

## Relação de Formulários para inscrição no Intercâmbio para Universitários

Preencher formulário na versão em japonês ou em inglês.

### Relação de formulários em japonês.

研修員 応募書類様式

- 応募者情報
- 身上書（様式第 1 号）
- 誓約書・保証書（様式第 2 号）
- 病歴申告書（様式第 3 号）
- 作文「本研修の参加目的と計画」（様式第 4 号）

### Relação de formulários em inglês.

- ☐ Ficha de inscrição
- ☐ Formulário 1: Personal Information Form (Form No. 1)
- ☐ Formulário 2: Pledge and Warranty (Form No. 2)
- ☐ Formulário 3: Medical History Declaration (Form No. 3)
- ☐ Formulário 4: Essay (Purpose and Plans for Participating in the training program) (Form No. 4)

Somente aqueles que forem aprovados na segunda fase da seleção:

- ☐ Formulário de autorização de uso de imagem:  
(versão em japonês) 肖像権および個人情報使用承諾書  
(versão em inglês) Consent Form concerning the Usage of Likeness and Personal Information in JICA's Publication Media and Reports

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

form 1

|    |   |  |      |
|----|---|--|------|
| 1  | Nome Completo   |  |      |
|    | Nome com escrita em japonês                                     |  |      |
| 2  | Data de nascimento  | Idade:   | anos |
| 3  | Nacionalidade   | ( ) Brasileira ( ) Japonesa ( ) Dupla ( ) Outra, especifique:  |      |
| 4  | Possui passaporte   | ( ) Não ( ) Sim; Validade:     /     /   |      |
|    | Possui visto americano  | ( ) Não ( ) Sim; Validade:     /     /   |      |
| 5  | Identidade (RG / RNE)   |  |      |
| 6  | Nome da Universidade  |  |      |
|    | Curso   |  |      |
|    | Período   | _____ ano / _____ semestre   |      |
| 7  | Endereço para contato   | Logradouro:  |      |
|    |   |  |      |
|    |   | Bairro:  | CEP: |
|    |   | Cidade:  | UF:  |
| 8  | Contato Pessoal   | Res:(    )   |      |
|    |   | Cel: (    )  |      |
|    |   | E-mail:  |      |
| 9  | Contato do responsável 1<br>Relação com o estudante:<br>(_____) | Nome:  |      |
|    |   | Res:(    )   |      |
|    |   | Cel: (    )  |      |
|    |   | E-mail:  |      |
| 10 | Contato do responsável 2<br>Relação com o estudante:<br>(_____) | Nome:  |      |
|    |   | Res:(    )   |      |
|    |   | Cel: (    )  |      |
|    |   | E-mail:  |      |
| 11 | Já esteve no Japão?   | ( ) Não        ( ) Sim, durante: (    ) anos e (    ) meses  |      |
| 12 | Já estudou em escola de língua japonesa?                        | ( ) Não        ( ) Sim, durante: (    ) anos e (    ) meses  |      |
|    | Nome da escola:   |  |      |
| 13 | Conhecimento de língua japonesa:                                | ( ) Básico ( ) Intermediário ( ) Avançado ( ) Fluente ( ) Nenhum   |      |
|    | Certificado de proficiência                                     | ( ) N1 ( ) N2 ( ) N3 ( ) N4 ( ) N5 ( ) Não Possuo<br><b>*Anexar a cópia do certificado ao formulário</b>                             |      |
| 14 | Conhecimento de língua inglesa                                  | ( ) Básico ( ) Intermediário ( ) Avançado ( ) Fluente ( ) Nenhum<br><b>*Anexar a cópia do certificado ao formulário, caso possua</b> |      |
| 15 | Pratica esporte ou participa de atividade cultural? Qual?       |  |      |

## Education Program for Nikkei Next Generation (University Students)

## Personal Information Form

YYYY/MM/DD

Date: 2024/04/23

|  |                              |  |                         |  |
|--|------------------------------|--|-------------------------|--|
| Attach 4.5 cm x 3.5 cm photograph<br><br>Write your name and country on the back | Furigana                     | デ カルヴァーリョ いたう アナ クララ   |                         | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female           |
|  | Name                         | Last name<br>De Carvalho Ito   | First name<br>Ana Clara | Nationality<br>*Enter the nationality on the passport you will use when you travel |
|  | Name<br>(English letters)    | *Enter the English letters the same way they appear on your passport (or ID card)<br>Ana Clara de Carvalho Ito |                         | Brazil   |
|  | Birthdate                    | 2008/01/25 (Age on first day of the program: 17)   |                         |  |
|  | Place of birth               | São Paulo (Generation: 3)  |                         |  |
|  | Passport number or ID number | (número do passaporte)   |                         |  |

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| Home prefecture of parents (grandparents) in Japan   | My (parent/grandparent) is from<br>Fukuoka  | Name of competent diplomatic establishment  | Country: Brazil<br>São Paulo (mencionar nome do consulado de sua região)<br>Embassy/Consulate-General/Consulate of Japan (choose one) |  |  |
| Applicant's current address (in local language)  | Rua Paineiras, 222 Bairro, CEP  |   | Name of nearest airport (whether domestic or international)   |  |  |
|  | State/province São Paulo  | City/County Santos  | Guarulhos   |  |  |
| TEL: (13) 12345-6789   | Email address: emaildoestudante@email.com.br  |   |   |  |  |
| Name of university<br>Year: 2nd  | São Paulo University, Law Undergraduate School., Law Department   |   |   |  |  |
| Japanese language proficiency  | <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                                     |   |   |  |  |
| Japanese language qualifications   | <input checked="" type="checkbox"/> JLPT (Level N3) <input type="checkbox"/> Other (Name of qualification: _____ Level: __) <input type="checkbox"/> Have never been tested |   |   |  |  |
| English language proficiency   | <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                                     |   |   |  |  |
| English language qualifications  | Name of qualification: TOEFL Score: 561 <input type="checkbox"/> Have never been tested   |   |   |  |  |
| Have you ever visited Japan before?<br><br>*If you have visited Japan before, enter the corresponding institution and purpose. Also, enter the name of any scholarships or other financial aid you received. | <input checked="" type="checkbox"/> Yes<br><br><input type="checkbox"/> No  | Number of visits to Japan: 1 (Age during last visit: 6)   |   |  |  |
|  |   | Cumulative total: Around 1 months   |   |  |  |
|  |   | Purpose: to visit relatives<br>Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of scholarship: |   |  |  |
|  |   | Purpose:<br>Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of scholarship:                    |   |  |  |
| Have your parents or siblings participated in training in Japan?   | <input checked="" type="checkbox"/> Yes<br><br><input type="checkbox"/> No  | If yes, enter your relationship:<br>1. My mother participated in JICA training (program name) in 2017                                       |   |  |  |
|  |   | If yes, enter your relationship:<br>2. My _____ participated in _____ (program name) in _____   |   |  |  |
| Name/contact information of parent or guardian   | Name: Toshi Ito (Relationship to applicant: father)<br>TEL: (xx) xxx-xxxx Email address: email@email.com  |   |   |  |  |
| Family information   | Name  | Relationship to applicant   | Age   | Occupation and name of employer/school | Do they live with you?   |
|  | Toshi Ito   | father  | 48  | engineer                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (choose one) |
|  |   |   |   |  | Yes/No (choose one)  |
|  |   |   |   |  | Yes/No (choose one)  |
|  |   |   |   |  | Yes/No (choose one)  |
|  |   |   |   |  | Yes/No (choose one)  |

The personal information entered above will be managed and used appropriately in line with the main purposes of use listed in the first section of "Consent Form for Likeness Rights and Use of Personal Information in JICA's Public Relations Media and Reports."

# Education Program for Nikkei Next Generation (University Students)

## Personal Information Form

Date: \_\_\_\_\_

|  |                              |   |   |
|--|------------------------------|---|---|
| Attach 4.5 cm x 3.5 cm photograph<br><br>Write your name and country on the back | Furigana                     |   | <input type="checkbox"/> Male <input type="checkbox"/> Female       |
|  | Name                         | Last name                      First name   | Nationality   |
|  | Name<br>(English letters)    | *Enter the English letters the same way they appear on your passport (or ID card) | *Enter the nationality on the passport you will use when you travel |
|  | Birthdate                    | (Age on first day of the program:                      )                          |   |
|  | Place of birth               | (Generation:                      )   |   |
|  | Passport number or ID number |   |   |

|  |  |  |  |  |                        |
|--|--|--|--|--|------------------------|
| Home prefecture of parents (grandparents) in Japan   | My (parent/grandparent) is from _____<br>(name of prefecture)  | Name of competent diplomatic establishment   | Country: _____<br>Embassy/Consulate-General/Consulate of Japan (choose one)  |  |                        |
| Applicant's current address (in local language)  | State/province   | City/County  | Name of nearest airport<br>(whether domestic or international)   |  |                        |
|  | TEL: _____ Email address: _____  |  |  |  |                        |
| Name of university<br>Year: _____  | _____ University, _____ Undergraduate School, _____ Department   |  |  |  |                        |
| Japanese language proficiency  | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor   |  |  |  |                        |
| Japanese language qualifications   | <input type="checkbox"/> JLPT (Level N____) <input type="checkbox"/> Other (Name of qualification: _____ Level: ____ ) <input type="checkbox"/> Have never been tested |  |  |  |                        |
| English language proficiency   | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor   |  |  |  |                        |
| English language qualifications  | Name of qualification: _____ Score: _____ <input type="checkbox"/> Have never been tested  |  |  |  |                        |
| Have you ever visited Japan before?<br><br>*If you have visited Japan before, enter the corresponding institution and purpose. Also, enter the name of any scholarships or other financial aid you received. | <input type="checkbox"/> Yes<br><br><br><br><input type="checkbox"/> No  | Number of visits to Japan: ____ (Age during last visit: ____)                        | Cumulative total: Around ____ months   |  |                        |
|  |  | From _____ to _____  | Purpose:<br>Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of scholarship: _____ |  |                        |
|  |  | From _____ to _____  | Purpose:<br>Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of scholarship: _____ |  |                        |
|  |  | From _____ to _____  | Purpose:<br>Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of scholarship: _____ |  |                        |
| Have your parents or siblings participated in training in Japan?   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No  | If yes, enter your relationship: _____ participated in _____ (program name) in _____ |  |  |                        |
|  |  | If yes, enter your relationship: _____ participated in _____ (program name) in _____ |  |  |                        |
| Name/contact information of parent or guardian   | Name: _____ (Relationship to applicant: _____)<br>TEL: _____ Email address: _____  |  |  |  |                        |
| Family information   | Name   | Relationship to applicant  | Age  | Occupation and name of employer/school | Do they live with you? |
|  |  |  |  |  | Yes/No (choose one)    |
|  |  |  |  |  | Yes/No (choose one)    |
|  |  |  |  |  | Yes/No (choose one)    |
|  |  |  |  |  | Yes/No (choose one)    |
|  |  |  |  |  | Yes/No (choose one)    |

The personal information entered above will be managed and used appropriately in line with the main purposes of use listed in the first section of "Consent Form for Likeness Rights and Use of Personal Information in JICA's Public Relations Media and Reports."

## 病歴申告書 MEDICAL HISTORY

本人または親権者が記入してください。日本語又は英語で明瞭に記入してください。  
To be completed by the applicant or trainees. Please fill out in JAPANESE or ENGLISH 署名欄は必ず自筆してください。Signature must be in your own handwriting

氏名/FULL NAME

☐男/M

姓/Surname :

☐女/F

名/Given Name :

☐他/Non-binary

生年月日/DATE OF BIRTH

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?

☐いいえ/No

☐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.?

☐いいえ/No

☐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(

)

アレルギーの程度、過去の状況、薬の所持について詳細に記載してください。Please indicate in detail the degree of allergy, past conditions, and possession of medications etc.

(

)

(c) 障がい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

|                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> 不要<br>／No | <input type="checkbox"/> 必要／Yes<br>( )<br>※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。<br>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。<br>※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. 過去の病歴／Past Medical History

現在、病気の治療、薬の服用または医師による定期診察を受けている場合には必ず

1. 「現在の病状」に記載してください。If you are currently receiving treatment for an illness, taking medication, or receiving regular medical care, please list in 1. 'Present Medical Status'

|   |  |
|---|--|
| (a) これまでに心臓、肝臓、腎臓疾患等の重大または深刻な病気にかかったことがありますか。<br>Have you had any illness such as heart, hepatic, kidney disease, etc.? |  |
| <input type="checkbox"/> いいえ／No   | <input type="checkbox"/> はい／Yes<br>病名／Please specify ( ) |

|  |   |
|--|---|
| (b) 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。<br>Have you or/and your family members had tuberculosis? |   |
| <input type="checkbox"/> いいえ／No  | <input type="checkbox"/> はい／Yes<br>誰が、いつ／Please specify, who /when<br>( ) |

|  |  |
|--|--|
| (c) 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。<br>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<br>病名／Please specify ( ) |

|   |  |
|---|--|
| (d) これまでに睡眠障害、摂食障害、その他の適応障害がありましたか。<br>Have you ever had any sleeping, eating or other disorders? |  |
| <input type="checkbox"/> いいえ／No   | <input type="checkbox"/> はい／Yes<br>詳細／Please specify ( ) |

(e) 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・Phlegm・Hemoptysis・Sweating in sleep・Weight loss・Fever

|                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> いいえ／No | <input type="checkbox"/> はい／Yes<br>症状があった場合、病院で診断を受けましたか？病院で受診した際に診断名がありますか？ If you had symptoms, were you diagnosed at a hospital?<br>その後症状が快復したかどうか記載してください。<br>Please indicate whether the symptoms have recovered since then.<br>( ) |
|---------------------------------|--|

### 3. その他健康面の懸念／Other Medical Issues

1～2 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 issues/conditions that are not described above, please indicate below.

### \*妊娠の可能性／ Possible pregnancy

☒ いいえ／No

☐ はい／Yes

妊娠 週数/Weeks of pregnancy ( 週目/weeks)

### 【研修員記入欄】

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、申告しなかった病歴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。

私は来日研修に参加した場合、この申告書が研修関係者に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 Medical History will be checked by the people who are engaged in the program during my stay in Japan.

日付／Date : YYYY/MM/DD 署名／Signature : assinar à mão  
氏名／Print Name : nome por extenso do(a) estudante

【未成年者の保護者記入欄】

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、私の子供について申告しなかった病歴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、私の子供が来日研修に参加した場合、この申告書が本研修関係者に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 Medical History will be checked by the people who are engaged in the program during my stay in Japan.

日付／Date : YYYY/MM/DD 署名／Signature : assinar à mão  
氏名／Print Name : nome por extenso da mãe ou do pai  
続柄／Relationship : parentesco (pai ou mãe)

- ※ 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



日付／Date : \_\_\_\_\_ 署名／Signature : \_\_\_\_\_

氏名／Print Name : \_\_\_\_\_

【未成年者の保護者記入欄】

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、私の子供について申告しなかった病歴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、私の子供が来日研修に参加した場合、この申告書が本研修関係者に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 Medical History 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 : \_\_\_\_\_

続柄／Relationship : \_\_\_\_\_

※ 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

## Pledge and Warranty

To the President of the Japan International Cooperation Agency

I hereby pledge that, if selected as a trainee for the Education Program for Nikkei Next Generation (University Students) of JICA, I will devote myself to the program and observe the following items.

1. I will go to Japan and participate in the program according to the prescribed itinerary. Additionally, after the program is complete, I will return to my home country according to the prescribed itinerary.
2. I will act in compliance with the laws and regulations of Japan and the rules and regulations of the university where I am to receive training.
3. I will faithfully follow the instructions and decisions of JICA.
4. When I incur a financial liability due to willful misconduct or gross negligence, I will assume responsibility for paying it and pay it accordingly.
5. I am responsible for all expenses other than those stipulated in JICA's rules for participating in the program.
6. If any of the following items are found to apply to me, and I am ordered to discontinue my participation in the program, I will accept it and immediately return to my home country, following the instructions of JICA.
  - (1) When I have violated the laws and regulations of Japan or committed an act that disrupts the social order.
  - (2) When I have violated the rules and regulations of the university where I am to receive training.
  - (3) When I have not adhered to the details of the allowance determined by JICA or the conditions attached thereto.
  - (4) When I have withdrawn from the program for personal reasons.
  - (5) When it is deemed difficult to continue participating in the program due to a severe mental or physical disability, injury or illness, or the like.
  - (6) When information in my application documents is found to be false
  - (7) When I have received payment for program expenses or equivalent funds other than allowances provided by JICA.
  - (8) For other reasons deemed unavoidable by JICA.
7. In the case referred to in the preceding paragraph, I will not seek any damages whatsoever from JICA resulting from the suspension of payment of allowances or my return to my home country according to the instructions of JICA.

8. I entrust emergency action, medical care, and other matters in the event of unforeseen accidents, injuries, illnesses, and the like to me during the round-trip travel and the program to JICA and medical facilities designated by JICA. Additionally, I am responsible for any expenses that exceed the coverage of the overseas travel accident insurance purchased in advance for participating in the program.
9. I will provide emergency contact information of a parent, guardian, or guarantor to JICA and people involved in the program (e.g. training contractors, host universities) for emergency contact in the event of unforeseen accidents, injuries, illnesses, or other emergencies during the round-trip travel and the program.
10. The establishment and validity of this Pledge and Warranty and the legal relationship between JICA and me is interpreted and determined in accordance with the laws of Japan.
11. After completing the program, I will use the knowledge I have acquired to actively contribute to the development of my local community.

Date:

Name of applicant:

Signature:

I certify that I will ensure that the above-named person complies with the matters of the pledge set out above.

Date:

Name of parent, guardian, or guarantor:

Relationship to applicant:

Signature:

Current address:

Caso o espaço para a redação não seja suficiente nesta página, pode ser anexada até UMA folha extra, como complemento.

Form No. 4 (related to Article 2)

Date: YYYY/MM/DD

Name: \_\_\_\_\_

### **Purpose and Plans for Participating in the Training Program**

**\*The purpose of this training program is to contribute to the economic and social development of Nikkei communities and their countries by developing the next generation of Nikkei communities. \*Please explain in detail why you decided to apply for this program. What goals do you have in mind? After returning to your home country, how do you intend to make the most of your experience in the program? If you do not describe your plans for after your return to your home country, we will not consider your application for evaluation.**

Exemplo

**Date:**

**Name:** \_\_\_\_\_

## Purpose and Plans for Participating in the Training Program

**\*The purpose of this training program is to contribute to the economic and social development of Nikkei communities and their countries by developing the next generation of Nikkei communities. \*Please explain in detail why you decided to apply for this program. What goals do you have in mind? After returning to your home country, how do you intend to make the most of your experience in the program? If you do not describe your plans for after your return to your home country, we will not consider your application for evaluation.**

[illegible]

## Consent Form concerning the Usage of Likeness and Personal Information in JICA's

### Publication Media and Reports

JICA will take photographs and videos of participants (including screenshots showing their online participation) in the Education Program for Nikkei Next Generation Online Migration Program and use them for publicity purposes.

The purposes of JICA's use of photos, videos, and personal information (names and affiliations) are described below. We kindly request that read this document carefully and then agree to waive your portrait rights (likeness rights) and consent to JICA's use of your personal information.

Please note that your participation in the program will not be affected in any way should you decide not to waive your rights or provide consent as described above.

#### 1. Main purposes of use

- Use on related pages on the website administrated/operated by JICA (in the form of electronic data)
- Use in the publications (public relations magazines, annual reports, journals, etc.) of JICA (in the form of printed material or electronic data)
- Use in in-house or external reports (in the form of printed material or electronic data)
- Use in productions and products (e.g., brochures, handouts, leaflets, flyers, posters, etc.)

to advertise JICA's activities or to solicit participants (in the form of printed material or electronic data)

- Use in postings concerning (photographed or videoed) events organized by JICA on social media official accounts that are operated by JICA (For a list of accounts, please refer to "JICA Social Media Official Accounts" on the JICA website (<http://www.jica.go.jp/>). This list is updated as necessary; the same applies below.)
- Use as photographic parts and image elements comprising designs used in social media official accounts operated by JICA

Please note that each use of such parts and elements on the above-mentioned social media official accounts shall be in accordance with JICA's Social Media Policy as well as the terms and conditions of the respective social media management companies.

## 2. Timing of use

Because photographs and other images will be used in public relations for JICA's activities, they will be used as necessary during the time that JICA is implementing the relevant activities.

## 3. Other matters

JICA will not use taken photos and images or personal information (names and affiliations) for commercial purposes.

## Consent Form Authorizing Use of Likeness and Personal Information (for Trainees)

I, \_\_\_\_\_, hereby sign below to give my consent to JICA to use/publish and disclose photographs and videos that include my likeness as well as my personal information (name and affiliation) for the purposes specified above. Additionally, I understand that I will receive no compensation for JICA's use of my likeness and personal information.

Furthermore, I have read JICA's Social Media Policy and the "JICA Social Media Official Accounts" and understand that, when using/publishing photos and videos that include my likeness and my personal information (name and affiliation) in any of the "JICA Social Media Official Accounts," JICA will abide by the terms and conditions of the relevant social media operating companies as well as laws and regulations concerning the protection of personal information.

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

Address: \_\_\_\_\_

Contact (e-mail/telephone): \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name (signature): \_\_\_\_\_



\*The personal information you submit will be kept securely for a certain period of time at the JICA Latin America and the Caribbean Department, Yokohama Center, and Overseas Offices.

\*The personal information you provide here (address and contact information) will not be disclosed to any third party without your consent.

Social Media Policy

<https://www.jica.go.jp/policy/social.html>

JICA Social Media Official Accounts

<https://www.jica.go.jp/social/index.html>

Laws and regulations concerning the protection of personal information

<https://www.jica.go.jp/disc/personal/laws/index.html>