Japan International Cooperation Agency

EJEMPLO

Guía de aplicación para el Programa de Co-Creación de Conocimiento de JICA

Esta guía explica cómo aplicar al programa de Co-Creación de Conocimiento (KCCP) de la Agencia de Cooperación Internacional de Japón (JICA) bajo el Programa Oficial de Asistencia para el Desarrollo del Gobierno de Japón.
Complete los formularios de solicitud de acuerdo con las pautas. Para obtener información adicional, consulte con la Oficina de JICA o, en su defecto, con la Embajada de Japón en su país.

Form	Filled by
Formulario 1. Formulario Oficial de Solicitud	・ Llenado por usted y su autoridad* ・ Firmado por su autoridad ・ Se necesita el sello oficial de su organización.
Formulario 2. Nominación de la Organización	Candidato y autoridad *
Formulario 3. Formulario de solicitud individual	Candidato
Formulario 4. Cuestionario sobre Estado Médico y Restricciones	Candidato
Formulario 5. Términos, Condiciones y Declaración	Candidato

*Autoridad: Director, jefe del departamento/división de su organización.

Por favor tenga en cuenta:

(a) Leer atentamente la Información General (GI) del KCCP,
(b) Completar el formulario únicamente en computadora
(c) Completar el formulario en inglés,
(d) Usar “√” o “x” para marcar las ( ) opciones,
(e) Adjuntar fotografía,
(f) Preparar los documentos descritos en el GI y/o consultar con el encargado de JICA y adjuntar estos documentos a los Formularios de Solicitud.

Al enviar los formularios de solicitud y los documentos adjuntos, asegúrese de:

(a) Preparar una copia de su pasaporte,
(b) Confirmar el procedimiento de solicitud estipulado por su gobierno,
(c) Presentar los Formularios de solicitud originales con todos los documentos necesarios a la organización responsable de su gobierno de acuerdo con su procedimiento de solicitud, y
(d) La participación puede ser denegada, si no proporciona toda la información y los documentos requeridos en forma completa y oportuna.

LISTA DE COMPROBACIÓN antes del envío:

Items	Form No.	Check
1. Complete todos los elementos escritos a maquina	Todos los formularios	
2. Su firma	Form 3, 4, 5	
3. Firma de su autoridad*	Form 1, 2	
4. Sello oficial de su organización	Form 1	
5. Su fotografía	Form 3	
6. Adjunte una copia de pasaporte (del área de información) *Solicitantes de países de América Latina y el Caribe, consulte la nota a continuación.	-	
7. Attach the required document(s) as instructed in the GI	-	

*Autoridad: Director, jefe del departamento/división de su organización.

Nota para solicitantes de países de América Latina y el Caribe:

(1) Si es de cualquiera de los países que se enumeran a continuación y tiene un pasaporte con una visa estadounidense válida, adjunte una copia de las páginas de identificación en el interior de la portada de su pasaporte (es decir, las dos páginas que incluyen su fotografía y pasaporte detallado). información), y la página de la visa estadounidense:

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) Si es de cualquiera de los países que se enumeran a continuación y tiene un pasaporte sin una visa estadounidense válida, adjunte una copia de las páginas de identificación en el interior de la portada de su pasaporte (es decir, las dos páginas que incluyen su fotografía y su pasaporte detallado). información).

Belize, Costa Rica, El Salvador, Honduras, Jamaica, Marshall, Micronesia, Nicaragua, Palau, Panama, Paraguay, Trinidad and Tobago, and Uruguay.

NOTA: Llenar todos los espacios necesarios y brindar información detallada, principalmente colocar coreos electrónicos de las autoridades para informar el resultado del proceso de selección.

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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)

NOMBRE DEL CURSO TAL COMO APARECE EN EL GI

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

EL NÚMERO APARECE EN LA PORTADA DE GI

3. Course Duration

From ____ to ____ (DD/MM/YYYY)

4. Country

GUATEMALA

5. Organization

NOMBRE DE LA INSTITUCIÓN QUE LO PROPONE

6. Name of the Nominee(s)

1)	3)
2)	4)

7. Confirmación de la institución a cargo:

Por la presente, nuestra organización solicita el Programa de Co-Creación de Conocimiento de la Agencia de Cooperación Internacional de Japón y propone enviar candidatos calificados para participar en los programas.

Date:		Signature:		
Name:	INFORMACIÓN DE LA MAXIMA AUTORIDAD DE LA INSTITUCIÓN			
Title / Position				Official Stamp
Department / Division				
Office Address and Contact Information	Address:			
	Tel:	E-mail:	Fax:	

Confirmación por parte de la organización a cargo

He examinado los documentos en este formulario y los encontré verdaderos. En consecuencia, acepto nominar a esta(s) persona(s) en nombre de nuestro gobierno.

Date:		Signature:	
Name:	INFORMACIÓN DEL DIRECTOR Y/O JEFE DEL ÁREA Y/O DEL DEPARTAMENTO.		Official Stamp
Title / Position	ES NECESARIO COMPLETAR ESTÁ SECCIÓN.		

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Department / Division	NO SERÁ ACEPTADO A MENOS QUE ESTÉ COMPLETO.	

Application form for the JICA Knowledge Co-Creation Program

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.

1. Razón para nominar a la Solicitante

Describa los motivos por los que se seleccionó al Solicitante, haciendo referencia a los siguientes puntos; 1) Requisito del programa, 2) Capacidad/Puesto, 3) Plan futuro a realizar por el Solicitante después del KCCP, 4) Plan futuro de su organización y 5) Otros.

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.

2. Expectativa y Plan de Acción Futuro

Describa cómo su organización hará uso de los logros esperados del Solicitante después del programa, al abordar dichas cuestiones o problemas.

By nominator (head of relevant department/division)

Date	FIRMA DE LA AUTORIDAD DE LA INSTITUCIÓN
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.

Attach here your photo

(taken within the last six months)

Size: 4.5x3.5cm

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

NOMBRE DEL CURSO COMO APARECE EN GI

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

EL NUMERO DEL CURSO APARECE EN LA PORTADA DE 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

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4. Experience and Eligibility

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

Antecedentes profesionales (después de la graduación y antes de tomar el puesto actual)

*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.

Desafíos actuales de la institución en relación con el tema del KCCP que está solicitando: describa los problemas que su institución/departamento pretende abordar con su participación en este programa.

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

Actividades principales del solicitante: Describa sus funciones y responsabilidades principales de su trabajo en relación con este programa.

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

Experiencia Relevante del Solicitante: Describa las experiencias laborales previas que sean altamente relevantes o vinculadas a este programa.

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

Meta individual: Elabore sus planes para aplicar las lecciones aprendidas durante este programa dentro de su institución.

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

Área de Interés y/o su expectativa: Especifique su interés particular con referencia a los contenidos de este programa.

By Applicant

Date	Firma del participante (colocar el cargo dentro de la institución)
Name and Title/Position	
Signature	

Form4. QUESTIONNAIRE ON MEDICAL STATUS AND RESTRICTION

(Self-Declaration)

Este documento se refiere sobre aquellos aspectos de salud del participante que es importante darlos a conocer

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.? (a) ¿Ha tomado algún medicamento o se ha realizado un chequeo médico por su enfermedad como diabetes, hipertensión, asma, 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. En caso afirmativo, adjunte la carta de su médico (preferiblemente, escrita en inglés) que describa el estado actual de su enfermedad y acepte su participación en el programa.

(b) Do you have any allergies with medicine, food, pollen, etc.? ¿Tiene alguna alergia a medicamentos, alimentos, polen, etc.?

[ ] No	[ ] Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? A qué eres alérgico? ¿Qué tipo de síntomas alérgicos tiene, como picazón, sarpullido, urticaria, etc.? ( )

(c) Please indicate any needs arising from disabilities that may require additional support or facilities. Indique cualquier necesidad derivada de discapacidades que puedan requerir apoyo o instalaciones adicionales.

( )
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.
Nota: La discapacidad no dará lugar a la exclusión del Solicitante del programa. Sin embargo, el Solicitante podrá ser consultado directamente por el funcionario de JICA a cargo para obtener un relato más detallado de su condición.

2. Medical History

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.? ¿Ha tenido alguna enfermedad como enfermedad cardíaca, hepática, renal, etc.?

[ ] No	[ ] Yes: Please specify ( )

(b) Have you or/and your family members had tuberculosis? ¿Usted o sus familiares han tenido tuberculosis?

[ ] No	[ ] Yes: Please specify ( )

(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist? Alguna vez ha sido paciente en una clínica psiquiátrica o ha sido tratado por un psiquiatra?

[ ] No	[ ] Yes:

	Please specify ( )

(d) Have you ever had any sleeping, eating or other disorders? ¿Alguna vez ha tenido algún trastorno del sueño, de la alimentación u otros trastornos?

[ ] No	[ ] 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. Si tiene algún problema o afección médica que no se describe anteriormente, indíquelo a continuación.

Deterioro

* Are you pregnant? * ¿Estás embarazada?

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

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.

Certifico que he leído las instrucciones anteriores y respondido todas las preguntas de manera sincera y completa según mi leal saber y entender.

Entiendo y acepto que las condiciones médicas resultantes de una condición preexistente no divulgada pueden no ser compensadas financieramente por JICA y pueden resultar en la terminación del programa.

Entiendo y acepto que este cuestionario será revisado para mi atención médica por las personas que participan en el programa durante mi estadía en Japón.

By Applicant

Date	FIRMA DEL PARTCIPANTE (LLENAR TODOS LOS CAMPOS SOLICITADOS)
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) 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 of 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) not to quit the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious 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 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 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 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 "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	FIRMA DEL PARTICIPANTE (LLENAR TODOS LOS CAMPOS SOLICITADOS)
Name and Title/Position	
Signature	