

**Ficha de Inscrição para Bolsa de Treinamentos JICA
(2024)**

Form: 1-1

1) Nome do curso		Cód. do curso:	
2) Período desejado	() meses	Data de Início:	Término:
3) Nome completo em alfabeto			
4) Nome em caractere japonês (hiragana, etc.) *obrigatório para todos	名字:	名前:	
Exemplo	名字: 山田 (sobrenome)	名前: 花子 (nome)	
5) Documento de identidade RG/RNE	Data de nascimento:	/ /	() anos
6) Nacionalidade	<input type="radio"/> Brasileiro <input type="radio"/> Dupla <input type="radio"/> Japonês <input type="radio"/> Outro:		
7) É descendente de japoneses (nikkei)?	<input type="radio"/> Não <input type="radio"/> Sim Se sim, qual é a província de seus pais / avós?		
8) Endereço para correspondências	End.:		
	Complemento:		CEP:
	Bairro:		
	Cidade:		UF:
	O endereço para correspondências é o mesmo onde reside atualmente? Caso o endereço residencial atual seja outro, favor informar.		
9) Contato do candidato	Tel:()	Cel: ()	
	E-mail:		
10) Contato de emergência	Nome:	Relação:	
	Tel:()	Cel: ()	
11) Local de Trabalho	Nome da empresa/ instituição:		
	Telefone:		
12) É frequentador(a) de associação ou entidade nikkei?	<input type="radio"/> Não <input type="radio"/> Sim Nome:		
	Com que frequência?		
13) Escolaridade / última formação	<input type="radio"/> Ensino médio Nome da instituição:		
	<input type="radio"/> Graduação Curso / Área:		
	<input type="radio"/> Especialização <input type="radio"/> Concluído <input type="radio"/> Em andamento		
	<input type="radio"/> Mestrado Ano de conclusão:		
	<input type="radio"/> Doutorado		
14) Já foi bolsista? JICA	<input type="radio"/> Não <input type="radio"/> Sim Quando e em qual bolsa?		
Preenchido em	/ / 2024		

Ficha de Inscrição para Bolsa de Treinamentos JICA

Form. 1-2

Representação Consular mais próxima de onde reside	
	Embaixada do Japão no Brasil: Distrito Federal, Goiás e Tocantins
	Consulado Geral do Japão em São Paulo: Mato Grosso, Mato Grosso do Sul, São Paulo e Triângulo Mineiro
	Consulado Geral do Japão no Rio de Janeiro: Espírito Santo, Minas Gerais (exceto Triângulo Mineiro) e Rio de Janeiro
	Consulado Geral do Japão em Curitiba: Paraná, Santa Catarina
	Consulado Geral do Japão em Manaus: Acre, Amazonas, Rondônia e Roraima
	Escritório Consular do Japão em Belém: Amapá, Maranhão, Pará, Piauí
	Consulado Geral do Japão em Recife: Alagoas, Bahia, Ceará, Paraíba, Pernambuco, Rio Grande do Norte e Sergipe
	Escritório Consular do Japão em Porto Alegre: Rio Grande do Sul

Aeroporto Internacional mais próximo da residência				
<i>CENTRO OESTE</i>	<i>NORDESTE</i>	<i>NORTE</i>	<i>SUDESTE</i>	<i>SUL</i>
<input type="radio"/> Brasília	<input type="radio"/> Fortaleza	<input type="radio"/> Belém	<input type="radio"/> Belo Horizonte	<input type="radio"/> Curitiba
	<input type="radio"/> Natal	<input type="radio"/> Manaus	<input type="radio"/> Rio de Janeiro	<input type="radio"/> Florianópolis
	<input type="radio"/> Recife		<input type="radio"/> São Paulo	<input type="radio"/> Porto Alegre
	<input type="radio"/> Salvador			

Rota de viagem:	<input type="radio"/> Via EUA: irão por esta rota japoneses, portadores de dupla nacionalidade ou do visto americano. <input type="radio"/> Via Europa ou Oriente Médio: não necessita de visto.
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Possui passaporte brasileiro?	<input type="radio"/> Não <input type="radio"/> Sim	Possui passaporte japonês?	<input type="radio"/> Não <input type="radio"/> Sim
Validade	/ /	Validade	/ /

Observação	
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Links úteis:

Japan Studet Services Organization: http://www.jasso.go.jp/pt/study_j/sgtj.html

Study in Japan Comprehensive Guide: <http://www.studyjapan.go.jp/en/>

Ficha de Inscrição para Bolsa de Treinamentos JICA

Form. 1 - anexo

CHECK LIST - FORMULÁRIOS E DOCUMENTOS NECESSÁRIOS

Apresentar candidatura após reunir TODOS os formulários e documentos necessários.

* Não grampear os documentos.

* As assinaturas (forms. 4 e 6) devem ser manuscritas, não sendo aceitas assinaturas digitais.

1. Formulários (1 a 6) * entregar todos os formulários	Idioma de preenchimento	Observação
() Form. 1 - Dados do candidato	Português ou Japonês	Preencha o máximo possível * colar 1 foto no form. 3
() Form. 2 - Formulário de Inscrição	Japonês ou inglês	
() Form. 3 - Curriculum Vitae	Japonês ou inglês	
() Form. 4 - Histórico médico	Japonês ou inglês	Autodeclarado, assinar
() Form. 5 Termo de Garantia (pledges)	Japonês ou inglês	Assinar
() Form. 6 Cadastro na associação de ex-bolsistas JICA	Português	Assinar
* Imprimir em face única. Documentos impressos frente e verso serão desconsiderados.		

2. Documentos (conferir os documentos e ticar)	Anexar tradução	Observação
1 Foto 3x4 - 1 colada no formulário 3		Escrever o nome e país no verso.
Carta de recomendação original emitida por entidade nikkei	Japonês ou Inglês	Deve ser assinada por representante da entidade.
Cópia simples do diploma , atestado ou certificado de conclusão da última formação.	Japonês ou Inglês	Se estiver cursando, apresentar declaração de matrícula ou equivalente.
Cópia simples do diploma de pós-graduação (especialização, mestrado ou doutorado, caso possua).	Japonês ou Inglês	Se estiver cursando, apresentar declaração de matrícula ou equivalente.
Cópia simples do certificado de proficiência em inglês . (caso possua)		
Cópia simples do certificado de japonês Nouryokushiken . (caso possua)		
Cópia simples do passaporte		
Resultado do teste de proficiência on-line TTBJ		Link: https://ttbj.cegloc.tsukuba.ac.jp/ Selecionar o teste: SPOT90 + Grammar90 + 漢字SPOT50
Cópia simples do visto americano ou japonês (caso possua)		
Cópia simples do documento de identidade RG / RNE		
Cópia simples do certidão de nascimento		

研修申請書 APPLICATION FOR TRAINING

私は、貴機構が実施する日系社会研修員事業に応募を希望しますので、関係書類を添えて申請いたします。

I hereby apply for the "Training Program for Nikkei Communities" with the attached papers.

1. 氏名 FULL NAME (as written in your passport)
(英語表記) (In Alphabet)
姓/Surname :
名/Given name :
(和文表記) (In Japanese Character)
姓名/Name :

2. E-Mail アドレス/E-Mail Address	
	<input type="checkbox"/> 日本語メール可 <input type="checkbox"/> No Japanese

3. 応募研修コースコード/ No. of he applied course	応募研修コース名/Name of the applied course

4. 提案団体（研修実施機関）との連絡状況/Current status of contact with training organization			
コンタクト状況/ Contact	<input type="checkbox"/> 済/Done <input type="checkbox"/> 未済/Not yet	返信/Reply	<input type="checkbox"/> 有/Positive <input type="checkbox"/> 未受領/Not yet
提案団体（研修実施機関）名称/ Name of organization			
対応者名/Name of contact person			
コンタクト方法/ Correspondence procedure	<input type="checkbox"/> E-Mail <input type="checkbox"/> 電話/Telephone <input type="checkbox"/> その他/Others ()		

5. 研修応募理由・達成したい目標／Reason for application and goal of this training

6. あなたの所属先概要（活動／業務内容、スタッフ人数、施設、機材、予算等）／
Information of the organization to which you belong (main function, number of staff, main facilities, equipment and budget, etc.)

Main function（活動/業務内容）：

Number of staff（スタッフ人数）：

Main facilities（施設）：

Equipment and budget（機材と予算）：

Others（その他）：

7. 所属先でのあなたの役割と活動／

Detail explanation of your present job (your post, kind of your work and specific activities of your post in your organization office)

8. 本コースの分野であなたの所属先、または地域、国が抱えている問題／

Concerning in the field of the training course, problems or troubles that you are presently facing (in your organization, area, country)

9. 上記 8 の問題解決に向けたあなたのアイデア

Prescribe countermeasures to solve or alleviate the above problems or troubles

10. 上記 8. の問題解決のための、研修後の自国での活動計画

Action plan after the training to solve or alleviate the above problems or troubles

11. 研修参加中の肖像権の扱いに関する確認 Confirmation of Portrait Rights

日系社会研修の実施期間中、JICA（契約カメラマン、研修実施先等を含む）は主に以下の目的で写真及びビデオ映像を撮影します。

- ・ JICA が運営・するウェブサイトや SNS での利用
- ・ JICA の出版物（広報雑誌、年次報告書、雑誌など）での印刷または電子形式での使用

During the period of training program, JICA (including hired photographer and program implementing partner) will shoot photograph 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.

撮影した写真や画像を営利目的で利用したり、同意なしに個人情報を第三者に開示することはありません。上記写真や画像に関し、JICA への肖像権許諾の同意をいただければ幸いです。ただし、同意は研修の参加要件ではなく、応募選考にも影響いたしません。

Photos and images taken will not be used for commercial purposes and your personal information will not be disclosed to any third party without the consent of the participants. JICA would appreciate it if the participant of the program grants the portraits right license to JICA for photos and images taken described above. However, your intention does not affect the selection of recruitment or not a requirement for the program.

JICA の肖像権に関して理解した上で写真や映像の使用についての意思は以下です。

I understand the intention of JICA portrait right policy and my intention for usage/publication of photographs and videos including the portrait of myself by JICA for the purpose above is as follows:

Agree 同意します。 / **Disagree** 同意しません。

添付書類チェックリスト/Attachment Check List

- | | |
|---|----------------|
| <input type="checkbox"/> 研修申請書/APPLICATION FOR TRAINING | 様式第 2 号/Form 2 |
| <input type="checkbox"/> 履歴書/CURRICULUM VITAE | 様式第 3 号/Form 3 |
| <input type="checkbox"/> 病歴に係る申告書/MEDICAL HISTORY | 様式第 4 号/Form 4 |
| <input type="checkbox"/> 誓約書/PLEDGES | 様式第 5 号/Form 5 |
| <input type="checkbox"/> 日系諸団体等の推薦書/Recommendation from Nikkei association or institution | |
| <input type="checkbox"/> 最終学校卒業証明書【写】または卒業証書【写】（あれば翻訳文を添付） /
Copy of Diploma or Graduation Certificate (With Japanese or English Translation) | |
| <input type="checkbox"/> ID カード（身分証明書）【写】 / Copy of Official Identification Card | |
| <input type="checkbox"/> 旅券【写】（姓・名の確認用の為、有効でも失効でも可） /
Copy of Passport (Valid or Invalid to Confirm Names) | |
| <input type="checkbox"/> 日本入国査証【写】（有効なもの） / Copy of Japanese Entry Visa (Valid) | |
| <input type="checkbox"/> 米国入国査証【写】（有効なもの） / Copy of USA Entry Visa (Valid) | |
| <input type="checkbox"/> 顔写真（1 枚、縦 4.5cm×横 3.5cm） / 1 Photographs (4.5cm×3.5cm attach to CV) | |
| <input type="checkbox"/> 筑波日本語テスト集(TTBJ)の「SPOT90 + Grammar90 + 漢字 SPOT50」スコア
（写） / Copy of test score of TTBJ :Tsukuba Test –Battery for Japanese
(https://ttbj.cegloc.tsukuba.ac.jp) SPOT90 Grammar90 Kanji SPOT50 | |

様式第 2 号
Form 2

取扱注意
CONFIDENTIAL

その他 / Others (

)

以上 / END

履歴書 CURRICULUM VITAE

研修申請書類の個人情報は、1. 提案団体・研修実施機関で実施する選考判定、2. 応募から研修終了後帰国までの各種連絡、3. 事業実績の取りまとめ等統計資料の作成に利用します。

to use the personal information mentioned above as follows.

1. Selection judgment, 2. Communication from application to return home after the training,
3. Making of the statistics document.

***If you fill in Japanese, please write in English as well.**

1. 氏名 FULL NAME (as written in your passport)		写真 PHOTO 3.5 cm x 4.5 cm
姓/Surname : 名/Given name :		
2. 電話番号/ TELEPHONE #		
3. 住所 (州/県も明記) DWELLING ADDRESS (With name of state or Prefecture)		
4. 出発空港 (一つ選択) /CITY OF DEPARTURE (Choose one) ※ブラジル・ボリビアのみ選択/Brazil and Bolivia only		
ブラジル Brazil	<input type="checkbox"/> Belem / <input type="checkbox"/> Belo Horizonte / <input type="checkbox"/> Brasilia / <input type="checkbox"/> Curitiba <input type="checkbox"/> Florianopolis / <input type="checkbox"/> Fortaleza / <input type="checkbox"/> Manaus / <input type="checkbox"/> Porto Alegre <input type="checkbox"/> Recife / <input type="checkbox"/> Rio de Janeiro / <input type="checkbox"/> Salvador / <input type="checkbox"/> Sao Paulo <input type="checkbox"/> Natal	
ボリビア Bolivia	<input type="checkbox"/> La Paz / <input type="checkbox"/> Santa Cruz	

5. 緊急の連絡先 CONTACT PERSON AND ADDRESS IN CASE OF EMERGENCY
<ul style="list-style-type: none"> ・ 名前／Name : ・ 関係／Relation : ・ 住所／Address : ・ 電話番号／Telephone # : ・ 使用可能言語／Usable Language : <input type="checkbox"/> 日本語／Japanese <input type="checkbox"/> 英語／English <input type="checkbox"/> 西語／Spanish <input type="checkbox"/> 葡語／Portuguese

6. 生年月日／DATE OF BIRTH			7. 年齢／AGE	8. 性別／SEX
日／Date	月／Month	年／Year		<input type="checkbox"/> 男／Male <input type="checkbox"/> 女／Female <input type="checkbox"/> 他／Non-binary

9. 日本入国に使用するパスポートの国籍／ NATIONALITY of passport for entering to Japan	10. 有効旅券の所持 Passport possession	11. アメリカ査証の所持 US Visa Possession *
	<input type="checkbox"/> はい／Yes <input type="checkbox"/> いいえ／No 有効期限／Date of Expiry (Year 年／Month 月／Day 日) ()	<input type="checkbox"/> はい／Yes <input type="checkbox"/> いいえ／No 有効期限／Date of Expiry (Year 年／Month 月／Day 日) ()

* 日本旅券使用においてアメリカ査証は不要 (Japanese passport holders are not required US visa for transit)

12. 家族状況 FAMILY MEMBERS			
氏名／Name	続柄／Relation	年齢／Age	職業／Occupation

13. 本人、または家族の出身県 PREFECTURE OF JAPAN WHICH YOU OR YOUR RELATIVES FROM	
本人との関係／Relationship with applicant (例：本人、父、祖父／Ex. Self、Father、Grandfather ...)	出身地／Prefecture

14. 最終学歴／FINAL EDUCATION					
学校名／ Official Name of Institution	市／国 City / Country	時期（年月）／ Month / Year		学位／ Degree	専攻（学部等）／ Major subject
		From		<input type="checkbox"/> Undergraduate 学部在学中 <input type="checkbox"/> Graduated 大学院在学中 <input type="checkbox"/> Bachelor 学士 <input type="checkbox"/> Master 修士 <input type="checkbox"/> Doctor 博士 <input type="checkbox"/> Others その他	
		To			

15. 日本語以外の語学力／LANGUAGE PROFICIENCY					
英語／ English	総合力／ Total Skill	<input type="checkbox"/> よくできる／ Excellent	<input type="checkbox"/> できる／ Good	<input type="checkbox"/> 少しできる／ Fair	<input type="checkbox"/> できない／ Not at all

16. 日本語学習歴／JAPANESE LANGUAGE EDUCATIONAL RECORD			
学校名／Name of School	年齢／ Age	学習期間／Years Attended	
		From	To

17. 本邦研修・留学歴 RECORD OF TRAINING OR STUDY IN JAPAN				
研修実施機関／ Institution	場所／ Name of City	時期／Period		研修分野／コース名 Field or Name of Course
		From Month/Year	To Month/Year	
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ()				
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県／Prefecture <input type="checkbox"/> 他／Others ()				

18. 職歴／EMPLOYMENT RECORD	
職歴の経験年数／Years of experience of employment	年／Years
研修分野の経験年数／Years of experience in training field	年／Years

18.-1 現在の職業／PRESENT JOB	
勤務先名／ Name of organization	
住所／Office address	
電話／Telephone #	
役職／Present position	
役職についた年月日／ Date of taking up post (Date / Month / Year)	
職業／Type of organization	
<input type="checkbox"/> 公務員／Governmental / Public	<input type="checkbox"/> 民間／Private
<input type="checkbox"/> 自営業／Self-Employed	<input type="checkbox"/> その他／Others

18.-2 前職／PREVIOUS JOB	
勤務先名／ Name of organization	
役職／Present position	
役職についた年月日／ Date of taking up post (Date / Month / Year) * Please fill out the date 日付まで記載	

以上／END

病歴申告書

MEDICAL HISTORY

本人が記入してください。日本語又は英語により明瞭に記入してください。

To be completed by the applicant himself. Please fill out in **JAPANESE** or **ENGLISH**

氏名/FULL NAME

姓/Surname : _____ 名/Given Name : _____

男/M

女/F

他/Non-binary

生年月日/DATE OF BIRTH

年齢/AGE :

日/Date : _____ 月/Month : _____ 年/Year : _____

1. 現在の病状/Present Medical Status

(a) 現在、病気のために薬の服用または医師による定期診察を受けていますか。

Do you currently use any medicine or have regular medical checkup by a physician for your illness?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes	病名/Name of Disease (_____) 薬名/Medication (_____)
---------------------------------	---------------------------------	---

「はい」の場合、日本語または英語の医師による診断書を添付してください。

If YES, please attach your doctor's letter (written in English) that describes current status of your illness and agreement to join the program.

(b) 薬または食べ物のアレルギー等がありますか。Are you allergic to any medication, food etc.?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes アレルギーのある薬または食べ物等/Name of medication/food you are allergic to (_____)
---------------------------------	--

(c) 障害のために必要とされる追加支援または設備を記載してください。

Please indicate any needs arising from disabilities that might necessitate additional support or facilities

(_____)

※障害の有無は障害者を研修参加から排除するものではありません。しかしながら、状況に応じて JICA からあなたの障害について詳しい質問を受ける場合があります。

※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.

(d) 妊娠していますか。Are you pregnant?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes : 妊娠週数/Week of pregnancy (週/week)

2. 過去の病歴/Past Medical History

(a) 重大または深刻な病気にかかったことがありますか。 Have you had any significant or serious illness?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes 病名/Please specify ()

(b) メンタルクリニックまたは精神科医の治療を受けたことがありますか。 Have you ever been a patient in a mental clinic or been treated by a psychiatrist?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes 病名/Please specify ()

(c) あなた自身またはあなたの家族が結核の診断を受けたことがありますか。 Have you or/and your family members had tuberculosis?	
<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes 詳細/Please specify ()

(d) 過去 3 ヶ月間に次のような症状がありましたか。咳・痰・喀血・就寝時発汗・体重減少・発熱 Have you had any of the following symptoms in the past 3 months? Cough・Phelgm・Hemoptysis・Sweating in sleep・Weight loss・Fever	
<input type="checkbox"/> はい/Yes 詳細/Please specify ()	

3. その他の健康上の問題/Other Medical Problems

もしも、その他の健康上の問題で、上記に記載されていないものがあれば、記載してください。 If you have any medical problems that are not described above, please indicate below.	

私は、上記の設問を読み、全ての質問に正直かつ私の知りうる限りすべて回答したことを証します。

私は、申告しなかった健康状態により生じた健康状態が JICA により補償されず、研修中止に至ることを理解し、受け入れます。

私はこの申告書が来日研修に参加した場合の研修関係者において確認されることを理解しました。

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

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

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

日付／Date : _____ 署名／Signature : _____

氏名／Print Name : _____

- ※ 本様式提出後に健康状況に変化が生じたときは JICA 事務所のスタッフへ連絡してください。
- ※ Please notify JICA staff upon any changes in your health condition after submission of the form.

以上／END

誓約書 PLEDGES

私は、貴国際協力機構の日系社会研修（_____コース）の研修員に選ばれたならば、下記事項を遵守し、研修に精進することを誓います。

I am applicant of _____ Course participant in the Training Program for Nikkei Communities managed by JICA. I hereby pledge;

1. 日本国の法令及び研修機関の諸規則を遵守し、善良な社会人として行動すること。
to abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide JICA participant;
2. 貴国際協力機構の指示や決定に忠実に従うこと。
to execute the training/research plan and abide by rules and conditions as stipulated in the application guide on this Training Program
3. 故意また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。
to compensate JICA for any damage I may cause either intentionally or by negligence;
4. 次の事項の一に該当すると認められ、研修の停止を命ぜられた場合は、その命に従い自費で帰国すること。
 - (1) 故意又は重大な過失及び怠慢等の事由により、研修の継続が不可能となったとき。
 - (2) 自らの都合により研修を中断したとき。
 - (3) 社会の秩序を乱す行動をしたとき。
 - (4) 応募書類の記載事項に虚偽が発見されたとき。to refund to JICA the entire allowance paid to me when I discontinue my training/research plan without JICA's authorization or when JICA orders me to stop the program due to disobedience or other reasons as followed.
 - (1) When, by reasons such as intention or gross negligence and the negligence, continuation of the training became impossible.
 - (2) When I stopped the training on account of oneself.
 - (3) When I did an action to disturb the social order.
 - (4) When falsehood was discovered in the items mentioned of application documents.
5. 所定の研修終了後は速やかに帰国し、修得した知識や技術を活用して、地域社会の発展に積極的に貢献すること。
to return to my country as soon as the training /research period ends and to apply the techniques and knowledge acquired in Japan to the social, technical or scientific development in my country.
6. 研修中に提供されたすべての文書（テキスト、資料を含む）は各著作権者が承認した範囲内で使用すること。研修に使用するすべての文書は原則として自ら作成し、居住国の法律または著作権関連の多国籍協定によって保護されている第三者の作品を使用する場合は権利を取得し、著作権者が承認した範囲内で使用する。本研修のために作成した文書を JICA が実施する他のプログラム（他の研修コース等）に使用することに同意する。

様式第 5 号

Form 5

遠隔研修へ参加の場合、JICA ホームページ（以下）に記載されている遠隔研修の著作物の利用規約を遵守します。

Use all the documents provided for the program (including texts, materials. etc.) within the scope approved by each copyright holder. All documents will be prepared by the participant in principle. If used a third party's work, which is protected under the laws and regulations in my country or country-related multinational agreements, obtain a license to use the work within the scope approved by the copyright holder. Agree that JICA may use the document prepared by the participants for other program conducted by JICA (for example, as reference for other training courses) If participate to the online program, comply with terms of use of copyrighted works for online training program that was shown on the JICA website.

https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/online/online_01.html

日付／Date : _____ 署名／Signature : _____

氏名／Print Name : _____

以上／END

**SOBRE A ASSOCIAÇÃO DE EX-BOLSISTAS**

(Form. 6)

As Associações são entidades sem fins lucrativos, criadas com o apoio da JICA, e reúnem ex-bolsistas brasileiros. Dentre suas finalidades estão: promover e difundir conhecimentos adquiridos no Japão, incrementar o intercâmbio cultural, técnico e científico entre o Brasil e o Japão, auxiliar na divulgação dos cursos e na orientação a futuros bolsistas.

Existem 7 (sete) Associações de ex-bolsistas no Brasil que apoiam as atividades da JICA na divulgação de cursos, na execução de projetos Follow-up, etc.

✳Mais informação sobre cada Associação e sua jurisdição poderá verificar no site da JICA: <https://www.jica.go.jp/brazil/portuguese/office/association/index.html>

AUTORIZAÇÃO PARA USO DE DADOS PESSOAIS

Eu, _____, candidato(a) ao curso de treinamento da Agência de Cooperação Internacional do Japão-JICA:

- 1) () **Autorizo** a repassar os dados abaixo da ficha cadastral para a Associação de ex-bolsista da JICA para cadastro e contato direto, caso seja aprovado(a).
- 2) () **Não autorizo** a repassar nenhum contato pessoal para a Associação de ex-bolsista da JICA.

FICHA CADASTRAL PARA ASSOCIAÇÃO DE EX-BOLSISTAS

Nome do(a) candidato(a):

Nome do Curso:

Período do curso:.....

Cidade:.....UF:.....

Tel. Residencial: ()..... Celular ().....

E-mail:.....

Local de trabalho:

Profissão:Cargo.....

Telef. Comercial: ().....

E-mail:.....

Local e data

.....
Assinatura do(a) candidato(a)

Obs.: Os dados da ficha cadastral só serão repassados para a Associação de Ex-bolsistas mediante a autorização dos candidatos.

Caso seja autorizado, informamos que a Associação só poderá utilizar estes dados somente para cadastro e contato pessoal, não podendo divulgar para terceiros.