

**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	<ul style="list-style-type: none"> • 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
㊦. Fill in all items in typewritten	All the forms	
㊧. Your signature	Form 3, 4, 5	
㊨. Signature of your supervisor*	Form 1, 2	
㊩. Official stamp of your organization	Form 1	
㊰. Your photo	Form 3	
㊱. Attach a copy of passport (Machine Readable Zone) *Applicants from Latin American and the Caribbean Countries, please refer to the note below.	-	
㊲. 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.

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)

Early Childhood Care and Education with Regional Focus on Africa and the Middle East

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

202002960J001

3. Course Duration

From 15/11/2021 to 10/12/2021 (DD/MM/YYYY)

4. Country

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5. Organization

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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:			
Title / Position		Official Stamp	
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

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 ✓ or X below in the () which best describes the relationship.**

<input type="checkbox"/> the Military, an active military personnel or a military personnel listed in the muster roll/military register <input type="checkbox"/> 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 <input type="checkbox"/> the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense <input type="checkbox"/> an civilian organization but with military personnel or a military division within the organization <input type="checkbox"/> 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
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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.

◦) **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.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Name of illness (_____), Name of medicine (_____) <i>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.</i>
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(b) Do you have any allergies with 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.? (_____)
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(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

<input type="checkbox"/> No	<input type="checkbox"/> Yes: (_____) <i>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.</i>
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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 (_____)
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(b) Have you or/and your family members had tuberculosis?

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

Form5. TERMS AND CONDITIONS

1. General Rules

The participants are requested:

- (1) to strictly observe the course 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 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 to a third party that can be used to identify individuals, with the following three exceptions:

- (a) legally mandated disclosure requests;
- (b) the information provider grants permission for information disclosure to a third party;
- (c) JICA commissions a party to process information collected, in which case the information provided will be within the scope of the commissioned tasks.

(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 divulgence, 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 online KCCP, the participants shall also comply with terms of use of copyrighted works for the online 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 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.
3. 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 “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