

**Note on the Application Form for
the Knowledge Co-Creation Program of
YOUNG LEADERS**

ENGLISH

Dear Candidates in Indonesia,

(1) For **Medical History and Language Proficiency**, please fill in the Application Form by:

- ✓ **carefully reading instructions** in the Application Form,
- ✓ **disclosing your true condition** of your health, particularly pre-existing illness.
- ✓ **answering all questions** of the Medical History and Language Proficiency

If you don't write pre-existing illness in the Application Form, even if you are accepted as a participant, due to JICA rules,

- you may **not be allowed to continue** the training in Japan.
- your medical expense may **not be covered by insurance**,

For Visa to enter Japan (when you are accepted as a participant), you should obtain "**KCCP- Visa**". If your passport has an existing valid visa such as multiple entry visas for business, sightseeing and family visit, **this existing visa will not become valid, when the new KCCP- Visa is issued on the same passport.**

JICA Indonesia Office

**BAHASA
INDONESIA**

Catatan untuk Pengisian Formulir Aplikasi KCC Program JICA:

Yang terhormat Para Calon Peserta KCC Program dari Indonesia

(1) Dalam hal pengisian **Riwayat Medis** serta **Kemampuan Bahasa (Inggris)**, mohon memperhatikan hal-hal penting sbb :

- ✓ **Membaca dengan seksama serta memahami instruksi-instruksi** yang tertera di formulir aplikasi.
- ✓ **Mengungkapkan dengan sejujur-jujurnya mengenai kondisi** kesehatan anda, khususnya gangguan kesehatan/penyakit yang sudah dialami sebelumnya (penyakit bawaan).
- ✓ **Menjawab dengan benar semua pertanyaan** yang tertera dalam Riwayat Medis dan Kemahiran Berbahasa.

Apabila anda tidak menulis/mencantumkan gangguan kesehatan/penyakit yang sudah dialami sebelumnya (penyakit bawaan) di formulir aplikasi ini, ketika anda diterima sebagai peserta pelatihan, maka sesuai peraturan JICA :

- Anda **tidak diizinkan untuk melanjutkan** program pelatihan,
- Biaya pengobatan anda **tidak ditanggung** oleh asuransi.

(2) **Terkait Visa untuk masuk Jepang (apabila anda diterima sebagai peserta)**, anda harus memperoleh "**Visa KCCP**". Apabila di dalam paspor anda telah tercantum visa yang masih berlaku, seperti multiple entry visa untuk bisnis, wisata dan kunjungan keluarga, **maka visa tersebut tidak akan berlaku lagi ketika dikeluarkan Visa KCCP yang baru pada passport yang sama.**

Guidelines of Application Form for the JICA Knowledge Co-Creation Program (Young Leaders)

The attached form is to be used to apply for the Knowledge Co-Creation Program (KCCP) (Young Leaders) of the Japan International Cooperation Agency (JICA), which are implemented as part of the Official Development Assistance Program of the Government of Japan. Please complete the application form while referring to the following and consult with the respective country's JICA Office - or the Embassy of Japan if the former is not available - in your country for further information.

1. How to complete the Application Form

In completing the application form, please be advised to:

- (a) carefully read the General Information (GI) for which you intend to apply, and confirm if the objectives and contents are relevant to yours,
- (b) be sure to write in the title name of the course/seminar/workshop/project accurately according to the GI, which you intend to apply,
- (c) use a typewriter/personal computer in completing the form or write in **block letters**,
- (d) fill in the form in **English**,
- (e) use or "x" to fill in the () check boxes,
- (f) attach a picture of the Nominee,
- (g) attach additional page(s) if there is insufficient space on the form,
- (h) prepare the necessary document(s) described in the General Information (GI), and attach it (them) to the form,
- (i) confirm the application procedure stipulated by your government, and
- (j) submit the original application form with the necessary document(s) to the responsible organization of your government according to the application procedure.

Any information that is acquired through the activities of the Japan International Cooperation Agency (JICA), such as the nominee's name, educational record, and medical history, shall be properly handled in view of the importance of safeguarding personal information.

2. Privacy Policy

1) Scope of Use

Any information used for identifying individuals 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 identifying information and other materials in accordance with the provisions of this privacy policy.

2) Limitations on Use and Provision

JICA shall never intentionally provide information that can be used to identify individuals 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 information grants permission for its disclosure to a

third party;

- (c) In cases in which JICA commissions a party to process the information collected; the information provided will be within the scope of the commissioned tasks.

3) Security Notice

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

3. Copyright policy

Participants of the JICA Knowledge Co-Creation program (KCCP) are requested to comply with the following copyright policy;

Article 1. Compliance matters with participants' drafting of documents (various reports, action plans, etc.) and presentations (report meetings, lectures, speeches, etc.)

1. Any contents of the documents and presentations shall be created by themselves in principle.

2. Comply with the following matters, if you, over the limit of quotation, have to use a third person's work (reproduction, photograph, illustration, map, figure, etc.) that is protected under laws or regulations in your country or copyright-related multinational agreements or the like:

(1) Obtain license to use the work on your own responsibility. In this case, the scope of the license shall meet the provisions of Article 2.

(2) Secure evidential material that proves the grants of the license and specifies the scope of the license.

(3) Consult with the third party and perform the payment procedure on your own responsibility regarding negotiations with a third person about the consideration for granting the license and the procedure for paying the consideration.

Article 2. Details of use of works used for KCCP

(1) The copyright on a work that a participant prepares for KCCP shall belong to the participant. The copyright on the parts where a third party's work is used shall belong to the third party.

(2) When using texts, supplementary educational materials and other materials distributed for the JICA KCCP, participants shall comply with the purposes and scopes approved by each copyright holder.

Information about the Nominee

(to be confirmed and signed by the head of the relevant department / division of the applying organization)

1. Title: (Please type out as shown in the General Information (GI))

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2. Number: (Please type out as shown in the General Information (GI))

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Recent Photograph
Size : 4x6

(White background)

3. Information about the Nominee

3.1) Name of Nominee (as in the passport)

Family Name

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First Name

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Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.2) Nationality (as shown in the passport)		3.5) Date of Birth (please write out the month in English as in "April")				
3.3) Sex	() Male	() Female	Date	Month	Year	Age
3.4) Religion						

3.6) 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

3.7) Type of Organization

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

3.8) Outline of duties: Describe your current duties

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9) Contact Information

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

3.10) Others (if necessary)

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4. Career Record

4.1) Job Record (After graduation)

Organization	City/ Country	Period		Position or Title	Brief Job Description
		From Month/Year	To Month/Year		

4.2) Educational Record (Higher Education)

Institution	City/ Country	Period		Degree obtained	Major
		From Month/Year	To Month/Year		

4.3) Training or Study in Foreign Countries; please write your past visits to Japan specifically as much as possible, if any.

Institution	City/ Country	Period		Field of Study / Program Title
		From Month/Year	To Month/Year	

5. Language Proficiency

5.1) Language to be used in the program (as in GI)					
Listening	() Excellent	() Good	() Fair	() Poor	
Speaking	() Excellent	() Good	() Fair	() Poor	
Reading	() Excellent	() Good	() Fair	() Poor	
Writing	() Excellent	() Good	() Fair	() Poor	
Certificate (Examples: TOEFL, TOEIC)					
5.2) Mother Tongue					
5.3) Other languages ()	() Excellent	() Good	() Fair	() Poor	

¹ 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.

¹ Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.

¹ Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.

¹ Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

6. Passport Information (Please tick)

This information is used for air ticket issuance, when accepted.

Note : For Government Officers. (Pegawai Negeri) please use Official Passport

For non-Government Officers (BUMN, NGO, etc) please use Ordinary Passport.

[] I have Passport	[] Green Passport / [] Official
	Passport No:
	Name on the Passport:
	Expiry date :
	Please attached the copy, even it was expired.
[] I don't have passport (Not yet)	

7. Expectation on the applied Knowledge Co-Creation Program (KCCP)

7.1) Personal Goal: Describe what you intend to achieve in the applied KCCP.

7.2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied KCCP.

7.3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied KCCP.

*8. Declaration (to be signed by the Nominee) (required)

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

If accepted for the program, I agree:

- (a) not to bring or invite any member of my family (except for the program whose period is one year or more),
- (b) 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,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- (f) to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
- (g) to consent to waive exercise of my copyright holder's rights for documents or products that are produced during the course of the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
- (h) to approve the privacy policy and the copyright policy mentioned in the Guidelines of Application.

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 divulgence, loss or damages of such personal information.



CONFIDENTIAL

Versi: June , 2015

■ 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 1.-3., 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 1.-3. and will not use for any purpose other than the following 1.-3. without prior approval of an applicant itself.

1. To provide KCCP to the participants from developing countries.
2. To provide KCCP to the participants from developing countries under the Citizens' Cooperation Activities.
3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.

(i) to observe Japanese laws and ordinances during my stay, if I violate Japanese laws and ordinances, I will return the total amount or a part of the expenditure required for the KCCP depending on the extent of the violation.

(j) 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.

Date:	Signature:
	Print Name:

MEDICAL HISTORY/ RIWAYAT MEDIS

1. Present Medical Status/ Kondisi Medis Saat Ini :

(1.a) Do you currently use any medicine or have regular medical checkup by a physician for your illness?/ Apakah sekarang ini Anda sedang menggunakan (konsumsi) obat atau menjalankan pemeriksaan medis secara teratur oleh dokter atas penyakit Anda?

[<input type="checkbox"/>] No/Tidak	[<input type="checkbox"/>] Yes/Ya	Name of illness/ Nama penyakit (_____), Name of medicine/ Nama obat (_____)
<p><i>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/ Jika ya, silahkan melampirkan surat dari dokter anda (sebaiknya, ditulis dalam bahasa Inggris) yang menjelaskan status/kondisi sekarang mengenai penyakit Anda serta persetujuan dokter yang menjelaskan bahwa anda dapat mengikuti program ini.</i></p>		

(1.b) Are you pregnant? /Apakah anda dalam keadaan hamil ?

[<input type="checkbox"/>] No/Tidak	[<input type="checkbox"/>] Yes: Months of pregnancy/ Bulan kehamilan (_____ months/Bulan)
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(1.c) Are you allergic to any medication or food?/ Apakah anda alergi terhadap obat atau makanan?

[<input type="checkbox"/>] No/Tidak	[<input type="checkbox"/>] Yes/Ya. What are you allergic to?/Anda alergi terhadap apa ? (_____)
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(1.d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities./ Mohon sebutkan apabila ada hal-hal yang dibutuhkan akibat cacat tubuh yang kemungkinan memerlukan bantuan atau fasilitas tambahan.

(_____)
<p><i>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./ Cacat tubuh tidak mengarah kepada pengecualian untuk peserta penyandang cacat program ini . Namun, mengingat situasi, dalam hal ini, Anda dapat langsung menanyakan kepada staff JICA yang menangani program ini untuk penanganan yang lebih rinci tentang kondisi Anda .</i></p>

2. Past Medical History/ Riwayat Medis Sebelumnya

(2.a) Have you had any significant or serious illness?/ Apakah Anda mempunyai penyakit yang signifikan atau serius?

[<input type="checkbox"/>]	[<input type="checkbox"/>]Yes/Ya. Please specify/ Mohon penjelasan rinci.
No/Tidak	()

Continue to the next page.

(2.b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?/ Apakah Anda pernah menjadi pasien di klinik penanganan mental atau dirawat oleh psikiater ?

[<input type="checkbox"/>]	[<input type="checkbox"/>]Yes/Ya. Please specify/ Mohon penjabaran.
No/Tidak	()

3. Other Medical Problems/ Masalah Medis Lainnya

If you have any medical problems that are not described above, please indicate below./ Apabila Anda memiliki masalah medis yang tidak dijelaskan di atas , mohon di jelaskan di bawah ini

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge./ Saya menyatakan bahwa saya telah membaca petunjuk di atas dan menjawab semua pertanyaan dengan sejujur-jujurnya dan benar untuk yang terbaik dari pengetahuan saya.

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./ Saya memahami dan menerima bahwa hasil kondisi medis yang ternyata akibat dari kondisi medis/penyakit yang sudah ada sebelumnya, namun tidak diungkapkan dalam form ini, biayanya tidak akan ditanggung oleh JICA dan dapat berakibat pada pemberhentian sebagai peserta program.

Date/Tanggal	Signature/ Tanda Tangan
	Type out your Name/Ketik Nama Anda:

Supplementary Information

We will use the information provided here merely as reference data to your convenience during your stay in Japan. Thus we ask that you be honest and forthcoming with the relevant information.

JICA shall take the required measures to prevent the leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

(1) Religion _____

(2) Food Restrictions

I cannot eat:

- Pork
Because of: Religious belief Allergy Others _____
- Beef
Because of: Religious belief Allergy Others _____
- Fish
Because of: Religious belief Allergy Others _____
- Eggs
Because of: Religious belief Allergy Others _____
- Others _____
Because of: Religious belief Allergy Others _____

(3) Alcohol & Smoking

- I drink. I don't drink. I smoke. I don't smoke.

(4) Pets

I would not like to stay at a home keeping the following animals.

- Dog Cat Others _____

Printed Name of the Applicant	Date	Signature of Applicant