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COOPERACIÓN TÉCNICA DEL GOBIERNO DE JAPÓN

BECAS DE CAPACITACIÓN - JICA

(Interviene APCI)

PASOS A SEGUIR PARA POSTULAR A CURSO JICA

- Llenar la Ficha de Inscripción y enviarla a JICA antes del "Plazo Límite APCI" al e-mail: pe oso rep@iica.go.jp ó via 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	Carta de presentación dirigida al Embajador (r) Jorge Pablo Voto-Bernales Gatica Carta de No objección dirigida al Embajador (r) Jorge Pablo Voto-Bernales Gatica Carta de No objección dirigida a Sr. Masayuki Eguchi, Compromiso de Retorno, Declaración Jurada de no Antecedentes penales)			
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	(Copía 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).			



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10)	Certificado de Antecedentes Policiales simple	(Original) Necesario y obligatorio, aparte de la
	THE PARTY NAMED IN COLUMN TO SERVICE AND S	'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 peroso reo@iica.go.jp



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

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,
- (d) fill in the form in English.
- (e) use \(\subseteq \text{or "x" to fill in the () check boxes,} \)
- (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
- 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



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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.



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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 sign	ed by the head of the	e relevant department /	division of the app	olying organization)			
1. Title: (Please write de	own as shown in the	General Information)					
	S.A. Par Par C. Carrier Control of the Control of the Control of C						
2. Number: (Please wr	ite down as shown in	the General Informatio	n)	***************************************			
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3. Country Name:	AAN AA	AND BROOKEN AND AND AND AND AND AND AND AND AND AN					
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4. Name of Applying	Organization:						
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5. Name of the Nomi	nee(s):		and a second				
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Name:	ujung salah si sisakan si kala minagan majakan ancam isiah mangan si sakan sama) 			
Designation / Position				2010			
Department / Division				Official Stamp			
Office Address and	Address:						
Contact Information	Telephone:	Fax:	E-mail				
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Confirmation by the of I have examined the	documents in this	form and found the		lingly I agree to			
nominate this person(s)	on behalf of our go	overnment.	and and the second control of the second con				
Date:		Signature	nadika aada diinada diinada diinada aa	and the first of the contribute and times that the first the contribute to			
Name:							
Designation / Position				Official Stamp			
Department / Division							



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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	
Current Issues: Describe the reasons for your org- participate in Knowledge Co-Creation Program (KCCP problems to be addressed.	
2) Objective: Describe what your organization intends to a	chieve by participating in KCCP.
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3) Future Plan of Actions: Describe how your organizachievements, in addressing the said issues or prob	
7	
4) Selection of the Nominee: Describe the reason(s) the said purpose, referring to the following view Capacity /Position, 3) Plans for the candidate after the 5) Others.	points; 1) Course requirement, 2)
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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.

3) Sex () Male () Female Date Month Year Age 4) Religion 6) Present Position and Current Duties Organization Department / Division Present Position Date Month Year Date of assignment to the present organization 7) Type of Organization () National Governmental () Local Governmental () Public Enterprise () Private (profit) () NGO/Private (Non-profit) () University () Other ()	Title: (Please write d Number: (Please write d				AND AND ADDRESS AN			red)	non photogr within th	e la:	e's (taken st three
(Attach to the documents to 1) Name of Nominee (as in the passport) Family Name First Name Middle Name 2) Nationality (as shown in the passport) 3) Sex () Male () Female Date Month Team Position Department / Division Present Position Cate of employment by the present organization () National Governmental () Local Governmental () Public Enterprise	J 0 -		- CA							50404500	CONTRACTOR OF CASE
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8) Outline of duties: Describe your current duties	() Other ()					· and the matter of the first of the same		
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3) Training or Study in Foreign Countries; please write your past visits to Japan specifically as much as possible, if any.

	City/ Country	Pθ	riod	
Institution		From Month/Year	To Month/Year	Field of Study / Program Title
	and the second second second			

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5. Language Proficiency (req	uired)		***************************************	
1) Language to be used in the progra	am (as in GI)			5
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	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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.



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6. Expectation on the applied KCCP

 Personal Goal: Describe what you intend to ac organizational purpose described in Part A-2. 	mieve in the applied RCCP in relation to the
organizational purpose described in Part A-2.	
10. A 11. A 16. A 17. A 18. A	57 No. 67
2) Refevant Experience: Describe your previous voca	itional experiences which are highly relevant in
the themes of the applied KCCP. (required)	
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	· ·
3) Area of Interest: Describe your subject of particula	r interest with reference to the contents of the
applied KCCP. (required)	

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

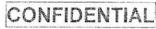
I certify that the statements I have made in this form are true and correct to the best of my knowledge. If accepted for the program, I agree:

- (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





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.
- 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:



Japan International Cooperation Agency

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MEDICAL HISTORY

1. Preser	nt Medical S	Status								
(a) Do yo	u currently	use any m	nedicine or	have regul	ar medic	al checkup by	a physic	ian for		
your illne										
[]No	[] Ye	s: Name o	of illness	(), Name	e of me	∍dicine		
			10. 77			rably, written in ment to join the		1		
(b) Are y	ou pregnai	nt?	AND THE PROPERTY OF THE PROPER	ar engly a saidle for this and global enter a saidle and 4000.			A Marian Control of Long Service			
[]No	[] Yes:	: Months of	pregnancy	y (months	5)				
(c) Are y	ou allergic	to any med	ication or f	food?				Service of the servic		
[]No		1	Yes:	What	are)	you all	ergic	to?		
(d) Plea	se indicate	any needs	s arising f	rom disabili	ties that	might necessi	tate add	itional		
support of	r facilities.									
(
Note: Disal	bility does n	ol lead to ex	clusion of p	ersons with o	lisability fi	rom the program.	. Howeve	r, upon t		
situation, y	ou may be	directly inqui	red by the	JICA official	n charge	for a more detail	iled accor	unt of yo		
condition.			termon sy den arigables a ribbons a cypyrotory casa	and the region of the same of	*****	-	and a second contract that the same	I fall has day made linkan charles when		
2. Past Me	edical Histo	ory								
(a) Have	you had a	ny significar	nt or seriou	us illness?	and the state of the state of the state of	2000 000 000 000 000 000 000 000 000 00		**************************************		
[]No	*		1	Yes:		Please	S	pecify		
	(som se som une og universe seminassom u		THE OUT THE GALL COLUMN TWO COLUMNS TO THE C)	-			
(b) Have	you ever b	een a patie	nt in a me	ntal clinic or	been tre	ated by a psyc	hiatrist?	Mariana samana san a a g		
[]No	[]	Yes:		Please	S	pecify		
The BOTTON ASSESSMENT AND THE CONTRACT OF THE		***************************************		***************************************)				
3. Other N	ledical Pro	blems								
If you have	e any medi	cal problem	s that are	not describe	ed above	, please indicat	e below.			
I certify th	at I have r	ead the ab	ove instru	ctions and	answered	d all questions	truthfully	y and		
completely	to the bes	st of my kno	wledge.							
l understa	nd and acc	ept that me	edical cond	ditions resul	ting from	an undisclose	d pre-ex	isting		
condition r	nay not be	financially	compensa	ated by JICA	and ma	y result in term	ination (of the		
program.										
ds (SSS)										
Date		Signature		uuman (O Paantii O paantii va (Ciii) Vii (Cii <mark>i) va (Ciii) vaantii v</mark>			***************************************	The state of the s		
		Print Name								



CONFIDENTIAL

FICHA DE INSCRIPCION PARA POSTULAR A UN CURSO DE JICA

1. DATOS PERSONALES									
Apellidos y Nombres comple	tos	:							
Documento de Identidad :									
E – mail		:							
Fecha de Nacimiento		0							
Dirección	;								
Teléfonos	: Casa:			Celular:					
Pasaporte	:(()Si. Fecha de vencimiento (Mes/Año):			/Año):	1			
()No.									
Visa Estados Unidos	: ()Si. Fecha	de venci	miento (Me	es/Año):		1	(
)No.									
Universidad									
Año de Egreso		0							
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	1								
Curso / Seminario / Taller		:							
Periodo (Dia / Mes / Año)		: Del	1	1	al	1	1		
4. OTRAS BECAS OBTENID	AS A TI	RAVES DE JI	CA						
Curso/ Seminario / Taller		Ĭ.							
Periodo (Dia / Mes / Año)		: Del	1	1	al	1	1		
5. CONOCIMIENTO DE INGL	ES	: () Básico)		() Interm	iedio	
() Avanzado									
Centro de idiomas									
Último año de estudio		:							
6. OBSERVACIONES/ SUGE	RENCIA	NS:							
Fecha		:							
Firma		ì							

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