） [↑](#footnote-ref-10)