Appendix-2

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

# Application Form for the JICA Knowledge Co-Creation Program OFFICIAL APPLICATION

(to be confirmed and signed by the head of the relevant department / division of the applying organization)

			the applying (	organization)
1. Title: (Please write	down as shown in t	he General Information)		
		n in the General Information)		
J 0 -	The down as shown	Till the General Information)		
2.0				
3. Country Name:				
4. Name of Applying	organization:			
5. Name of the Nom	inee(s)·			
1)		0)		
2)		3)		
,		4)		
Our organization here	by applies for to			
Cooperation Agency as	by applies for Ki	nowledge Co-Creation p	rogram (KCCP) of	the Japan Internationa
, and ignity an	id proposes to dis	patch qualified nominees	to participate in the	programs.
Date:		Signature:		
Name:				
Designation / Position				
Department / Division				
	Address:			Official Stamp
Office Address and	riduress.			
Contact Information	Telephone:	Fax:	E-mail:	
Confirmation by the c	organization in a	harge (if necessary)		
have examined the d	Ocuments in this	form and formation		
erson(s) on behalf of o	Ur government	form and found them to	rue. Accordingly I a	gree to nominate this
	s. government.			
ate:		Signature:		
ame:				Official Stamp
				Onicial 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	on and the Department / Division:
D	
. Purpose of Application	
nowledge Co-Creation Program	reasons for your organization claiming the need to participate i (KCCP), with reference to issues or problems to be addressed.
Objective: Describe what your o	rganization intends to achieve by participating in KCCP.
	by paracipating in ACCP.

3) Future Plan achievements, in	of Actions: Describ addressing the said	oe how your o issues or proble	rganization shams.	all make us	e of the	expected
					alastad fo	or the said
	the Nominee: Desci ng to the following vi te after the KCCP, 4) F				ity /Positio	n, 3) Plans
lor the same						

## 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. T	itle:	(Please	e write	down	as sho	wn in	the G	ene	ral Info	rma	tion) (r	equir	ed)			Attach t	he
0.11											10	2.0				nominee' photogra	100
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J	0		-													within t	ne
1) Na	ame	nation of No Name	minee	ut the	Nom	inee pass	(nos port)	. 1-	9 are	all	requi	red)					
Fir	st Na	ame															
Mi	ddle	Name	)														
		Section 15															
	tiona						5) Date of Birth (p			Birth (pleas	se write out	the mon					
	6-2-2 To 1.5-1.	in the	passp	ort)						447544 ASS	in English as in "April")						
3) Sez					( )	) Male	Male ( ) Female				Date Month		Year	Age			
l) Rel	igion																
s) Pre	esen	t Posi	ition a	nd C	urrent	t Duti	es										
Organ	izatio	n															
Donor	tmant	/ Div.:-															
Эсраі		/ Divis	51011									Y.L.					
Preser	nt Pos	sition															
Date of	emple	yment	by the	Di	ate	Mo	onth	T	Year		l				5.	T	
		ization	-					+	Tear		Date of assignme the present position				Date	Month	Year
							-				the pre	esent p	positior	1			
) Typ	e of	Orga	nizatio	on													
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		(profit)				_	( ) NOO(7)					rprise					
) Ot		/					)	<i></i>	ivale (	14011	-pront)			( )(	Jniversity		-

)

) Outline of dut	ies: Describe y	our current	duties							
N Comtact Infor	mation									
) Contact Infor	Address:									
Office	TEL:		N	Nobile (Cell Phone):						
Jilioe	FAX:			E-mail:	75 x42 x					
	Address:									
Homo	TEL:			Mobile (Cell Phone):						
Home	FAX:			E-mail:						
	Name:									
	Relationship to you:									
Contact person	Address:									
	TEL:			Mobile (Cell Phone):						
	FAX:			E-mail:						
10) Others (if	necessary)									
4. Career Rec										
1) Job Record	(After graduat	ion)	-:d							
Organization	City/	From	riod To	Position or Title	Brief Job Description					
	Country	Month/Year	Month/Yea							
1										
			1							

2) Educational Record (Higher Education) (required)

Institution	City/	Period			
mattution	Country	From Month/Year	To Month/Year	Degree obtained	Major
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	7			9	

3) Training or Study in Foreign Countries; please write your past visits to Japan specifically as much as possible, if any.

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

5. Language Proficiency (required)

1) Language to be used in the progra	am (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
_			. ,	( ) 1001

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.

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.

Expectation	on the applied KCCP
Demonal Gos	al: Describe what you intend to achieve in the applied KCCP in relation to the organizational
rpose describ	ned in Part A-2.
	Linkly relovant in the themes of
Relevant Exp	perience: Describe your previous vocational experiences which are highly relevant in the themes of
e applied KC	CP. (required)
3) Area of Inte (required)	rest: Describe your subject of particular interest with reference to the contents of the applied KCCP.
I certify that th	ion (to be signed by the Nominee) (required) le statements I have made in this form are true and correct to the best of my knowledge. In the program, I agree:
(b) to carry or	g or invite any member of my family (except for a program whose period is one year or more), ut such instructions and abide by such conditions as may be stipulated by both the nominating government such as the program, or establishment that implements said program,
	and abide by the rules of the institution of establishment
(d) to refrain f (e) to return to (f) to disconting	from engaging in political activity or any form of employment the designated flight schedule arranged by JICA, o my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA, nue the program if JICA and the applying organization agree on any reason for such discontinuation and not
(d) to refrain f (e) to return to (f) to disconting claim any co (g) to conserve	from engaging in political activity or any form of employment by product flight schedule arranged by JICA, or my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA, or my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA and the applying organization agree on any reason for such discontinuation and not cost or damage due to the said discontinuation.  In the waive any copyright holder's rights for documents or products produced during the project, again the project translation by JICA, as long as they are used for the purposes of the program.
(d) to refrain f (e) to return to (f) to disconting claim any common general to conserve the conserve to conserve the cons	from engaging in political activity or any form of employment the designated flight schedule arranged by JICA, o my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA, nue the program if JICA and the applying organization agree on any reason for such discontinuation and not

protection measures to prevent divulgation, loss or damages of such personal information.

■ 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

JICA's Information Security Policy in relation to Personal Information Protection

- 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

	lil Ctatus					
1. Present Med	icai Siaius Incai Siaius	v medicine or have	regular medi	cal checkup by a physi	ician for your illness	?
	1 Van Nom	o of illness (		), Name of medicine (		
[ ] No [	1 1es. Nam	attach vour doctor's	letter (prefer	ably, written in English)	that describes curr	ent
	yes, please	illness and agreem	ent to join the	program.		
		IIII ess and agreem	····			
(b) Are you pr	1 Vos: Mon	ths of pregnancy (	mo	nths)		
				•	X3	
	1 \/ \A/ha	medication or food t are you allergic to	.2 (		)	
[ ] No   [	j ves. vvna	needs arising from	n disabilities	that might necessitate	e additional suppo	rt or
	ndicate any	needs ansing nor	ii aloabiii.			
facilities.					)	- N 1
(	to a set load	to exclusion of persor	ns with disability	from the program. However,	ver, upon the situation,	you
Note: Disability	does not lead	UCA official in charge	e for a more det	ailed account of your cond	ition.	
		JICA Official III charge	7101 4 111010			
2. Past Medic	al History	rnificant or serious	illness?		-	
		gnificant or serious			)	
[ ] No   [	] Yes: Pie	ase specify (	al clinic or bee	en treated by a psychia	trist?	
			di Cili ilo Oi Doc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	)	
[ ] No   [		ase specify (				
3. Other Med	ical Problem	iS	ot described a	above, please indicate	below.	
If you have a	ny medical p	roblems that are no	of described c	, p		
		L bassa inatruotios	ne and answe	red all questions truthf	ully and completely	to the
		ne above instruction	iis and answe	ica an quoenere a	•	
best of my kr	nowledge.	u to a disal condit	ione resulting	from an undisclosed p	re-existing condition	n may
I understand	and accept	that medical condit	l may recult in	termination of the pro	gram.	
not be financ	cially compe	isated by JICA and	i may result ii	termination of the pro		
		ianaturo				
Date	١٥	ignature				
	F	rint Name				

Appendix-3

## Application Form for SDGs Global Leadership Program for FY 2019

## 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 <u>up to three universities</u>.

Name of University and Graduate School	
Program and Degree	
Supervisor	Name of Professor *****  Phone number *****  E-mail address*****
Field of Study	
	-Example-
	<researcher></researcher>
	Applications available :
	Deadline for submission:
	Announcement of the Result :
	Start of Program :
Admission Information	
	<official (master's="" )="" doctoral="" or="" program=""></official>
	Applications available :
	Deadline for submission :
	Entrance Examination :
	Announcement of the Result :
	Start of Program :

#### 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.

(a) TITLE of your Master's or Doctor's thesis

#### (b) 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

#### (c) 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 <u>your idea /plan</u> to utilize your knowledge, skills and experiences that you obtained in Japan after returning to your home country <u>in 400-500 words</u>.

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