

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: / / . RG:
	Possui visto americano	() Não () Sim; Validade: / /
5	Nome da Universidade	
	Curso	
	Período	_____ ano / _____ semestre
6	Endereço para contato	Logradouro:
		Bairro: CEP:
		Cidade: UF:
7	Contato Pessoal	Cel: () / Tel. fixo: ()
		E-mail:
8	Contato do responsável 1 Relação com o estudante: (_____)	Nome:
		Cel: ()
		E-mail:
9	Contato do responsável 2 Relação com o estudante: (_____)	Nome:
		Cel: ()
		E-mail:
10	Já esteve no Japão?	() Não () Sim, durante: () anos e () meses
11	Frequenta entidade nikkei de sua região?	() Não () Sim / Nome da entidade:
12	Conhecimento de língua japonesa:	() Básico () Intermediário () Avançado () Fluente () Nenhum
	Certificado de proficiência de japonês:	() N1 () N2 () N3 () N4 () N5 () Não Possui *Anexar a cópia do certificado ao formulário
13	Conhecimento de língua inglesa:	() Básico () Intermediário () Avançado () Fluente () Nenhum
	Possui certificado de língua inglesa? Se sim, qual?	*Anexar a cópia do certificado ao formulário, caso possua
14	Pratica esporte ou participa de atividade cultural? Qual?	

Personal Information Form

DATE: 2026/01/16

Attachment of Photograph (Please attach a photograph with a clearly visible face.)	Furigana	こん ダ シルバ	アンドレ フェリペ	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
	Name	Last name Kon da Silva	First name Andre Felipe	Nationality *Enter the nationality on the passport you will use when you travel
	Name (English letters)	*Enter the English letters the same way they appear on your passport Andre Felipe Kon Da Silva		BRAZIL
	Birthdate	2008/08/16 (Age on first day of the program: <u>17</u>)		
	Place of birth	São Caetano do Sul/Brazil (Generation: <u>3</u>)		
	Passport number	XX000000		

Home prefecture of parents (grandparents) in Japan	(relationship) <u>grandfather</u> (place) <u>Iwate</u>	Name of competent diplomatic establishment	Country: <u>Brazil</u> <u>São Paulo</u> Embassy/ <u>Consulate-General</u> / Consulate of Japan (choose one)
Applicant's current address (in local language)	State/province <u>Sao Paulo</u> City/Country <u>Santo Andre</u>		Name of nearest airport (whether domestic or international) <u>Guarulhos</u>
	TEL : (11) 91234-5678 Email : <u>emaildoestudante@email.com.br</u>		
Name of university	University: <u>Sao Paulo University</u> Department: <u>Law</u> Year: <u>2nd</u>		
Japanese language proficiency	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Japanese language qualifications	<input checked="" type="checkbox"/> JLPT (N1) <input type="checkbox"/> Other () <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: <u>TOEFL ibt</u> Score: <u>110</u> <input type="checkbox"/> Have never been tested		

Have you ever visited Japan before? *If yes, enter the corresponding institution and purpose. Also, enter the name of any	<input checked="" type="checkbox"/> Yes	Number of visits: <u>1</u> (Age during last visit: <u>6</u>)	Cumulative total: Around <u>2</u> months
	<input type="checkbox"/> No	From <u>2014/07/01</u> To <u>2014/09/01</u>	Purpose: <u>to visit relatives</u> Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No

Form No.1 Education Program for Nikkei Next Generation (University Students)

scholarships or other financial aid you received.		Name of scholarship:
	From <u>YYYY MM DD</u> To <u>YYYY MM DD</u>	Purpose: Did you have a scholarship?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of scholarship:
Have your parents or siblings participated in training in Japan?	<input checked="" type="checkbox"/> Yes If yes, <input type="checkbox"/> No 1. (relationship) <u>Mother</u> participated in <u>JICA Training</u> (program name) in <u>2000</u> . 2. (relationship) _____ participated in _____ (program name) in YYYY.	

Name/contact information of parent or guardian	Name: <u>Tsunemasa Kon</u> _____ (Relationship: <u>Father</u> _____)				
	TEL: <u>(xx) xxxxx-xxxx</u> Email: <u>email@email.com</u>				
Family information	Name	Relationship	Age	Occupation and name of employer/school	Do they live with you?
	<u>Tsunemasa Kon</u>	<u>Father</u>	<u>57</u>	<u>engineer</u>	<input checked="" type="radio"/> Yes or No
					Yes or No
					Yes or No
					Yes or No

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.”

Personal Information Form

DATE: _____

Attachment of Photograph (Please attach a photograph with a clearly visible face.)	Furigana			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
	Name	Last name	First name	Nationality *Enter the nationality on the passport you will use when you travel
	Name (English letters)	*Enter the English letters the same way they appear on your passport		
	Birthdate	(Age on first day of the program: _____)		
	Place of birth	(Generation: ____)		
	Passport number			

Home prefecture of parents (grandparents) in Japan	(relationship) _____ (place) _____	Name of competent diplomatic establishment	Country: _____ Embassy/Consulate-General/Consulate of Japan (choose one)
Applicant's current address (in local language)	State/province	Name of nearest airport (whether domestic or international)	
	City/Country		
	TEL :	Email :	
Name of university	University: _____ Department: _____ Year: _____		
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 (N) <input type="checkbox"/> Other () <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? *If yes, enter the corresponding institution and purpose. Also, enter the name of any	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of visits: _____ (Age during last visit: ____)	Cumulative total: Around __ months
	From	To	Purpose: Did you have a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of scholarship:

Form No.1 Education Program for Nikkei Next Generation (University Students)

scholarships or other financial aid you received.	From _____ To _____	Purpose: Did you have a scholarship?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of scholarship:
Have your parents or siblings participated in training in Japan?	<input type="checkbox"/> Yes If yes, <input type="checkbox"/> No 1. (relationship) _____ participated in _____ (program name) in _____ 2. (relationship) _____ participated in _____ (program name) in _____	

Name/contact information of parent or guardian	Name: _____ (Relationship: _____) TEL: _____ Email: _____				
Family information	Name	Relationship	Age	Occupation and name of employer/school	Do they live with you?
					Yes or No
					Yes or No
					Yes or No
					Yes or No

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.”

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.

END

Date: **YYYY/MM/DD**

Name of applicant: **Nome por extenso**

Signature: **Assinatura a mão do candidato**

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

Date: **YYYY/MM/DD**

Name of parent, guardian, or guarantor: **Nome por extenso do responsável**

Relationship to applicant: **Parentesco**

Current address: **Endereço**

Signature: **Assinatura a mão do responsável**

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.

END

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:

Current address:

Signature:

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 : Kon da Silva

女／F

名／Given Name : Andre Felipe

他／Non-binary

生年月日／DATE OF BIRTH

日／Date : 16 月／Month : 1 年／Year : 2026

1. 現在の病状／Present Medical Status

(a) 現在、病気のために薬の服用または医師による定期診察を受けていますか。 Do you currently use any medicine or have regular medical checkup by a physician for your illness?	
<input type="checkbox"/> いいえ／ No	<input type="checkbox"/> はい／Yes 病名／Name of Disease 薬名／Medication
「はい」の場合、日本語または英語の医師による診断書（医師が現在の状態及び日本での研修に参加することが可能と同意しているレター）を添付してください。 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) 薬または食べ物のアレルギー等がありますか。 Are you allergic to any medication, food etc.?	
<input type="checkbox"/> いいえ／ No	<input type="checkbox"/> はい／Yes アレルギーのある薬または食べ物等／Name of medication/food you are allergic to <hr/> <hr/> 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. <hr/> <hr/>

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?	
<input type="checkbox"/> いいえ / No	<input type="checkbox"/> はい / Yes 病名 / Name of Disease 薬名 / Medication
「はい」の場合、日本語または英語の医師による診断書（医師が現在の状態及び日本での研修に参加することが可能と同意しているレター）を添付してください。 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) 薬または食べ物のアレルギー等がありますか。 Are you allergic to any medication, food etc.?	
<input type="checkbox"/> いいえ / No	<input type="checkbox"/> はい / Yes アレルギーのある薬または食べ物等 / Name of medication/food you are allergic to _____ _____ 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

 不要 / No 必要 / Yes

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

※Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed.

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。

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

 いいえ / No はい / Yes

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。

Have you or/and your family members had tuberculosis?

 いいえ / No はい / Yes

誰が、いつ / Please specify, who /when

()

(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。

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

 いいえ / No はい / Yes

病名 / Please specify ()

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 : Assinatura a mão do candidato
氏名／Print Name : André Felipe Kon Da Silva

【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 : Assinatura a mão do responsável
氏名／Print Name : Nome do responsável
続柄／Relationship : Parentesco

※ 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

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 : _____

【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。

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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

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.

- During the program, external media outlets such as news organizations may conduct interviews. In such cases, photos or videos taken by these external media may be published on TV or in newspapers (including both web and print editions). Once published, such materials-including articles, photographs, and videos-may remain publicly accessible for an indefinite period.

2. Other

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, Nome do candidato, 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 (YYYY/MM/DD): _____

Name: André Felipe Kon da Silva

Address: Rua, N° - Bairro – Cidade – Estado - País

Contact (e-mail/telephone): emaildoestudante@email.com.br / (xx) xxxxx-xxxx

Signature: Assinatura a mão do candidato

*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>

END

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.

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Date: _____

Name: _____

Address: _____

Contact (e-mail/telephone): _____

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>

END

Consent Form concerning the Usage of Likeness and Personal Information in JICA's Publication Media and Reports

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- 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)
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2. Other

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