

## Application Form for the JICA Training and Dialogue Program

### OFFICIAL APPLICATION

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

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

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**2. Number:** (Please write down as shown in the General Information)

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**3. Country Name:**

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**4. Name of Applying Organization:**

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**5. Name of the Nominee(s):**

1)	3)
2)	4)

Our organization hereby applies for the training and dialogue program 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:

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**Confirmation by the organization in charge (if necessary)**

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:			
Designation / Position			Official Stamp
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 and the Department / Division:

### 2. Purpose of Application

1) Current Issues: Describe the reasons for your organization claiming the need to participate in the training and dialogue program, with reference to issues or problems to be addressed.

2) Objective: Describe what your organization intends to achieve by participating in the training and dialogue program.



**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 training and dialogue program, 4) Plan of organization and 5) Others.**

## Part B: Information about the Nominee

(to be completed by the Nominee)

NOTE>>>The applicants for Group and Region Focused Training Program are required to fill in "Every Item". As for the applications for Country Focused Training Program including Counterpart Training Program and some specified International Dialogue Programs, it is required to fill in the designated "required" items as is shown below.

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

**2. Number:** (Please write down as shown in the General Information) **(required)**

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**Attach the nominee's photograph (taken within the last three months) here**  
Size: 4x6  
(Attach to the documents to be submitted.)

**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**

<b>2) Nationality (as shown in the passport)</b>		<b>5) Date of Birth (please write out the month in English as in "April")</b>				
<b>3) Sex</b>	( ) Male	( ) Female	<b>Date</b>	<b>Month</b>	<b>Year</b>	<b>Age</b>
<b>4) Religion</b>						

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

**9) 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:

**10) Others (if necessary)**

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**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

<sup>1</sup> 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.

<sup>1</sup> Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.

<sup>1</sup> Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.

<sup>1</sup> Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

## 6. Expectation on the applied training and dialogue program

1) **Personal Goal:** Describe what you intend to achieve in the applied training and dialogue program in relation to the organizational purpose described in Part A-2.

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2) **Relevant Experience:** Describe your previous vocational experiences which are highly relevant in the themes of the applied training and dialogue program. (required)

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

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### \*7. Declaration (to be signed by the Nominee) (required)

I certify that the statements I made in this form are true and correct to the best of my knowledge.

If accepted for the program, I agree:

- (a) not to bring or invite any member of my family (except for the program whose period is one year or more),
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- (f) to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
- (g) to consent to waive exercise of my copyright holder's rights for documents or products that are produced during the course of the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.

Date:	Signature:
	Print Name:

## MEDICAL HISTORY AND EXAMINATION

### 1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication ( _____ ), Quantity ( _____ )
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(b) Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes ( _____ months )
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> ( _____ ) Medication	<input type="checkbox"/> Food	<input type="checkbox"/> Other:
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( _____ )
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*Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.*

### 2. Medical History

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness ( _____ ), Place & dates ( _____ )
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )

(b) Have you ever been a patient in a mental hospital or been treated by a psychiatrist?

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness ( _____ ), Place & dates ( _____ )
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )

(c) High blood pressure

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ ) mm/Hg to ( _____ ) mm/Hg

(d) Diabetes (sugar in the urine)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )	
	Are you taking any medicine or insulin?		<input type="checkbox"/> No

(e) Past History: What illness(es) have you had previously?

<input type="checkbox"/> Stomach and Intestinal Disorder	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid Problem	
<input type="checkbox"/> Infectious Disease >>> Specify name of illness ( _____ )			
<input type="checkbox"/> Other >>> Specify ( _____ )			

(e') Has this disease been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify name of illness)
Present Condition: ( _____ )	

### 3. Other: Any restrictions on food and behavior due to health or religious reasons?

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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.

Date:	Signature:
	Print Name: