



## COOPERACIÓN TÉCNICA DEL GOBIERNO DE JAPÓN

## BECAS DE CAPACITACIÓN - JICA

## (Interviene APCI)

#### PASOS A SEGUIR PARA POSTULAR A CURSO JICA

- I. Llenar la Ficha de Inscripción y enviarla a JICA antes del "Plazo Límite APCI" al e-mail: pe oso rep@jica.go.jp ó vía fax: (511) 221-2407.
- II. Entregar su Expediente de Beca a APCI antes de la fecha Límite conteniendo lo siguiente:

	Documento	Comentario
1)	Formularios APCI	(Solicitar modelos)
		<ul> <li>Carta de presentación dirigida al Embajador         <ul> <li>(r) Jorge Pablo Voto-Bernales Gatica</li> </ul> </li> <li>Carta de No objección dirigida al Embajador         <ul> <li>(r) Jorge Pablo Voto-Bernales Gatica</li> <li>Carta de No objección dirigida a Sr.</li> <li>Masayuki Eguchi,</li> </ul> </li> <li>Compromiso de Retorno,</li> <li>Declaración Jurada de no Antecedentes penales)</li> </ul>
1)	Nuevo Formato de Aplicación	Original con foto original.(sólo un juego)
2)	Country Report, Job Report y/o Cuestionario	Según lo requiera el curso (original).
3)	Certificado ALIGU, TOEFL (o equivalente)	(Original, sólo si el curso se desarrolla en inglés)
4)	Ficha de Inscripción	(Firmado por el Candidato)
5)	DNI	(Copia simple)
6)	Pasaporte Vigente	(Copia simple)
7)	Breve Curriculum Vitae	(no documentado de no más de 2 páginas).
8)	Copia simple de Grado Universitario o Equivalente	(Copia simple).
9)	Certificado de Salud emitido en el formato del Colegio	(Original).



## CONFIDENTIAL

	Médico	
10)	Certificado de Antecedentes Policiales simple	(Original) Necesario y obligatorio, aparte de la
		'Declaración Jurada de No Antecedentes'
		(Documento No 8)

Nota: APCI es la única institución encargada de hacer llegar su expediente a JICA- Perú para su postulación a la Beca. (NO se recibe expedientes en JICA).

La dirección de APCI es Av. Pardo 261 Miraflores. Horario de Atención : De 8:30am a 5pm. Para cualquier consulta duda ó información adicional, favor comunicarse con JICA PERU Telf: 221-2433 / 221-2434/ 221-2435 ó al mail pe oso rep@jica.go.jp





# Guidelines of Application Form for the JICA Knowledge Co-Creation Program

I karandarangan kalaman darangan marangan kanangan kanangan kanangan parangan kanangan sa Jawan kalaman darang

The attached form is to be used to apply for the Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency (JICA), which are implemented as part of the Official Development Assistance Program of the Government of Japan. Please complete the application form while referring to the following and consult with the respective country's JICA Office - or the Embassy of Japan if the former is not available - in your country for further information.

#### 1. Parts of Application Form to be completed

#### 1) Which part of the form should be submitted?

It depends on the type of KCCP you are applying for.

#### >Application for KCCP (Group and Region Focus)

Official application and Parts A and B including Medical History must be submitted.

## >>Application for KCCP (Country Focus) including KCCP for Counterpart and KCCP related to ODA Loan

Official Application and Part B including Medical History will be submitted. Part A needs not to be submitted.

#### 2) How many parts does the Application Form consist of?

The Application Form consists of three parts as follows;

#### Official Application

This part is to be confirmed and signed by the head of the relevant department/division of the organization which is applying.

#### Part A. Information on the Applying Organization

This part is to be confirmed by the head of the relevant department/division of the organization which is applying.

#### Part B. Information About the Nominee including Medical History

This part is to be completed by the person who is nominated by the organization applying. The applicants for 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 on the Form.

Please refer to the General Information to find out which type KCCP that your organization applies for belongs to.

#### 2. How to complete the Application Form

In completing the application form, please be advised to:

- (a) carefully read the General Information (GI) for which you intend to apply, and confirm if the objectives and contents are relevant to yours,
- (b) be sure to write in the title name of KCCP accurately according to the GI, which you intend to apply,





(c) use a typewriter/personal computer in completing the form or write in block letters,

anninin-länis Engenninin massaks saladammanning Ebokaraning in saladan 14 - saladan

- (d) fill in the form in English,
- (e) use Øor "x" to fill in the ( ) check boxes,
- (f) attach a picture of the Nominee,
- (g) attach additional page(s) if there is insufficient space on the form,
- (h) prepare the necessary document(s) described in the General Information (GI), and attach it (them) to the form,
- (i) confirm the application procedure stipulated by your government, and
- (j) submit the original application form with the necessary document(s) to the responsible organization of your government according to the application procedure.

Any information that is acquired through the activities of the Japan International Cooperation Agency (JICA), such as the nominee's name, educational record, and medical history, shall be properly handled in view of the importance of safeguarding personal information.

#### 3. Privacy Policy

#### 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 that can be used to identify individuals to any third party, with the following three exceptions:

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

#### 3) Security Notice

JICA takes measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

#### 4. Copyright policy

Participants of KCCP are requested to comply with the following copyright policy;

Article 1. Compliance matters with participants' drafting of documents (various reports, action plans, etc.) and presentations (report meetings, lectures, speeches, etc.)

- 1. Any contents of the documents and presentations shall be created by themselves in principle.
- 2. Comply with the following matters, if you, over the limit of quotation, have to use a third person's work (reproduction, photograph, illustration, map, figure, etc.) that is protected



## CONFIDENTIAL

under laws or regulations in your country or copyright-related multinational agreements or the like:

- (1) Obtain license to use the work on your own responsibility. In this case, the scope of the license shall meet the provisions of Article 2.
- (2) Secure evidential material that proves the grants of the license and specifies the scope of the license.
- (3) Consult with the third party and perform the payment procedure on your own responsibility regarding negotiations with a third person about the consideration for granting the license and the procedure for paying the consideration.

#### Article 2. Details of use of works used for KCCP

- (1) The copyright on a work that a participant prepares for KCCP shall belong to the participant. The copyright on the parts where a third party's work is used shall belong to the third party.
- (2) When using texts, supplementary educational materials and other materials distributed for KCCP, participants shall comply with the purposes and scopes approved by each copyright holder.



CONFIDENTIAL

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)

1. Title: (Please write do	own as shown in the	General Information)			
J 0 -	te down as shown i	n the General Information	)		
3. Country Name:			***************************************		
4. Name of Applying	Organization:		***************************************		
			***************************************		
5. Name of the Nomi	nee(s):				
1)		3)			
2)		4)			
Date:		Signature:			
Name:					
Designation / Position					
Department / Division		Official Stamp			
Office Address and	Address:	Address:			
Contact Information	Telephone:	Fax:	E-mai	ail:	
Confirmation by the of I have examined the of nominate this person(s)	documents in this	s form and found the		lingly I agree to	
Date:		Signature:			
Name:					
Designation / Position		THE STATE OF THE S		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 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.
-



Japan International Cooperation Agency

CONFIDENTIAL

9) Contact Informatio	ation	nform	Contact	9)
-----------------------	-------	-------	---------	----

	Address:					
Office	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				
	Address:					
Home	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				
011	Name: Relationship to you:					
Contact person in emergency	Address:					
in emergency	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				

and the control of th

10) Others (if necessary)	

#### 4. Career Record

#### 1) Job Record (After graduation)

	City	Pe	riod	Position or Title	Brief Job Description
Organization	City/ Country	From Month/Year	To Month/Year		
		***************************************	***************************************		

#### 2) Educational Record (Higher Education) (required)

Cityl	Pe	riod		
Country	From Month/Year	To Month/Year	Degree obtained	Major
			4	
<del> </del>				
	City/ Country	City/	City/ Country From To Month/Year Month/Year	('tty//





#### Part B: Information about the Nominee

continuos and statement and a continuos continuos and the continuos and continuos and continuos and continuos

(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.

	WII 45 5	HOWIT III LITE	General	Informatio	n) (req	(uirea)	7	Attach	
							pl	nominee's photograph (taken	
2. Number: (Please write down as shown in the General Information) (required) within the									ast three
J 0 -		months) here Size: 4x6							Million and Control of the Control o
Information about     Name of Nominee (     Family Name		C 1. 103		are all re	quire	·d)	4995252	(Attach ocumen submit	to the ts to be
railily Name		<u> </u>			T	T		ТТ	
First Name	LL	LL							
Middle Name									
Nationality     (as shown in the passpo	2) Nationality 5) Date of Birth (as shown in the passport) month in English								
3) Sex	And the second of the second o	( ) Male	()	Female	Dat	te Mo	nth	Year	Age
4) Religion	A Second Television Comments of the Comments o								
6) Present Position an	d Curr	ent Duties	5						***************************************
Organization									
Organization  Department / Division									
Department / Division  Present Position  Date of employment by	Date	Month	Year			ent to the	Date	Month	Year
Department / Division Present Position		Month	Year	Date of a present p		ent to the	Date	Month	Year
Department / Division  Present Position  Date of employment by the present organization	n	Month ( ) Loca		present p	osition	ent to the			Year
Department / Division  Present Position  Date of employment by the present organization  7) Type of Organizatio	n	( ) Loca	al Governr	present p	osition		ic Enterp		Year
Department / Division  Present Position  Date of employment by the present organization  7) Type of Organizatio  ( ) National Government	n	( ) Loca	al Governr	present p	osition	( ) Publ	ic Enterp		Year
Department / Division  Present Position  Date of employment by the present organization  7) Type of Organizatio  ( ) National Government ( ) Private (profit)	n al	( ) Loca	al Governr D/Private (	present p mental (Non-profit	osition	( ) Publ	ic Enterp		Year



Japan International Cooperation Agency

CONFIDENTIAL

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.



CONFIDENTIAL

#### 6. Expectation on the applied KCCP

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)
×

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

I certify that the statements I have 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 a 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 said 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 any copyright holder's rights for documents or products produced during the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
- (h) to approve the privacy policy and the copyright policy mentioned in the Guidelines of Application.

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

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



CONFIDENTIAL

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

Institution	City	Pei	riod	
	City/ Country	From Month/Year	To Month/Year	Field of Study / Program Title
****				

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 () Fair ( ) Good ( ) Poor Certificate (Examples: TOEFL, TOEIC) 2) Mother Tongue 3)Other languages ( ( ) Excellent ) ( ) Good ( ) Fair ( ) Poor

<sup>&</sup>lt;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.

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.



# Japan International Cooperation Agency CONFIDENTIAL

## MEDICAL HISTORY

1. Presen	t Medical S	Status					
(a) Do yo	u currently	use any medicine	e or have regu	ılar medic	al checkup	by a physicia	in for
your illnes	ss?	***************************************					
[ ]No	[ ] Yes	s: Name of illnes	ss (		), N	ame of med	licine
	If yes, p	olease attach you	r doctor's lett	er (prefer	ably, writte	n in English)	that
		es current status of					
(b) Are y	ou pregnar						·
[ ]No	[ ] Yes:	Months of pregna	incy (	months	)		
(c) Are ye	ou allergic t	to any medication	or food?				
[ ]No	]	] Yes:	What	are )	you	allergic	to?
(d) Pleas	se indicate	any needs arisin	g from disabi	lities that	might nece	essitate addit	ional
support or							
(				***************************************			
Note: Disat	oility does no	ot lead to exclusion	of persons with	disability fi	rom the prog	ram. However,	upon t
situation, yo	ou may be o	directly inquired by	the JICA official	in charge	for a more	detailed accour	nt of yo
condition.							
2. Past Me	edical Histo	ory					
(a) Have	you had ar	ny significant or se	rious illness?				
[ ]No	[	]	Yes	•	Please	spe	ecify
	(	······			)		
(b) Have	you ever b	een a patient in a	mental clinic o	r been tre	ated by a p	sychiatrist?	
[ ] No	[	]	Yes		Please	spe	ecify
	(				)		
3. Other M	ledical Prol	blems					
If you have	e any medi	cal problems that	are not descril	oed above	, please inc	licate below.	·····
				·····			
		ead the above in		answere	d all questi	ons truthfully	and
		st of my knowledge					
		cept that medical of		1074		10.00	-
condition r	nay not be	financially compe	nsated by JIC	A and ma	y result in	termination of	f the
program.							
Date							
Date		Signature			***************************************		





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.
- 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:





# Japan International Cooperation Agency CONFIDENTIAL FICHA DE INSCRIPCION PARA POSTULAR A UN CURSO DE JICA

1. DATOS PERSONALES								
Apellidos y Nombres complete	os	:						
Documento de Identidad		:						
E – mail		•						
Fecha de Nacimiento		:						
Dirección	;							
Teléfonos	: Casa	a:		Celular:				
Pasaporte	: (	)Si. Fecha d	e vencim	iento (Mes/	Año):		1	
( )No.								
Visa Estados Unidos	: (	)Sí. Fecha	de vencir	miento (Me	s/Año):		1	(
)No.								
Universidad		:						
Año de Egreso		ţ						
Profesión	:							
2. CENTRO DE TRABAJO								
Institución	:							
Dirección	:							
Teléfonos					:			
Tipo de Institución	: (	)Pública	(	)Privada		(	)Internac	ional
( )Otros								
Cargo u Ocupación actual	;							
Fecha de Ingreso (Mes / Año)	:							
3. SOBRE LA BECA DE JICA								
Curso / Seminario / Taller		:						
Periodo (Día / Mes / Año)		: Del	1	1	al	1	1	
4. OTRAS BECAS OBTENIDA	AS A TI	RAVES DE JIO	CA					
Curso/ Seminario / Taller		:						
Periodo (Día / Mes / Año)		: Del	1	1	al	1	1	
5. CONOCIMIENTO DE INGL	ES	: (	) Básic	0		(	) Interm	nedio
( ) Avanzado								
Centro de Idiomas								
Último año de estudio		:						
6. OBSERVACIONES/ SUGE	RENCIA	AS:						
Fecha		:						
Firma		:						

Importante: Si ha decidido postular, favor de enviar esta "Ficha de Inscripción" al Fax 221-2407