Reg. No.

Japanese Initiative for the future of Syrian Refugees (JISR) for 2025

APPLICATION FORM

1. Field of Study and University

Please provide the following information, referring to the Application Guidelines as necessary. **Every applicant must specify the area, research field, graduate school code, name** of the selected university and graduate school and the supervisor’s name (listed in Annex 5 “University Information”) in the table below, referring to Annex 4 “List of Japanese Universities and Research Fields.” Please fill in your first, second, and third priority universities if any.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Priority** | **Area of study**  **Engineering,**  **Agriculture,**  **ICT,**  **Business Administration, Social Science,**  **and Health Science** | **Research Field** | **Graduate School Code** | **Name of selected University and Graduate School** | **Academic Supervisor of your choice** |
| Example | Engineering | Civil Engineering materials | 1 | JISR University  Graduate School of Engineering | Professor  Taro Yamada |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**2. Personal Information**

(1)Program Title

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

Size: 4x3cm  
(Attach to the documents to be submitted.)

Name to be written on the back of Photo.

Japanese Initiative for the future of Syrian Refugees (JISR)

(2) Number　(NO need to fill in, JICA will inform after selection procedures)

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

(3) Information about the applicant

1) Name of Applicant (as shown in passport or other official identification card, if any)

Family Name

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

First Name

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2) Nationality  (as shown in passport or other official ID card) |  | | | 5) Date of Birth (please write out the month in English, as in “April”) | | | | |
| (If you hold a second nationality, please specify it here) | | |
| 3) Sex (for visa application) | ( ) Male | ( ) Female | | Date | Month | | Year | Age |
| 4) Religion |  | | |  |  | |  |  |
| 6) Marital Status | ( ) Single | | ( ) Married | | | ( ) Engaged | | |
| 7) Place of birth |  | | 8) Month and year when Nominee started to reside in host country(Month/year) | | | ( / ) | | |

9) Passport

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Passport possession | ( ) Yes | | ( ) No | | | Expiry date  of passport | | | | Date | | Month | | | Year | |
| UNHCR Registration Card or Asylum Seeker Certificate (AC) | (　) Yes | | (　) No | | |  | |  | | |  | |
| Temporary Protection ID number (For applicants from Turkey only) |  |  | |  |  | |  |  |  | |  | |  |  | |  |
| Province of registration with Turkish authorities  (For applicants from Turkey only) |  | | | | | | | | | | | | | | | |

10) UNHCR Registration information:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **－** |  |  |  |  |  |  |  |  |

UNHCR Case Number/Barcode

(For applicants from Jordan and Lebanon only)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **－** |  |  |  |  |  |  |  |  |

UNHCR Individual Registration Number

(For applicants from Jordan and Lebanon only)

Country of asylum/current residence: Jordan / Lebanon / Turkey (Please choose one)

11) Name of Applicant’s parents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Relationship to the Applicant | Name | Place of birth | Date of birth  (Date/Month/Year) |
| 1 | father |  |  |  |
| 2 | mother |  |  |  |

12) Contact Information

|  |  |  |
| --- | --- | --- |
| Home | Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Contact person in case of emergency | Name:  Relationship to you: | |
| Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |

13) The source of information from which you found out about JISR program

|  |  |
| --- | --- |
| 1. Facebook | □ |
| 2. Flyer | □ |
| 3. Email from UNHCR | □ |
| 4. Others | \_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |

**3. Educational Background**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level | Name of School / Department | Location  (City and Country) | Number of years of schooling you have attended | From /To  (Month/Year) | Degree |
| Example | \*\*\* University Faculty of \*\*\* | Damascus, Syria | 4 Years | 9/2004 to 6/2008  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) \_\_\_\_\_\_\_\_ month(s) | | | | | |

1. Please describe in English the outlines of your studies at the higher education (university level education or other higher education). If you completed an undergraduate thesis, please briefly explain the outline of your argument. Please describe in 400-500 words.
2. Mother Tongue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Language Proficiency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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, IELTS) |  | | | |
| 2) Japanese | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| 3) Other languages　 ( ) | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| 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 received any Scholarship(s):

[ ] **Yes** Name of the Scholarship (if any):

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

[ ] **No**

1. Have you ever studied abroad?

[ ] **Yes** Name of the Academic institution/Scholarship (if any):  
 Country where you studied:

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

1. Are you currently applying for any scholarship(s), other than the Japanese Initiative for the future of Syrian Refugees (JISR)?

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

1. Have you ever participated in any training course in your country or abroad including those 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**

4. Work Experience

1. Information about Organization and Position of your current or most recent work

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Organization | ( ) A.  National Government | | ( ) B.  Local Government | | | ( ) C.  Public/Private Enterprise | | |
| ( ) D.  NGO/Private (Non-profit) | | ( ) E.  University | | | ( ) F.  Other ( ) | | |
| Organization |  | | | | | | | |
| Department / Division |  | | | | | | | |
| Position |  | | | | | | | |
| Date of employment by the organization | Date | Month | Year | (if applicable)  Date of resignation | | Date | Month | Year |
|  |  |  |  |  |  |
| Contact information for the organization | Address: | | | | | | | |
| TEL: | | | | Mobile phone (Cell Phone): | | | |
| FAX: | | | | E-mail: | | | |

2）Please describe in English your responsibilities and achievements in your most recent or previous employment. If you do not have work experience, please write “N/A.”

3) Information about work experience

Please provide information about your work experience, starting with your most recent employment. Full-time jobs, part-time jobs and jobs before graduation from university can be included.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | | **Department** | **Position** | **Period of Employment** | **From /To**  **(Month/Year)** | **Full-time**  **or**  **Part-time** | **\*\***  **Type** |
| Ex. | **ABC Co., Ltd.** | **Department** | **Head** | **5 years**  **5 months** | 7/2008 to 12/2013  Month/Year Month/Year | **Full** | **A** |
|  | |  |  |  | / 　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 following:

A. National Government, B. Local Government, C. Public/Private Enterprise, D. NGO/Private (Non-profit),

E. University, F. Other

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

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

【Questionnaire on Relationship with the Military】(FOR ALL THE APPLICANTS)

Please mark Yes or No about your status.

|  |  |
| --- | --- |
| Yes / No | Personnel of the military or organizations under the military (active military personnel or military personnel listed in the muster roll/military register) |
| Yes / No | Personnel of the Ministry of Defense, or organizations under the Ministry of Defense |
| Yes / No | Personnel of organizations that are specified by law under the military or the Ministry of Defense in case of an emergency |
| Yes / No | Persons listed in the muster roll/military register who are not currently affiliated with the military, the Ministry of Defense, or affiliated organizations |
| Yes / No | Personnel of civilian organizations which have divisions to conduct military-related activities |

5. Plan after returning to Syria

Regarding your chosen field of study shown on page 1, please describe your idea/ plan to utilize your knowledge, skills and experience that you will acquire in Japan after returning to Syria in the future when the country is sufficiently safe and conducive to return. Please describe in English in 400-500 words.

Please be reminded of the purpose of the Japanese Initiative for the future of Syrian Refugees (JISR), which expects Participants to contribute to the reconstruction and peacebuilding of Syria in the future, as well as strengthen the mutual friendship between Syria and Japan.

Be sure to sign each page.

\*There is no intention to encourage participants to return to Syria immediately after the completion of the program.

6. Research Plan

1. To confirm the field of your research, please write down the same Research Field as in section “1. Field of Study and University” on the application form.

|  |
| --- |
| Research Field |
|  |

1. On separates sheets of A4 sized paper, write a brief research plan of your proposed Master’s thesis using more than 700 words (maximum 3 pages) in English**.** During the selection process, this research plan will be used by faculty members of the relevant Japanese university to evaluate your academic ability and motivation. Be sure to sign each page.

(3) Below is an example of the structure of a research plan. While it is not essential to use this structure, it is strongly recommended. The ideal research proposal contains the following items. The pattern varies according to the particular subject, although the outline remains more or less the same.

|  |
| --- |
| RECOMMENDED TEMPLATE FOR YOUR RESEARCH PLAN |
| 1. TITLE of your research plan 2. INTRODUCTION (1 paragraph):   State clearly what your research interests are. You need to include the following:   * Background information regarding the selected topic and your involvement (e.g. what is the main reason that you chose the topic, your relevant working experience, etc.) * The main objective of your study  1. METHODOLOGY (approximately 3 paragraphs):   Provide specific information to support your ideas. Explain what you are going to study and how the research will be conducted. You need to include the following:  ・　Brief explanation for your analysis of this topic.  ・　Brief explanation for your research methodology.  Without digressing from the topic, explain in brief what you want to learn at the Japanese university you chose.  (d) CONCLUSION (1 paragraph):  Stress the most important point(s) of your research plan, and your future work. You need to include the following:  ・　The skills you wish to obtain at a Japanese university.  ・　How you intend to utilize your research contribute to Syria’s reconstruction and peacebuilding after returning to Syria. |

\* IMPORTANT \*

* It must be demonstrated that your academic background and job experience are sufficient to engage in and complete a Master’s course in Japan. In this regard, it is essential that you select a research theme which is relevant to your plan.
* You must have a good understanding of the Master’s courses offered by the Japanese university of your choice. The description you provide in the research plan will be used to evaluate whether the course can support your research.

**(Title of your research plan)**

**(Content of your research plan)**

**PLEASE WRITE ON SEPARATE SHEETS OF PAPER**

7. Information about Family to be brought to Japan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Family Name |  | | | | | |
| First Name |  | | | | | |
| \*Spouse | Sex | ( ) Male | ( ) Female | Date of birth  (please write out the month in English, as in “April”) | Date | Month | Year |
| Age |  | |  |  |  |
| Relation |  | | Please indicate when you want to bring them | ( ) You will bring them with you when you come to Japan.  ( ) You will not bring them with you when you come to Japan.  You will invite him or her at least [　] months after your arrival. | | |
| Passport possession  \*Please submit the copy if you have | ( ) Yes | ( ) No | Expiry date  of passport | Date | Month | Year |
|  |  |  |
| Reason to bring him/her (e.g. He/She will have difficulty maintaining a livelihood without my support) | | | | | | |

Name of Spouse’s parents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Relationship to the Spouse | Name | Place of birth | Date of birth  (Date/Month/Year) |
| 1 | father |  |  |  |
| 2 | mother |  |  |  |

If you have children, please write the information below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | Family Name |  | | | | | |
| First Name |  | | | | | |
|  | Sex | ( ) Male | ( ) Female | Date of birth  (please write out the month in English, as in “April”) | Date | Month | Year |
| Age |  | |  |  |  |
| Relation |  | | Please indicate when you want to bring them | ( ) You will bring them with you when you come to Japan.  ( ) You will not bring them with you when you come to Japan.  You will invite him or her at least [　] months after your arrival. | | |
| Passport possession  \*Please submit the copy if you have | ( ) Yes | ( ) No | Expiry date  of passport | Date | Month | Year |
|  |  |  |
| Reason to bring him/her (e.g. He/She will have difficulty maintaining a livelihood without my support) | | | | | | |
| 3 | Family Name |  | | | | | |
| First Name |  | | | | | |
|  | Sex | ( ) Male | ( ) Female | Date of birth  (please write out the month in English, as in “April”) | Date | Month | Year |
| Age |  | |  |  |  |
| Relation |  | | Please indicate when you want to bring them | ( ) You will bring them with you when you come to Japan.  ( ) You will not bring them with you when you come to Japan.  You will invite him or her at least [　] months after your arrival. | | |
| Passport possession  \*Please submit the copy if you have | ( ) Yes | ( ) No | Expiry date  of passport | Date | Month | Year |
|  |  |  |
| Reason to bring him/her (e.g. He/She will have difficulty maintaining a livelihood without my support) | | | | | | |

If you want to bring more family members, please add an extra row.

\* IMPORTANT \*

* Participants can invite/bring ONLY a spouse and children to Japan who are eligible to be granted “Dependent” resident status in accordance with the Immigration Control and Refugee Recognition Act of Japan.
* In principle, JICA recommends that Participants invite their family to Japan at least six months after the time of their arrival, since it will take approximately three months to complete administrative registration, house-renting, course registration at the university and so on. In addition, Participants need to familiarize themselves with Japanese life and obtain information relevant to living with family (such as public and local support systems for foreigners, medical and education services, etc.).

However, JISR Participants arriving in Japan together with their family will also be accepted considering their status as refugees, if the necessary documents have been prepared (visa, exit permit, etc.).

* JICA or Implementing Partner will assist the family of a Participant with housing, entering children in school and counselling on life if necessary.
* JICA will provide the following expenses for the family of a Participant

・Airfare to Japan

・Family allowance (Spouse：6,500 yen/month、Child：10,000 yen/month)

・Spouse can work only after obtaining a permission to work (Shikakugai-katsudokyoka) from the immigration office within the scope of the law.

8. Medical History

**(Self-Declaration)**

**1. Present Medical Status**

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

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

(b) Do you have any allergies with medicine, food, pollen, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.?  ( ) |

(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 you had any illness such as heart, hepatic, kidney disease, etc.?

|  |  |
| --- | --- |
| [ ] 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 ( ) |

(c) Have you ever had any sleeping, eating or other disorders?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( )  Name of medicine taken if any ( ) |

Please indicate history of all illnesses you have had.

**3. Tuberculosis Screening**

(a) Do you have any history of previous TB?

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

(b) Has anyone in your household been diagnosed with TB in the last 2 years?

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

(c) Do you have any history of recent contact with a case of active pulmonary TB(shared the same enclosed airspace or household or other enclosed environments for a prolonged period for days or weeks)?

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

(d) Do you have any history of or are you currently immune compromised (HIV infected, chronic renal failure, malignant tumors, etc.)? Do you have any history of using immunosuppressant (steroids, anti-cancer drugs, rheumatic drugs, etc.)?

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

(e) Have you (or your household) had any of the following symptoms in the last three months?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  [ ] Cough  [ ] Sputum expectoration  [ ] Hemoptysis  [ ] Night sweats  [ ] Weight loss  [ ] Fever |

**4．Vaccination history**

・MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( )

・MMR (Measles, Mumps. Rubella)……□ Time(s) ( )

・MR (Measles, Rubella)……□ Time(s) ( )

・M (Measles)……□ Time(s) ( )

・Mumps……□ Time(s) ( )

・Hepatitis B……□ Time(s) ( )

・Chicken pox……□ Time(s) ( )

・Meningitis……□ Time(s) ( )

・Polio……□ Time(s) ( )

・Diphtheria Pertussis Tetanus combined……□ Time(s) ( )

**5. Other Conditions/Medical Issues**

Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Weeks of pregnancy ( weeks) |

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

|  |
| --- |
|  |

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

I understand and 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.

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

By Applicant

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

**※Please notify JICA staff upon any changes in your health condition after submission of the form.**

9. Terms and Condition

1. General Rules

The accepted applicants/participants are requested:

1. to understand that participants must physically come to Japan to participate in this program at the date designated by JICA,
2. not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants on their own,
3. not to change course subjects or extend the course period,
4. to discontinue the program, when they finish the program/course or when it is deemed impossible to finish the program within the program period, or when the participant is not successful on the regular course examination,
5. to acknowledge that a leave of absence from school is not permitted in principle
6. 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 course,
7. to enroll and complete JICA-DSP online courses, when you receive JICA’s instructions to do so.
8. to understand that the maximum duration of research student is 1 year, and the program duration is a maximum of three years,
9. to observe the rules and regulations of the program implementing partners to provide the program or establishments,(“Plagiarism” especially is taken severely by enrolling university, regardless of whether it is direct plagiarism or self-plagiarism and participants may be subjected to disciplinary action such as suspension),
10. not to engage in political activities, or any form of employment for profit,
11. to agree to be discontinued of the program, should the participant (a)violate Japanese laws, JICA’s regulations, or University’s regulations, (b)commit illegal or any type of immoral conduct including sexual harassment, (c)become critically ill or seriously injured, after arrival in Japan.
12. to be responsible for paying any cost for treatment of the said health conditions except for the medical care expenses described in the table of “13. Expenses To be borne by JICA in the Application Guidelines,”
13. to return the total amount or a part of the expenditure for KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,
14. not to drive a car or motorbike in Japan, regardless of an international driving license possessed,
15. to observe the rules and regulations at the place of the participants’ accommodation,
16. to refund allowances or other benefits paid by JICA in the case of a change in schedule due to the participant’s personal reasons that exceeds the scope approved by JICA.
17. to accept that the Government of Japan will examine applicants who belong to the military or other military-related organizations and/or who are enlisted in the military, taking into consideration of their duties, positions in the organization and other relevant information in a comprehensive manner to be consistent with the Development Cooperation Charter of Japan,
18. to submit a Health Certificate in JICA format during 2nd selection.
19. to accept to submit a second Health Certificate in JICA format if deemed necessary by JICA. The cost of acquiring the Health Certificate will be borne by JICA unless it is required due to the candidates’ fault.
20. to promptly resubmit your medical history, If there are changes in your health condition, such as pregnancy or a pre-existing disease,
21. to be in good health to participate in the program. In order to reduce the risk of worsening symptoms associated with respiratory tract infection, please be honest when consulting the doctor for your Health Certificate,
22. not to be receiving nor plan to receive another scholarship during the program,
23. to understand not to make other applications for different JICA training courses at the same time,
24. to understand that the maximum duration of “Overseas research” and “Temporary Leave (leaving Japan for private purpose)” is 60 days, in principle.
25. to accept to take tuberculosis related inspections organized by JICA after arriving in Japan and to submit the results to JICA and university.
26. to approve the following conditions on summary of my thesis;
    * + 1. Summary of the thesis shall be kept at JICA.
        2. Summary of the thesis can be read by anyone who made a request to JICA .
        3. Summary of the thesis can be used for publication by JICA or JICA website.
        4. Taking Photocopy of the thesis shall be allowed by anyone with JICA’s permission.

② to ④ above are subject to obtaining the prior consent of the participant.

1. Privacy Policy

The accepted applicants/participants are requested to understand Privacy Policy of JICA as follows:

1. Scope of Use

Personal information specified in this form will be stored, used, or analysed by JICA and Implementing Partner only within the scope of conducting, supervising and follow-up of JISR (selection, coordination, travel and life support of the participants in Japan) which is stipulated in the Japan International Cooperation Agency Organization Regulations. The personal information contains also health certificate. Participants’ personal information will be retained for as long as necessary to fulfil the purpose for which it was collected.

JICA will provide the personal information obtained in the Application Form to UNHCR, and relevant Japanese government ministries within the scope of selection, coordination and travel.

JICA will provide the personal information to the universities that the applicants wish to enroll.

Once the candidate is accepted by a university, JICA will make a contract for the implementation of the program with that university.

JICA will not use the acquired personal information for purposes other than the above.

JICA will take safety management measures for the acquired personal information and manage it appropriately in accordance with the privacy policy and internal rules.

1. Provision of acquired personal information to a third party

JICA shall never provide personal information to third parties except as required by law.

However, in the following cases, we will provide personal information and will take the following measures.

(a) In the case of contracted parties for the implementation of the program

The use of the personal information is limited to the scope of the commissioned tasks (implementation of the program) and JICA will request the commissioned parties to take safety management measures and manage it appropriately and will confirm the implementation status.

(b) In the case of uncontracted universities for the purpose of admission screening

The use of the personal information is limited to the admission screening of the applicants by universities (career, academic background, research plan, medical history information and medical certificate), and JICA will notify the applicants of the name of the universities to which the information is provided and the privacy policy of the universities at the time of its provision.

1. Security Notice

JICA takes any measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

\*Information Security Policy of JICA in relation to Personal Information Protection

■ JICA will properly and safely manage personal information collected through Application Forms 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 the Applicant him/herself or there are valid reasons such as disclosure under the laws and ordinances, etc. and except for the reasons 1-3 below, JICA will neither provide nor disclose personal information to any third party, except JICE, UNHCR and relevant Japanese government ministries, and universities. JICA will use personal information provided only for the purposes in 1-3 below and will not use the information for any purposes other than those described in 1-3 below without prior approval of the Applicant him/herself.

1. To provide JISR to Participants.

2. To provide optional programs under the Citizens’ Cooperation Activities to Participants.

3. In addition to 1 and 2 above, if the government of Japan or JICA determines it necessary.

※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).

1. Copyright policy
2. The participants shall use all the documents provided for JISR (including texts, materials, etc.), within the scope approved by each copyright holder.

If the participants apply to JISR, the participants shall also comply with terms of use of copyrighted works for JISR that are shown on the JICA website.

(https://www.jica.go.jp/english/our\_work/types\_of\_assistance/tech/acceptance/training/index.html)

1. All the documents for JISR (including reports, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party’s work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants’ country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.
2. The participants shall agree that JICA may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by JICA (for example, as reference for other JICA courses and project formulation).
3. Portrait Right Policy

During the implementation period of JISR, 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 JICA grant the participants themselves portrait right license to JICA for photos and images taken described above.

It is, however, not a requirement of JISR. The participants do not agree to grant the participants themselves portrait right license to JICA, has absolutely no problem in participating JISR. JICA respects the intention of each Participant.

10. Declaration

I declare that I apply for the Japanese Initiative for the future of Syrian Refugees (JISR) with a full understanding and agreement of the following terms and conditions set forth above.

1. General Rules
2. Privacy Policy
3. Copyright Policy

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 “IV. 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 follows:

□ Agree ／　□ Disagree

In addition, I agree especially to the articles stipulated below:

1. to understand that JICA does not assure issuance of a Japan entry visa even after JICA decides to accept me. I understand that the Embassy of Japan will decide according to necessary formalities upon the submission of a visa application from each participant,
2. that I am required to contribute to the development of Syria’s relationship with Japan after completing the Master’s course in various and appropriate forms available at the given time,
3. The program offers job-hunting program and internship opportunities which give participants ideas how to process the job-hunting activities in Japan on their own but does not guarantee employment in Japan upon completion of the program,
4. that my personal information on the application form, provided to JICA, will be used for the purpose of implementing the program, and that the information will also be supplied to the relevant university and companies in Japan.
5. all the information answered and provided on 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.
6. an application form which is incomplete or missing any necessary document(s) will be deemed ineligible and not considered.
7. the selection procedure and results rest entirely with JICA as the secretariat of the Japanese Initiative for the future of Syrian Refugees (JISR). No inquiries or objections by applicants regarding the results of the selection process will be considered.
8. if any act of dishonesty is found other than those mentioned above in the application and selection, I am to lodge no complaint about cancellation of the application.
9. that I, as well as my family members to be brought to Japan have no criminal record in host countries. I am to lodge no complaint about cancellation or termination of the program if any applicant’s representation is found false in this regard.
10. JICA shall determine whether the candidate is eligible to participate in training in Japan. JICA shall make a decision on acceptance or rejection based on several factors such as entrance examination results, planned number of participants, medical examination results and others. Reason for the decision will not be disclosed.

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

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

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