Reg. No.

Pacific Leaders’ Educational Assistance for Development of States

(Pacific-LEADS) 3rd Batch

APPLICATION FORM

**1. Personal Information**

1. Title

**Pacific Leaders’ Educational Assistance for Development of States**

Attach the Applicant’s photograph (taken within the last three months) here

Size: 4x3cm

**(Pacific-LEADS)**

2. Number　(NOT need to fill in, JICA will inform after selection procedures)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| J |  |  |  |  |  |  |  |  |

3. Information about the Applicant

1) Name of Applicant (**as in the passport**)

Family Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Middle Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- |
| 2) Nationality  (as shown in the passport) |  | | 5) Date of Birth (as of April 1st, 2018 for the 3rd Batch participants) | | | |
| 3) Sex | ( ) Male | ( ) Female | Date | Month | Year | Age |
| 4) Religion |  | |  |  |  |  |

6) Passport/Visa

|  |  |  |
| --- | --- | --- |
| Passport possession | ( ) Yes | ( )No |
|

7) Present Position and Current Duties

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization |  | | | | | | |
| Department / Division |  | | | | | | |
| Present Position |  | | | | | | |
| Date of employment by the present organization | Date | Month | Year | Date of assignment to the present position | Date | Month | Year |
|  |  |  |  |  |  |

8) Type of Organization

|  |  |  |
| --- | --- | --- |
| ( ) National Governmental | ( ) Local Governmental | ( ) Public Enterprise |
| ( ) Private (profit) | ( ) NGO/Private (Non-profit) | ( ) University |
| ( ) Other ( ) | | |

9) Contact Information

|  |  |  |
| --- | --- | --- |
| Home | Address: (Province/State) (City) | |
| TEL: | Mobile (Cell Phone): |
|  | E-mail: |
| Office | Address: (Province/State) (City) | |
| TEL: | Mobile (Cell Phone): |
|  | E-mail: |
| Contact person in emergency | Name:  Relationship to you: | |
| Address: (Province/State) (City) | |
| TEL: | Mobile (Cell Phone): |
|  | E-mail: |

**2. Educational Background**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level | Name of School / Department | Location  (City and Country) | Number of years of schooling you have attended | From /To  (Month/Year) | Academic Degree |
| Example | \*\*\* University Faculty of \*\*\* | Nairobi, Kenya | 4 Years | 9/1999 to 6/2003  Month/Year Month/Year | Bachelor of \*\*\* |
| Primary  Education |  |  |  | / to /  Month/Year Month/Year |  |
| Lower  Secondary  Education |  |  |  | / to /  Month/Year Month/Year |  |
| Upper  Secondary  Education |  |  |  | / to /  Month/Year Month/Year |  |
| Higher Education  (University level) |  |  |  | / to /  Month/Year Month/Year |  |
| Other Higher Education  (except training) |  |  |  | / to /  Month/Year Month/Year |  |
| Other Higher Education (except training) |  |  |  | / to /  Month/Year Month/Year |  |
| Total Years of Education: \_\_\_\_\_\_\_\_\_\_ year(s) | | | | | |

1. Language Proficiency (required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) State your level of English proficiency | |  | | |
| 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 |  | | | |
| 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.

1. Have you ever been awarded a scholarship for studying abroad?

[ ] **Yes** Name of the Scholarship:  
 Country where you studied:

Duration From (month/year)to (month/year)  
[ ] **No**

1. Are you currently applying for any scholarship(s), other than Pacific-LEADS?

[ ] **Yes** Name of the Scholarship(s):  
[ ]  **No**

1. Have you ever participated in any program in your country or abroad including any offered by JICA?

[ ] **Yes** Name of the course:  
 Country you visited:

Name of the institution or agency:

Duration From (month/year) to (month/year)

[ ] **No**

3. Work Experiences

Provide the information of your work experience starting with the most recent one. Write it on a separate sheet of A4 sized paper if space is not enough. Full-time jobs, Part-time jobs and jobs before graduation from university can be included.

1. Work Experience (as of application)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | | **Department** | **Position** | **Period of Working** | **From /To**  **(Month/Year)** | **Full-time**  **or**  **Part-time** | **\*\***  **Type** |
| Ex. | **Ministry of \*\*\*** | **\*\*\* Section,**  **\*\*\*Directorate** | **Head** | **4 years** | 9/1999 to 8/2003  Month/Year Month/Year | **Full** | **A** |
| **(Most recent)** | |  |  |  | / 　to /  Month/Year Month/Year |  |  |
|  | |  |  |  | / 　to /  Month/Year Month/Year |  |  |
|  | |  |  |  | / 　to /  Month/Year Month/Year |  |  |
|  | |  |  |  | / 　to /  Month/Year Month/Year |  |  |

**\*\***For the type of organization, please choose from the followings:

A. Private Sector B. Ministry/Governmental Institution

C. Higher Education and TVET(Technical and Vocational Education and Training) Institutions D. Others

Total years of full-time job experience: \_\_\_\_\_\_\_\_ year(s) \_\_\_\_\_\_\_ month(s)

　　Total years of part-time job experience: \_\_\_\_\_\_\_\_ year(s) \_\_\_\_\_\_\_ month(s)

1. Name of your current **employer**:  
   **\*Do not abbreviate the name.**
2. Name of current department:

**\*Do not abbreviate the name.**

1. Your Current Occupation (including Position Title)
2. Work address:
3. Work phone: 　　　　　　　　　　　　　Fax:
4. **Confirmation of the nomination by the applicant’s current organization**

On behalf of our organization, I agree to nominate this person, who is expected to be reinstated after completing the Master’s course and internship in Japan.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Signature: | | |
| Name: | | | Official Stamp |
| Designation / Position: | | |
| Department / Division | | |
| Telephone: | | E-mail: | |

4. Details of Current and Previous Employment

Please describe your responsibilities in your current and previous work within **150 words**. if more space is needed, please write on separate sheets of A4 sized paper. Make sure to sign on each page.

**(Current Work)**

**(Previous Work)**

5. Career Plan after Graduation

In connection with the fields of study of your choice shown on page 1, please describe your idea /plan to utilize the knowledge, skills and experiences to be acquired through Pacific-LEADS after returning to your home country in 400-500 words.

Please be reminded of the aim of Pacific-LEADS which expects the participants to contribute to resolution of development issues in the Pacific Islands Countries and improving the relationships between their countries and Japan.

If more space is needed, please write on separate sheets of A4 sized paper. Make sure to sign each page.

6. Declaration of desired university placement

1. **Every applicant MUST specify first, second and third choice of Universities and the respective Field of Studies. Please fill in the necessary information by reference to “List of Universities” (Annex 3)**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Graduate School  Code | Name of selected University and  Graduate School | Program and Degree(See “4 .Program and Degree” of Detailed University Information) | Supervisor of Choice |
| **Example** | **12A** | \*\*\*University, Graduate School of\*\*\* | Information and Computer Science/  Master of Science in Engineering | Professor \*\*\*\*\*\* |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

7. Research Plan

1. To confirm the field of your research, choose the Item No. and Research Field from Annex 5, List of Categories, Areas, Disciplines and Research Fields.

|  |  |
| --- | --- |
| Research Field | Item No. |
|  |  |

\*[Item No.] is very important to avoid mismatching between your research plan and your　desired university.

1. Write a brief research plan of your proposed Master’s thesis in more than 700 words (minimum 3 pages)**.** At the selections, this research plan will be used by the faculty members of the Japanese university to evaluate your academic ability and motivation. Make sure to sign each page.

**If plagiarism or fraud is discovered after selection, the candidate will be disqualified retroactively.**

**Title:**

**Research Plan (more than 700 words):**

8. Medical History

(1) Present Medical Status

(a) Do you currently use any medicine or are you under any treatment for your illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Name of illness ( ), Name of medicine ( ) |
| *If yes, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program.* |

(b) Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Months of pregnancy ( months) |

(c) Are you allergic to any medication or food?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: What are you allergic to? ( ) |

(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

|  |
| --- |
| ( )  *Note: 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.* |

(2) Past Medical History

(a) Have you had any significant or serious illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

(b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

(3) Other Medical Problems

If you have any medical problems that are not described above, please indicate below.

|  |
| --- |
|  |

9. Declaration

I, (print your full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

declare that I apply for the Pacific Leaders’ Educational Assistance for Development of States (Pacific-LEADS) with a full understanding of the “General Information for Pacific-LEADS”, especially the articles stipulated below:

1. APPLICATION
2. all the information answered and provided in this application form by me is true and accurate to the best of my knowledge and ability. My application will be cancelled if any information is proven to be false.
3. all the information provided by me in this application form had been approved by my supervisor in my organization.
4. an application form which is incomplete or missing any necessary document(s) will be deemed ineligible and not considered.
5. the selection procedure and results rest entirely with JICA as the secretariat of Pacific-LEADS. No inquiries or objections by applicants regarding the result of the selection process will be considered.
6. OBJECTIVE OF THE PROGRAM

When I am accepted for the program, I agree

1. that the objective of the program which is written in G.I. Therefore, I will participate in observation tours of organizations, summer internship, as designated by JICA,
2. that I am required to contribute to the development of my nation’s relationship with Japan after completing the Master’s course and Internship in Japan,
3. that the objective of the program is not provision of employment in Japan upon completion of the program,
4. that the objective of the program is to foster young leaders who play a vital role towards the resolution of development challenges in Pacific Islands Countries, as well as to further strengthen the relationships between their countries and Japan. Therefore, I fully understand that I am expected to be reinstated by the current organization and to contribute to further development of my home country after completing the Master’s course and internship in Japan.
5. JICA’s GUIDELINES

When I am accepted for the program, I agree

1. to invite my family (spouse and children only) on my own responsibilities for all expenses and necessary procedures after 6 months upon arrival in Japan to follow JICA’s Guidelines,
2. all the information answered in 8. MEDICAL HISTORY is true, and to accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program,
3. 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,
4. to follow the program, and abide by the rules of the institution or establishment that implements the program,
5. to refrain from engaging in political activity or any form of employment for profit or gain
6. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
7. to discontinue the program if JICA and the applicant’s current organizations agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation,
8. to consent to waive exercise of my copyright holder’s rights for documents or products that are produced during the course of the program, against duplication and/or translation by JICA, as long as they are used for the purposes of the program,
9. to approve the privacy policy and the copyright policy in the ‘Guidelines of Application Form’, (Annex1.) mentioned to the following:
   * 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 (a) - (c), 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 (a) – (c) and will not use for any purpose other than the following (a) – (c) without prior approval of an applicant itself.
10. To provide Pacific-LEADS to the participants.
11. To provide Pacific-LEADS to the participants from developing countries under the Citizens’ Cooperation Activities.
12. In addition to (a) and (b) above, if the government of Japan or JICA determines necessary in the course of technical cooperation.
13. to observe Japanese laws and ordinances during my stay. (including, for example, such as ‘Sexual Harassment’) during my stay, if I violate, will return the total amount or a part of the expenditure required for Pacific-LEAS depending on the extent of the violation,
14. 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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*Please sign at the bottom of all the pages including this page)

Date: (day)\_\_\_\_\_/(month)\_\_\_\_\_/(year)\_\_\_\_\_\_\_