

応募者データ (JICAブラジル事務所用)
 Dados do candidato (Para uso da JICA Brasil)

form 1

1	Nome Completo	
2	Data de nascimento	Idade: _____ anos
3	Nacionalidade	() Brasileira () Japonesa () Dupla () Outra, especifique:
4	Possui passaporte	() Não () Sim; Validade: / /
	Possui visto americano	() Não () Sim; Validade: / /
5	Identidade (RG / RNE)	
6	Nome da Universidade	
	Curso	
	Período	_____ ano / _____ semestre
7	Endereço para contato	Rua/ Avenida:
		Bairro: _____ CEP: _____
		Cidade: _____ UF: _____
8	Contato Pessoal	Res: ()
		Cel: ()
		E-mail: _____
9	Contato do responsável 1 Relação com o estudante: (_____)	Nome: _____
		Res: ()
		Cel: ()
		E-mail: _____
10	Contato do responsável 2 Relação com o estudante: (_____)	Nome: _____
		Res: ()
		Cel: ()
		E-mail: _____
11	Já esteve no Japão?	() Não () Sim, durante: () anos e () meses
12	Já estudou em escola de língua japonesa?	() Não () Sim, durante: () anos e () meses
	Nome da escola:	
13	Conhecimento de língua japonesa:	() Básico () Intermediário () Avançado () Fluente () Nenhum
	Certificado de proficiência	() N1 () N2 () N3 () N4 () N5 () Não Possuo *Anexar a cópia do certificado ao formulário
14	Conhecimento de língua inglesa	() Básico () Intermediário () Avançado () Fluente () Nenhum *Anexar a cópia do certificado ao formulário, caso possua
15	Pratica esporte ou participa de atividade cultural? Qual?	
Caso seja aprovado para a próxima etapa, onde gostaria de realizar a entrevista?		* Escolher apenas uma opção. As entrevistas ocorrerão entre 27 de janeiro a 04 de fevereiro de 2020 <input type="checkbox"/> São Paulo <input type="checkbox"/> Brasília <input type="checkbox"/> Belém

記入例

様式第2号（第2条第1項第1・2号関係）

「日系社会次世代育成研修（大学生招へいプログラム）」 身上書

2020年12月01日現在

写真貼付 4 cm × 3 cm 裏面に氏名・国名 を記入		ふりがな	フジ ジョオン サトル		(男)・女	
		氏名	姓	名	国籍 (渡航時使用旅券のもの)	
		氏名 <small>氏名アルファベット (旅券記載のとおり)</small>	藤 ジョオン 悟		ブラジル	
		生年月日	1999年01月12日(満20歳)			
		パスポート番号	1234567890			
		出生地	サンパウロ市 (日系3世)			
		アルファベットは旅券(またはIDカード)記載のとおり				
保護者氏名		藤 一郎		(続柄: 父)		
日本における父母 (祖父母)の出身県		祖母	が(続柄)	管轄在外 公館名	在	
		福井	出身		日本国 大使館 (総領事館) 領事館	
在学中の大学名 (学年)		記入	大学	(学部)	(学科) 学年	
大学での専門 (日本で学びたい分野)		記入				
現住所 (現地語で記入)		住所			最寄りの空港 (居住 国内路線便使用可)	
		TEL:	Eメール:		Guarulhos	
日本語能力		サンパウロ 州(県) リベイロン・ブレット 市/郡				
		A: よくできる B: できる C: あまりできない				
英語能力		取得資格: 日本語能力試験 N__				
		A: よくできる B: できる C: あまりできない				
訪日経験		2017年7月15日~2017年7月30日			目的: 親戚訪問	
		有/無		年 月 日~ 年 月 日	目的:	
親・兄弟・姉妹の 本邦研修経験の有無		有/無		年 月 日~ 年 月 日	目的:	
		有/無		有の場合 兄	が 2018年度 日系研修 改善5S 研修を受講	
家族 状 況	氏名		続柄	年齢	職業および勤務先・学校名	
	記入					同居・別居
						(同)・別
						同・(別)
						同・別

上記個人情報、①選考の判定、②研修受入先に提出する名簿の作成、③応募から研修終了後帰国までの各種連絡、④事業実績の取りまとめ等統計資料の作成に利用します。

「日系社会次世代育成研修（大学生招へいプログラム）」
身上書

20 年 月 日現在

写真貼付 4 cm × 3 cm 裏面に氏名・国名 を記入	ふりがな				男・女
	氏名	姓	名		国籍 (渡航時使用旅券のもの)
	氏名アルファベット (旅券記載のとおり)				※日本国籍：有/無
	生年月日	年 月 日 (満 歳)			
	パスポート番号				
	出生地	(日系 世)			
		アルファベットは旅券（またはIDカード）記載のとおり			
保護者氏名	(続柄：)				
日本における父母 (祖父母)の出身県	が(続柄)	管轄在外 公館名	在		
	出身		日本国 大使館・総領事館・領事館		
在学中の大学名 (学年)	大学		(学部)	(学科)	学年
大学での専門 (日本で学びたい分野)					
現住所 (現地語で記入)					最寄りの空港 (居住 国内路線便使用可)
	TEL :	Eメール :			
	州 (県)				市/郡
日本語能力	A : よくできる B : できる C : あまりできない				
	取得資格 :				
英語能力	A : よくできる B : できる C : あまりできない				
	取得資格 :				
訪日経験	有/無	年 月 日 ~	年 月 日	目的 :	
※有の場合、訪日目的、 また奨学金等受給の場合は その名前も明記のこと。		年 月 日 ~	年 月 日	目的 :	
		年 月 日 ~	年 月 日	目的 :	
親・兄弟・姉妹の 本邦研修経験の有無	有/無	有の場合	が	年度	研修を受講
家族 状 況	氏名	続柄	年齢	職業および勤務先・学校名	同居・別居
					同・別
					同・別
					同・別
					同・別

上記個人情報、①選考の判定、②研修受入先に提出する名簿の作成、③応募から研修終了後帰国までの各種連絡、④事業実績の取りまとめ等統計資料の作成に利用します。

MODELO DE PREENCHIMENTO

Form 2 (related to Item 1&2, Clause 1 of Article 2)

Education Program for Nikkei Next Generation (University Students)

Personal Data

Date: 27/12/2019

Colar foto com o nome + país escrito no verso

Photo attached 4 cm x 3 cm

Write your name and country on the back

Furigana (how to read)	フジ ジョオン サトル	<input checked="" type="radio"/> Male <input type="radio"/> Female
Name	Family name: Fuji, João Satoru Given name: Satoru	Nationality (Nationality of the passport to be used at the time of traveling)
Name written alphabetically (as described in your passport)	João Satoru Fuji	Brazil *Japanese nationality: Yes/ <input checked="" type="radio"/> No
Date of birth	12/01/1999 (20 years old)	
Passport number	1234567890	
Place of birth	São Paulo 3rd (generation of Nikkei/Japanese descendant)	

Alphabetically as written in your passport (or ID card)

Name of legal guardian	Itiro Fuji Father (Relationship:)				
Prefecture of your father and mother (grandparents) in Japan	Grandmother (relationship) from Prefecture	Name of diplomatic mission under jurisdiction	Residing in * Nome do consulado/embaixada da região onde tem residência EX: São Paulo Japanese Embassy/Consulate-general/Consulate		
Name of current university (school year)	University (Faculty) (Department) School year (preencher as informações solicitadas)				
Major in university (area you would like to learn)	(preencher as informações solicitadas)				
Current address (write in the local language)	Alameda Santos, 700 CEP 01418-002 Cerqueira César - São Paulo/SP Telephone number: 55555-5555 E-mail address: e-mail do estudante	Nearest airport (can use domestic airline in the country of residence) Guarulhos			
	São Paulo	State (Prefecture)	Ribeirão Preto City/County		
Japanese language proficiency	A: <input checked="" type="radio"/> Excellent B: Good C: Poor Qualification acquired: JLPT N1				
English language proficiency	A: Excellent B: <input checked="" type="radio"/> Good C: Poor Qualification acquired: TOEFL 666				
Experience of visiting Japan	<input checked="" type="radio"/> Yes/ <input type="radio"/> No	From (Month) (Day), (Year) to (Month) (Day), (Year) July 15, 2017 to July 30, 2017	Purpose: motivo		
*If Yes, clarify the purpose of your visit, and also the name of the scholarship, etc. if applicable.		From (Month) (Day), (Year) to (Month) (Day), (Year)	Purpose:		
		From (Month) (Day), (Year) to (Month) (Day), (Year)	Purpose:		
Yes/No, experience of your parents/brothers/sisters' participation in the program in Japan	<input checked="" type="radio"/> Yes/ <input type="radio"/> No	If Yes, Brother (Name) 2018 FY (Fiscal Year)	JICA TRAINING Kaizen 5S Took program		
Family situation	Name	Relationship	Age	Occupation and name of organization/school	Living together/Living separate
	Itiro Fuji	Father	57	Accountant	<input checked="" type="radio"/> Together/ <input type="radio"/> Separate
	Maria Fuji	Mother	56	House	<input checked="" type="radio"/> Together/ <input type="radio"/> Separate
	Bruno Fuji	Brother	24	Student	Together/ <input checked="" type="radio"/> Separate
					Together/ <input type="radio"/> Separate
					Together/ <input type="radio"/> Separate

Any personal information included above will be used for: (1) judgment for selection; (2) preparing a list of names to be submitted to organizations accepting trainees; (3) various communications from your application to your return to your home country after completion of the program; and (4) preparing statistics documents including a compilation of operations.

Education Program for Nikkei Next Generation (University Students)

Personal Data

Photo attached 4 cm x 3 cm Write your name and country on the back	Furigana (how to read)			Date:	
	Name	Family name	Given name	Male/Female	
	Name written alphabetically (as described in your passport)			Nationality	(Nationality of the passport to be used at the time of traveling)
	Date of birth			(years old)	
	Passport number				
	Place of birth	(generation of Nikkei/Japanese descendant)			

Alphabetically as written in your passport (or ID card)

Name of legal guardian					(Relationship:)
Prefecture of your father and mother (grandparents) in Japan	(relationship) from Prefecture	Name of diplomatic mission under jurisdiction	Residing in Japanese Embassy/Consulate-general/Consulate		
Name of current university (school year)	University (Faculty) (Department) School year				
Major in university (area you would like to learn)					
Current address (write in the local language)	Telephone number:			E-mail address:	
	State (Prefecture)				City/County
Japanese language proficiency	A: Excellent B: Good C: Poor				
	Qualification acquired:				
English language proficiency	A: Excellent B: Good C: Poor				
	Qualification acquired:				
Experience of visiting Japan <small>*If Yes, clarify the purpose of your visit, and also the name of the scholarship, etc. if applicable.</small>	Yes/No	From (Month) (Day), (Year) to (Month) (Day), (Year)		Purpose:	
		From (Month) (Day), (Year) to (Month) (Day), (Year)		Purpose:	
		From (Month) (Day), (Year) to (Month) (Day), (Year)		Purpose:	
Yes/No, experience of your parents/brothers/sisters' participation in the program in Japan	Yes/No	If Yes, (Name) FY			Took program
Family situation	Name	Relationship	Age	Occupation and name of organization/school	Living together/Living separate
					Together/Separate
					Together/Separate
					Together/Separate
					Together/Separate
					Together/Separate

Any personal information included above will be used for: (1) judgment for selection; (2) preparing a list of names to be submitted to organizations accepting trainees; (3) various communications from your application to your return to your home country after completion of the program; and (4) preparing statistics documents including a compilation of operations.

誓約書

独立行政法人国際協力機構 理事長 殿

私は、貴機構の日系社会次世代育成研修(大学生招へいプログラム)の対象者に選ばれたならば、下記事項を遵守し、本研修に精進することを誓約いたします。

1. 所定の日程に基づき来日し、研修に参加すること。また研修終了後も所定の日程に基づき帰国すること。
2. 日本国の法令及び研修先大学等の諸規則を遵守し、行動すること。
3. 貴機構の指示・決定には忠実に従うこと。
4. 故意又は重大な過失により責務を負った際は、自己の責任において弁済すること。
5. 研修参加に係る経費として貴機構の規程で定められた経費以外の費用については、すべて自己負担すること。
6. 次の事項のいずれかに該当すると認められ、研修中止を命ぜられた場合は、それを受け入れ、貴機構の指示に従って速やかに帰国すること。
 - (1) 日本国の法令に違反し、又は社会の秩序を乱す行為をしたとき。
 - (2) 研修先大学等の諸規則に違反したとき。
 - (3) 貴機構が決定した手当の支給の内容又はこれに付した条件に違反したとき。
 - (4) 自己の都合により研修を中断したとき。
 - (5) 心身の著しい障害、傷病等のために留学を継続することが困難と認められるとき。
 - (6) 申請書類の記載事項に虚偽が発見されたとき。
 - (7) 貴機構により支給される手当以外の研修費又はこれに相当する資金の支給を受けたとき。
 - (8) その他貴機構が止むを得ないと認める事由があるとき。
7. 前項の場合において、手当の支給中止及び貴機構の指示による帰国により生じたいかなる損害についても、貴機構に何らの請求をしないこと。
8. 往復の渡航期間及び研修期間中、申請者に不慮の事故・怪我・病気等があった場合の応急処置、医療行為等については貴機構及び貴機構指定の医療機関に一任すること。また、予め研修参加に際して付保された海外旅行傷害保険の補償内容を超える経費については自己負担すること。

Modelo de preenchimento
(Preencher preferencialmente em japonês, opcionalmente em inglês)

9. 往復の渡航期間及び研修期間中に不慮の事故・怪我・病気を含む緊急事態が発生した場合の緊急連絡のため、親権者または保証人の緊急連絡先情報を貴機構及び研修関係者（研修業務委託先、受入大学等）へ提供すること。
10. 本誓約書の成立及び効力、並びに貴機構と研修員との間の法律関係は、日本法に従って解釈又は判断なされるものとする。
11. 本研修終了後は、修得した知識等を活用して、地域社会の発展に積極的に貢献すること。

以上

ANO 年 **MÊS** 月 **DIA** 日

申請者氏名: **NOME DO CANDIDATO**

署 名: **ASSINATURA**

上記の者に上記誓約事項を守らせることを保証します。

ANO 年 **MÊS**月 **DIA**日

親権者または保証人氏名: **NOME DO RESPONSÁVEL LEGAL**

署 名: **ASSINATURA**

現 住 所: **ENDEREÇO**

申請者との関係: **PARENTESCO COM O CANDIDATO**

9. 往復の渡航期間及び研修期間中に不慮の事故・怪我・病気を含む緊急事態が発生した場合の緊急連絡のため、親権者または保証人の緊急連絡先情報を貴機構及び研修関係者(研修業務委託先、受入大学等)へ提供すること。
10. 本誓約書の成立及び効力、並びに貴機構と研修員との間の法律関係は、日本法に従って解釈又は判断なされるものとする。
11. 本研修終了後は、修得した知識等を活用して、地域社会の発展に積極的に貢献すること。

以上

年 月 日

申請者氏名:

署 名:

上記の者に上記誓約事項を守らせることを保証します。

年 月 日

親権者または保証人氏名:

署 名:

現 住 所:

申請者との関係:

PARA REFERÊNCIA. PREENCHER NO FORMULÁRIO EM JAPONÊS

Form 4 (related to Item 4, Clause 1 of Article 2)

PLEDGES

President, Japan International Cooperation Agency

If I am selected as a Participant on JICA's Education Program for Nikkei Next Generation (University Students), I do hereby pledge that I will comply with the following matters and devote myself to the program.

1. I will visit Japan based on the prescribed schedule and participate in the program. Also, I will return to my home country based on the prescribed schedule after completion of the program.
2. I will comply with and act in accordance with Japanese laws and regulations and the various rules of the universities and other places where I undergo training.
3. I will dutifully comply with the instructions and decisions of JICA.
4. I will be liable to compensate for any damages I may cause either intentionally or by gross negligence.
5. I will pay all my own expenses other than those specified in the regulations of JICA as expenses pertaining to participation in the program.
6. If it is found that I have fallen under any one of the following and am ordered to discontinue my training, I will accept it and return to my home country promptly in accordance with the instructions of JICA:
 - (1) When I have violated Japanese laws and regulations or conducted any act which disturbs social order;
 - (2) When I have violated various rules of the universities and other places where I have undergone training;
 - (3) When I have violated the contents of the payment of allowances determined by JICA or the terms and conditions attached thereto;
 - (4) When I have stopped my training on my own account;
 - (5) When it is found that continuation of studying abroad becomes impossible due to severe mental or physical disabilities, injury or illness, etc.;
 - (6) When a false statement has been discovered in the items mentioned in the application documents;
 - (7) When I have received payment for training expenses other than the allowance supplied by JICA or the payment of funds equivalent thereto; or
 - (8) When JICA deems that other unavoidable circumstances exist.
7. In the foregoing cases, I will not demand from JICA any damages incurred by the discontinuation of payment of allowance and JICA's instruction to return to my home country.

8. In case of my accident, injury or illness, etc. during travelling from and to my home country and during my program period, I will leave emergency measures and medical practices, etc. to JICA and those medical institutions designated by JICA. I will also be liable to pay for any expenses which exceed the compensation content of the overseas travel accident insurance taken out in advance of participating in the program.
9. I will provide JICA and those institutions pertaining to the program (training program subcontractor and accepting university, etc.) with emergency contact information of a person in parental authority or a guardian for emergency contract in case an emergency situation occurs including accident, injury or illness during travelling from and to my home country and during my training period.
10. Establishment of these Pledges and their effectiveness and the legal relationships between JICA and the Participant will be interpreted or determined in accordance with Japanese laws.
11. After completion of the program, I will proactively contribute to the development of local communities by utilizing the knowledge, etc. which I acquired in Japan

Para referência. Não utilizar este formulário para candidatura.

Date: _____

Name of Applicant: _____

Signature: _____

I do hereby declare I will make the Applicant mentioned above observe the pledged matters mentioned above.

Date: _____

Name of person with parental authority or guardian: _____

Signature: _____

Present address: _____

Relationship to Applicant: _____

