Japan International Cooperation Agency

CONFIDENTIAL

Application form for the JICA Knowledge Co-Creation Program:

# Form1. OFFICIAL APPLICATION FORM

*To be signed by the applicant's supervisor (the head of the relevant department / division of the applicant's organization).

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

Invitation Program to Japan:
- Emergency Medical Teams Development-

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

N/A

**3. Course Duration** (DD/MONTH/YYYY)

From 09 / Decembe r / 2026 To 19 / December / 2026

**4. Country**

**Japan**

**5. Name of Applying Organization**

**6. Name of the Nominee(s)**

| |
|---|
| 1) |
| 2) |
| 3) |
| 4) |

**7. 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.

**8. 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

| |
|---|
| |

**9. Confirmation by the organization in charge**

Our organization hereby applies for the Knowledge Co-Creation Program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

| | | | | | | |
|---|---|---|---|---|---|---|
| Date: | -- Select-- / -- Select-- / -- Select-- | | | Signature: | | |
| Name: | | | | | Official Stamp | |
| Title / Position | | | | | | |
| Department / Divisio | | | | | | |
| Office Address and Contact | Address: | | | | | |
| | Tel: | | E-mail: | | Fax: | |

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

I, as a supervisor, 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: | -- Select-- / -- Select-- / -- Select-- | Signature: | |
| Name: | | | Official Stamp |
| Title / Position | | | |
| Department / Division | | | |

By Nominator (head of relevant department/division)

| | |
|---|---|
| Date | -- Select-- / -- Select-- / -- Select-- |
| Name | |
| Title/Position | |
| Signature | |

Japan International Cooperation Agency

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Application form for the JICA Invitation program

## Form2. INDIVIDUAL APPLICATION FORM

*To be filled by Applicant.

Attach applicant's photograph (data/actual photograph)

(taken within the last six months)

Size: 4.5x3.5cm

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

Invitation Program to Japan:
- Emergency Medical Teams Development-

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

N/A

**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.

*Also please attach the **PASSPORT COPY** to the application form for the submission

**Family Name /Surname**

**First Name**

**Middle Name**

**2) Nationality** (as shown in the passport)

**3) Sex** (for VISA application)

Select

**4) Date of Birth**

| Day | Month | Year | Age (as of the date of the form) |
|---|---|---|---|
| -- Select-- | March | | -- Select-- |

## 5) Passport/Visa

| | | | | | |
|---|---|---|---|---|---|
| Passport possession | -- Select-- | Expiry date of passport | Day | Month | Year |
| USA visa possession | -- Select-- | | -- Select-- | -- Select-- | -- Select-- |

*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: | |

## 7) Present Position

| | | |
|---|---|---|
| Organization | | |
| Year that entered the organization | -- Select-- | |
| Department / Division | | |
| Title | | |
| No. of years of service in the present position | Number of Years | From (Year) |
| | -- Select-- | |
| Type of Organization | Please select | |
| Number of employees | -- Select-- | |
| Website URL | | |

**8) Questionnaire on Relationship with the Military** (FOR ALL THE APPLICANTS)

Must select!

| | |
|---|---|
| -- Select-- | Personnel of the military or organizations under the military (active military personnel or military personnel listed in the muster roll/military register) |
| -- Select-- | Personnel of the Ministry of Defense, or organizations under the Ministry of Defense |
| -- Select-- | Personnel of organizations that are specified by law under the military or the Ministry of Defense in case of an emergency |
| -- Select-- | Persons listed in the muster roll/military register who are not currently affiliated with the military, the Ministry of Defense, or affiliated organizations |
| -- Select-- | Personnel of civilian organizations which have divisions to conduct military-related activities |

## 4. Experience and Eligibility

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

*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 | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |

**2) Academic Background (University, College or Higher Education)**

| Institution | City/ Country | Period | | | | Degree | Major |
|---|---|---|---|---|---|---|---|
| | | From Month/Year | | To Month/Year | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |

**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/Study Program Title | |
|---|---|---|---|---|---|---|---|
| | | From Month/Year | | To Month/Year | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |
| | | -- Select-- | | -- Select-- | | | |

**4) Language Proficiency (Self-Assessment)**

| | | |
|---|---|---|
| 1) Language to be used in the course (as shown in GI) | | |
| Listening | Select | |
| Speaking | Select | |
| Reading | Select | |
| Writing | Select | |
| Language Test Scores if any (ex. TOEFL, TOEIC, etc.) | ( ) | |
| 2) Mother Tongue | ( ) | |
| 3) Other languages | ( ) | |
| | | |

【Criteria for Assessment of Language Proficiency】

| | |
|---|---|
| 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.

**2) Main duties of Applicant:**

Describe your main duties and responsibilities in relation to this program.

**3) Relevant Experience of Applicant:**

Describe previous occupational experiences that is highly relevant in this program.

**4) Your individual Goal:**

Elaborate on the applicant's plans to apply the lessons learned from this program to the applicant's organization.

| |
|---|
| |

**5) Area of Interest and/or your expectation:**

Specify the applicant's particular interest with reference to the contents of this program

| |
|---|
| |

By Applicant

| | |
|---|---|
| Date | -- Select-- / -- Select-- / -- Select-- |
| Name | |
| Title/Position | |
| Signature | |

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Application form for the JICA Knowledge Co-Creation Program:

# Form3. QUESTIONNAIRE ON MEDICAL STATUS AND RESTRICTION

**(Self-Declaration)**

**Please notify JICA staff of any changes in your health condition after submission of the form. This information is important for ensuring appropriate support during your stay in Japan. Please provide accurate details.**

## 1. Present Medical Status

(a) Have applicant taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

| Please Select "No"or"Yes" | | | |
|---|---|---|---|
| Name of illness | | Name of medicine | |
| If yes, please attach doctor's letter (preferably, written in English) that describes the current status of the applicant's illness, and gives agreement to the travel to Japan and your participation in the program. Even conditions requiring long-term periodic follow-ups such as annual check-ups need to be listed as well. | | | |

(b) Does applicant have any allergies with medicine, food, pollen, etc.?

| Please Select "No"or"Yes" |
|---|
| What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? If you have had anaphylaxis in the past, please specify. |
| |

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

| |
|---|
| *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.* |

## 2. Medical History

(a) Have applicant had any illness including heart, hepatic, kidney disease or other serious conditions?

| Please Select "No"or"Yes" |
|---|

| | |
|---|---|
| Please specify | |
| If yes, please attach doctor's letter (preferably, written in English) that gives agreement to the travel to Japan and your participation in the program. | |

(b) Have applicant or/and the applicant's family members had tuberculosis?

| | |
|---|---|
| Please specify | |

(c) Have applicant ever been a patient in a mental clinic or been treated by a psychiatrist?

| | |
|---|---|
| Please specify | |

(d) Have applicant ever had any sleeping, eating or other disorders?

| | |
|---|---|
| Please specify | |
| Name of medicine | |

## 3. Dietary Restrictions

Are there any dietary restrictions? (e.g., beef, pork, etc.)
If you have any allergies, please provide detailed information to question 1(b)

| | |
|---|---|
| Please specify | |

**4. Pregnancy**

Is applicant pregnant?

| Please Select "No"or"Yes" |
|---|

| *If yes, please attach doctor's letter (preferably, written in English) that describes the current status of the applicant's pregnancy, and gives agreement to your participation in the program. If you find out that you are pregnant after submitting this form, please make sure to inform the JICA office immediately.* | | |
|---|---|---|
| Weeks of pregnancy | -- Select -- | weeks |

**5. Other Medical Issues/Conditions**

If applicant have any medical issues/conditions that are not described above, please indicate below.

| |
|---|
| |

The applicant certify that have read the above instructions and answered all questions truthfully and completely to the best of the applicant's knowledge.

The applicant understand that medical conditions resulting from pre-existing conditions and pregnancy will not be financially compensated by JICA, and may be a reason for termination of the program.

The applicant understand that this questionnaire will be checked by the people who are engaged in the program during stay in Japan.

The applicant may not be possible to purchase pharmaceuticals, medical equipment, etc. in Japan, due to Japanese laws.

By Applicant

| Date | -- Select-- / -- Select-- / -- Select-- |
|---|---|
| Name | |
| Title/Position | |
| Signature | |

You are required to report your up-to-date medical condition, and promptly report any changes to your medical condition, to the JICA office prior to participation in the program. This obligation exists to prevent health risks that may arise if reporting is not completed.

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Application form for the JICA Knowledge Co-Creation Program:

## Form4. TERMS AND CONDITIONS

**I understand and fully agree to the following terms and conditions set forth below, and hereby declare by sign and date at the bottom.**

### 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

(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

(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) to discontinue the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or any type of immoral conduct including sexual harassment, or get critical illness or serious injury and be considered unable to continue the course.The participants shall be responsible for paying any cost for treatment of the said health conditions except for the medical care stipulated in (3) of "3.Expenses", "Administrative Arrangements" in General

(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

(10 not to drive a car or motorbike, regardless of an international driving license

(11 to observe the rules and regulations at the place of the participants' accommodation,

(12 to refund allowances or other benefits paid by JICA in the case of a change in

(13 ) to promptly notify JICA in the case that there are any changes in the health status since the time of application (such as changes requiring medical attention due to illness or discovery of pregnancy).

The definition of sexual harassment, the KENSHUIN GUIDEBOOK, and the reference video are available at the link below:

https://jica-van-cms.jica.go.jp/custom/kccp/kccp01.html

## 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 (hereinafter referred to as "Personal Information") 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 Personal Information in accordance with the provisions of this privacy policy.

(2) Limitations on Use and Provision

JICA shall never intentionally provide Personal Information 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 the Personal Information grants permission for its disclosure to a third party;

(c) In cases in which JICA needs to provide Personal Information for the persons or entities where JICA contracts out all or part of the KCCP and its relevant projects.
The Personal Information provided herein will be only limited to the information necessary for the persons or entities to implement the contracted tasks.

(3) Security Notice

JICA takes measures required to prevent the divulgence, loss, or destruction of Personal Information, and to otherwise properly manage such information.

※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 scopes and/or conditions separately approved by JICA and/or the Original Author.
If the participants apply to the KCCP, the participants shall also comply with Terms of Use of the Materials for the 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 prepared for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use any third party's(ies') works (photograph, illustration, map, figures, etc.), which are protected under the copyright laws and regulations in the participants' countries or copyright-related multinational agreements, the participants shall obtain a license necessary to use the works from such third party(ies).

(3) The participants agree that JICA may use (including, but not limited to, reproduce, publicly transmit, distribute and modify) any documents prepared by the participants for other programs conducted by JICA (for example, as a reference for the other KCCP courses and a project formulation).

(4) JICA will not be liable for the contents of any documents created by the participants for the purpose of the KCCP.

## 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.

## 5. Health condition

It is evident that moving to a different environment can affect your physical and mental health compared to living in your home country, even under normal circumstances.

Pregnancy—regardless of the stage—may pose health risks to both mother and child. Our approach prioritizes the health and safety of both. In addition, medical expenses related to pregnancy, childbirth, and care for the child (or fetus) are not covered by the insurance provided by JICA. If the participant's stay in Japan needs to be extended, the associated living expenses will also not be covered, which could result in a significant financial burden on the participant.
Given the above circumstances, pregnant applicants are required to promptly schedule a

All individuals with pre-existing conditions must notify JICA in advance. (Please complete Form 3)
Pre-existing conditions :Chronic diseases, Conditions currently under treatment and Past illnesses that have resolved.
It is required to submit a medical certificate from your doctor confirming that you are medically cleared to take part in the KCCP in Japan.
Medical expenses related to pre-existing conditions are not covered by the insurance

It is important to understand that failing to provide your health information in advance may lead to situations where, despite our best efforts to prioritize your safety, effective intervention could become extremely difficult.
For further details, please refer to KENSHUIN GUIDE BOOK Medical Services.

## DECLARATION (to be signed by the Applicant)

・I understand and fully agree to the formentioned terms and conditions stipulated article 1 to 5.
・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 described in "4":

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

◉Agree ○Disgree

By Applicant

| | |
|---|---|
| Date | -- Select-- / -- Select-- / -- Select-- |
| Name | |
| Title/Position | |
| Signature | |