Japan International Cooperation Agency

CONFIDENTIAL

Não enviar o **Guideline** e o **CHECK LIST** para a JICA

Na medida do possível, enviar em um único arquivo PDF os Formulários 1, 2, 3 e 4, o diploma de nível superior, o certificado de língua inglesa (para cursos ministrados em inglês) e a cópia do passaporte, conforme o exemplo deste arquivo.
Os demais anexos, caso sejam exigidos, deverão ser enviados em arquivos separados.

Application form for the JICA Knowledge Co-Creation Program:

Form1. OFFICIAL APPLICATION FORM

*To be signed by the applicant's supervisor (the head of the relevant department / division of the applicant's organization).

1. Course Title (as shown in the GI)

Criminal Justice (Focus on Investigation, Prosecution, Adjudication and International Cooperation)

2. Course Number (the number as “xxxxxxxxxJxxx “shown in the GI)

202514917J001

3. Course Duration (DD/MONTH/YYYY)

From 19 / August / 2026 To 19 / September / 2026

4. Country

Brazil

5. Name of Applying Organization

Federal Police of Brazil (PF)

Nome da sua organização em inglês. Caso tenha siglas, inserir a sigla utilizada em português.

6. Name of the Nominee(s)

1) Maria Fernanda Silva Souza	
2)	
3)	-
4)	-

Seu nome (Nome do candidato(a))

7. Reason for nominating the Applicant

Please describe the reason(s) why the applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the applicant after the KCCP, 4) Future plan of your organization and 5) Others.

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XXXX, XXXXXXXXXX XXX XXXXXX.

Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente.
Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

8. Expectation and Future Plan of Actions

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems

xxxxxxxxxx, xxxxxxxx xxxxxx, xxxxxxxxxx, xxxxx xxxxxxxxxx, xxxxxxxx xxxx, xxxxxxxxxx, xxxxxxxxxxx xxxxx, xxxxxxxxxxxxxx xxxxxx.
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Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

9. Confirmation by the organization in charge

Our organization hereby applies for the Knowledge Co-Crea[...] Agency and proposes to dispatch qualified nominees to participate in the programs.

Campo destinado ao preenchimento dos dados e à assinatura do indicante (responsável setorial), aprovando a liberação do candidato, caso este venha a ser aprovado.

Date:	15 / May / 2026				Documento assinado digitalmente gov.br NOME DO RESPONSÁVEL Data: 15/05/2026 15:36:14-0300 Verifique em https://validar.iti.gov.br	
Name:	Carla Pereira Lima				POLÍCIA FEDERAL	
Title / Position	Federal Police Commissioner					
Department / Division	General Coordination for International Cooperation (CGCI)					
Office Address and Contact Information	Address:	Rua xxxxxxx, número xxxx, cidade xxxxxx xxxxx – UF xx				
	Tel:	+55 (00) 0000-0000	E-mail:	xxxxxxx@pf.gov.br	Fax:	-

A assinatura digital ou manuscrita do responsável deve ser inserida no campo de assinatura.

Caso a organização não possua carimbo, deve-se utilizar a imagem do logotipo.

(If necessary) Confirmation by the organization in charge

I, as a supervisor, have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

Date:	-- Select-- / -- Select-- / -- Select--	Signature:	
Name:	-	Official Stamp	
Title / Position	-		
Department / Division	-		

Necessário o preenchimento apenas se sua organização precisar arquivar a versão física e se o candidato precisar guardar consigo o comprovante de liberação, destacando esta parte assinada pelo responsável.

Repetir os dados e a assinatura do responsável conforme o item 9.

By Nominator (head of relevant department/division)

Date	15 / May / 2026
Name	Carla Pereira Lima
Title/Position	Federal Police Commissioner General Coordination for International Cooperation (CGCI)
Signature	Documento assinado digitalmente gov.br NOME DO RESPONSÁVEL Data: 15/05/2026 15:36:14-0300 Verifique em https://validar.iti.gov.br

A assinatura digital ou manuscrita do responsável deve ser inserida no campo de assinatura.

Nota:
Para assinaturas via GOV.br (diferente do Adobe), o sistema não permite múltiplas assinaturas simultâneas. É necessário assinar um campo por vez, baixar o arquivo e carregá-lo novamente no portal para cada nova assinatura.

Japan International Cooperation Agency

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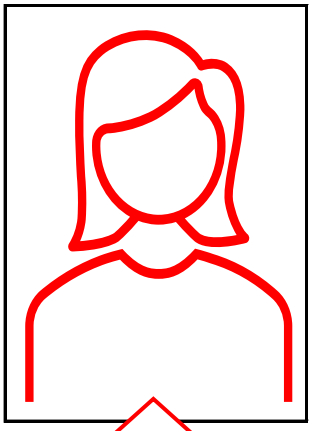
Application form for the JICA Knowledge Co-Creation Program:

Form2. INDIVIDUAL APPLICATION FORM

*To be filled by Applicant.



Inserir a fotografia digital no campo indicado.

1. Course Title (as shown in the GI)

Criminal Justice (Focus on Investigation, Prosecution, Adjudication and International Cooperation)

2. Course Number (the number as “xxxxxxxxxJxxx “shown in the GI)

202514917J001

3. Personal Information on Applicant

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

*Please type the name as shown in the passport carried. The information will be used for flight arrangements.

Family Name /Surname

Souza

First Name

Maria Fernanda

Middle Name

Silva

2) Nationality (as shown in the passport)

Brasilian

3) Sex (for VISA application)

Female

4) Date of Birth

Day	Month	Year	Age (as of the date of the form)
05	April	1990	36

5) Passport/Visa

Passport possession	YES	Expiry date of passport	Day	Month	Year
USA visa possession*	NO		03	January	2030

*Applicants from Latin American and the Caribbean Countries only.

O passaporte deve ter validade mínima de 6 meses a partir da data da viagem.

6) Contact Information

Private	Address:	Avanida Senna, nº 1, Bairro da Silva, Belém - PA		
	TEL*:	-	Mobile*:	+55 (XX) XXXXX-XXXX
	FAX*:	-	E-mail:	xxxxxxxxxx@gmail.com
Office	Address:	Avenida Almirante Barroso, nº 325, Bairro do Souza, Belém - PA		
	TEL*:	+55 (XX) XXXX-XXXX	Mobile*:	+55 (XX) XXXXX-XXXX
	FAX*:	-	E-mail:	xxxxxxxxxx@pf.gov.br
Emergency Contact	Name:	Helena Silva Souza		
	Relationship to you:	Mother		
	Address:	Travessa Lomas Valentinas, nº 1800, Bairro do Souza, Belém - PA		
	TEL*:	-	Mobile*:	+55 (XX) XXXXX-XXXX
	FAX*:	-	E-mail:	xxxxxxxxxx@gmail.com

No campo de endereço, informe até a UF (Estado).

Informe um e-mail pessoal que você usa com frequência e acessa facilmente.

No início do número telefônico, use o caractere ' (apóstrofo) para que o Excel não interprete o valor como uma fórmula ou número.

Exemplo:
'+55 (XX) XXXXX-XXXX

7) Present Position

Organization	Federal Police of Brazil (PF)	
Year that entered the organization	2020	
Department / Division	Directorate of International Cooperation (DCI)	
Title	Coordinator-General	
No. of years of service in the present position	Number of Years	From (Year)
	05	2021
Type of Organization	National Government	
Number of employees	10,001+ employees	
Website URL	https://www.gov.br/pf/pt-br	

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

Must select!

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

Nota:
Caso não faça parte da estrutura organizacional do MINISTÉRIO DA DEFESA, por gentileza, preencha todos os itens com "NO".

Se houver qualquer item assinalado como "YES", o candidato ficará

impossibilitado de pleitear uma vaga no curso da JICA.

Clique no texto para acessar.

4. Experience and Eligibility

1) Career Background (After graduation and before taking the present position)

*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.

Organization	City/ Country	Period				Position or Title and Department/Division	Brief Job Description
		From Month/Year		To Month/Year			
Public Security Secretariat of the State of Pará (SEGUP)	Belém, Brazil	January	2017	December	2019	Technical Advisor, Strategic Management Department	Supported public security projects and interagency coordination.
Civil Police of the State of Pará (PCPA)	Belém, Brazil	January	2014	December	2016	Police Investigator, Criminal Investigation Division	Conducted criminal investigations and intelligence activities.
-	-	-- Select--	-	-- Select--	-	-	-

Não deixe campos em branco. Caso a informação não seja aplicável, preencha o campo com **"- (negativo)"** para indicar que o item foi verificado e não se aplica ao seu caso.

2) Academic Background (University, College or Higher Education)

Institution	City/ Country	Period				Degree	Major
		From Month/Year		To Month/Year			
Federal University of Pará (UFPA)	Belém, Brazil	March	2021	December	2022	Postgraduate Certificate	Public Security Management
Federal University of Pará (UFPA)	Belém, Brazil	January	2014	December	2018	Bachelor's Degree	Law
-	-	-- Select--	-	-- Select--	-	-	-

Não deixe campos em branco. Caso a informação não seja aplicável, preencha o campo com **"- (negativo)"** para indicar que o item foi verificado e não se aplica ao seu caso.

3) Experience of Training or Study in Foreign Countries (including all the training experience in JICA's programs)

*Only Applicants for KCCP (Group and Region Focused) are required to fill in this part.

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

Não deixe campos em branco. Caso a informação não seja aplicável, preencha o campo com **"- (negativo)"** para indicar que o item foi verificado e não se aplica ao seu caso.

4) Language Proficiency (Self-Assessment)

1) Language to be used in the course (as shown in GI)		English
Listening	Excellent	
Speaking	Good	
Reading	Excellent	
Writing	Good	
Language Test Scores if any (ex. TOEFL, TOEIC, etc.)	Duolingo English Test: 110 pt ≈ B2 (Upper-Intermediate)	
2) Mother Tongue	Portuguese	
3) Other languages	Spanish [good]	

Nota:

Caso possua diploma de curso superior realizado integralmente em inglês em uma universidade no exterior, essa informação poderá ser utilizada como comprovação de proficiência no idioma. Nesse caso, informe no campo "Language Test Scores if any" conforme o exemplo abaixo:

Master's Degree - University of Oxford ('15 - '20)

Caso não possua diploma obtido em inglês nem certificado de proficiência, poderá ser apresentada uma declaração de proficiência em inglês emitida por um professor qualificado, com base em entrevista ou avaliação

【Criteria for Assessment of Language Proficiency】

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.

5. Background and Purpose of Application

1) Current challenges in the organization in relation to the theme of the KCCP you are applying:

Describe the issues that your organization/department intends to tackle by participating in this program.

XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXXXX XXXXXXXXX X, XXXXXXXX XXXX, XXXXXXXXXX, XXXXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX. XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXX XX XXXXXXXXX XXXXXXXXXX XXX XX, XXXXXXXXX XXXXXXXXXX, X XXXX XXXXXXXXX X, XXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX

Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

2) Main duties of Applicant:

Describe your main duties and responsibilities in relation to this program.

XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXXXX XXXXXXXXX X, XXXXXXXX XXXX, XXXXXXXXXX, XXXXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX. XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXX XX XXXXXXXXX XXXXXXXXXX XXX XX, XXXXXXXXX XXXXXXXXXX, X XXXX XXXXXXXXX X, XXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX

Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

3) Relevant Experience of Applicant:

Describe previous occupational experiences that is highly relevant in this program.

XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXXXX XXXXXXXXX X, XXXXXXXX XXXX, XXXXXXXXXX, XXXXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX. XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXX XX XXXXXXXXX XXXXXXXXXX XXX XX, XXXXXXXXX XXXXXXXXXX, X XXXX XXXXXXXXX X, XXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX

Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

4) Your individual Goal:

Elaborate on the applicant's plans to apply the lessons learned from this program to the applicant's organization.

XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXXXX XXXXXXXXX X, XXXXXXXX XXXX, XXXXXXXXXX, XXXXXXXXXX XXXXX, XXXXXXXXX XXXXX XXXXXX. XXXXXXXXXX, XXXXXXXX XXXXXX, XXXXXXXXXX, XXX XX XXXXXXXXXX, XXXXXXXX XXXX, XXXXXXXXXX, XXXXXXXXXX XXX XX, XXXXXXXXXXXXXX XXXXXX.

XXXXXXXXXX, XXXXX XXXXXXXXX X, XXXXXXXX X XXXXX, XXXXXXXXX XXXXX XXXXXX

Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

5) Area of Interest and/or your expectation:

Specify the applicant's particular interest with reference to the contents of this program.

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Verifique se o texto coube dentro do campo e se, ao convertê-lo em PDF ou ao imprimir, todos os conteúdos aparecem corretamente. Caso o avaliador não consiga visualizar todo o texto, sua proposta poderá ser desconsiderada.

By Applicant

Nota:
Para assinaturas via GOV.br (diferente do Adobe), o sistema não permite múltiplas assinaturas simultâneas. É necessário assinar um campo por vez, baixar o arquivo e carregá-lo novamente no portal para cada nova assinatura.

Date	15 / May / 2026
Name	Maria Fernanda Silva Souza
Title/Position	Coordinator-General Directorate of International Cooperation (DCI)
Signature	gov.br Documento assinado digitalmente SEU NOME Data: 15/05/2026 15:36:14-0300 Verifiqu em https://validar.iti.gov.br

A sua assinatura digital ou manuscrita deve ser inserida

Japan International Cooperation Agency

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Application form for the JICA Knowledge Co-Creation Program:

Form3. QUESTIONNAIRE ON MEDICAL STATUS AND RESTRICTION

(Self-Declaration)

Please notify JICA staff of any changes in your health condition after submission of the form. This information is important for ensuring appropriate support during your stay in Japan. Please provide accurate details.

1. Present Medical Status

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

No			
Name of illness	-	Name of medicine	-
If yes, please attach doctor's letter (preferably, written in English) that describes the current status of the applicant's illness, and gives agreement to the travel to Japan and your participation in the program. Even conditions requiring long-term periodic follow- ups such as annual check-ups need to be listed as well.			

(b) Does applicant have any allergies with medicine, food, pollen, etc.?

Yes
What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? If you have had anaphylaxis in the past, please specify.
Yes. I have a buckwheat (soba) allergy. It is not severe, but when I consume buckwheat, I experience a burning and scratchy sensation in my throat, stomach discomfort, and vomiting. I have no history of anaphylaxis.

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

No
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 applicant had any illness including heart, hepatic, kidney disease or other serious conditions?

No	
Please specify	-
If yes, please attach doctor's letter (preferably, written in English) that gives agreement to the travel to Japan and your participation in the program.	

(b) Have applicant or/and the applicant's family members had tuberculosis?

Please specify	No

(c) Have applicant ever been a patient in a mental clinic or been treated by a psychiatrist?

Please specify	No

(d) Have applicant ever had any sleeping, eating or other disorders?

Please specify	No
Name of medicine taken if any	-

3. Dietary Restrictions

Are there any dietary restrictions? (e.g., beef, pork, etc.)
If you have any allergies, please provide detailed information to question 1(b)

Please specify	Yes, Buckwheat (soba) allergy. I cannot consume soba or any foods containing buckwheat.

4. Pregnancy

Is applicant pregnant?

No

If yes, please attach doctor's letter (preferably, written in English) that describes the current status of the applicant's pregnancy, and gives agreement to your participation in the program. If you find out that you are pregnant after submitting this form, please make sure to inform the JICA office immediately.		
Weeks of pregnancy	-- Select --	weeks

5. Other Medical Issues/Conditions

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

No

The applicant certify that have read the above instructions and answered all questions truthfully and completely to the best of the applicant's knowledge.

The applicant understand that medical conditions resulting from pre-existing conditions and pregnancy will not be financially compensated by JICA, and may be a reason for termination of the program.

The applicant understand that this questionnaire will be checked by the people who are engaged in the program during stay in Japan.

The applicant may not be possible to purchase pharmaceuticals, medical equipment, etc. in Japan, due to Japanese laws.

By Applicant

Date	15 / May / 2026
Name	Maria Fernanda Silva Souza
Title/Position	Coordinator-General Directorate of International Cooperation (DCI)
Signature	gov.br Documento assinado digitalmente SEU NOME Data: 15/05/2026 15:36:14-0300 Verifique em https://validar.iti.gov.br

A sua assinatura digital ou manuscrita deve ser inserida no campo de assinatura.

You are required to report your up-to-date medical condition, and promptly report any changes to your medical condition, to the JICA office prior to participation in the program.
This obligation exists to prevent health risks that may arise if reporting is not completed.

Japan International Cooperation Agency

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Application form for the JICA Knowledge Co-Creation Program:

Form4. TERMS AND CONDITIONS

I understand and fully agree to the following terms and conditions set forth below,

1. General Rules

The participants are requested:

(1) to strictly observe the course schedule,

(2) not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves,

(3) to understand that leaving Japan during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),

(4) not to bring or invite any family members (except for programs longer than one year),

(5) 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,

(6) to observe the rules and regulations of the program implementing partners to provide the program or establishments,

(7) not to engage in political activities, or any form of employment for profit,

(8) to discontinue the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or any type of immoral conduct including sexual harassment, or get critical illness or serious injury and be considered unable to continue the course.The participants shall be responsible for paying any cost for treatment of the said health conditions except for the medical care stipulated in (3) of "3.Expenses", "Administrative Arrangements" in General Information,

(9) to return the total amount or a part of the expenditure for the KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,

(10) not to drive a car or motorbike, regardless of an international driving license possessed,

(11) to observe the rules and regulations at the place of the participants' accommodation, and

(12) to refund allowances or other benefits paid by JICA in the case of a change in schedule.

(13) to promptly notify JICA in the case that there are any changes in the health status since the time of application (such as changes requiring medical attention due to illness or discovery of pregnancy).

The definition of sexual harassment, the KENSHUIN GUIDEBOOK, and the reference video are available at the link below:

https://jica-van-cms.jica.go.jp/custom/kccp/kccp01.html

2. Privacy Policy

The participants are requested to understand Privacy Policy of JICA as follows.

(1) Scope of Use

Any information used for identifying individuals (hereinafter referred to as "Personal Information") 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 Personal Information in accordance with the provisions of this privacy policy.

(2) Limitations on Use and Provision

JICA shall never intentionally provide Personal Information 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 the Personal Information grants permission for its disclosure to a third party;

(c) In cases in which JICA needs to provide Personal Information for the persons or entities where JICA contracts out all or part of the KCCP and its relevant projects. The Personal Information provided herein will be only limited to the information necessary for the persons or entities to implement the contracted tasks.

(3) Security Notice

JICA takes measures required to prevent the divulgence, loss, or destruction of Personal

※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).

3. Copyright Policy

The participants are requested to comply with the following;

(1) The participants shall use all the documents provided for the KCCP (including texts, materials, etc.), within the scopes and/or conditions separately approved by JICA and/or the Original Author.

If the participants apply to the KCCP, the participants shall also comply with Terms of Use of the Materials for the KCCP that are shown on the JICA website.

(https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)

(2) All the documents prepared for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use any third party's(ies') works (photograph, illustration, map, figures, etc.), which are protected under the copyright laws and regulations in the participants' countries or copyright-related multinational agreements, the participants shall obtain a license necessary to use the works from such third party(ies).

(3) The participants agree that JICA may use (including, but not limited to, reproduce, publicly transmit, distribute and modify) any documents prepared by the participants for other programs conducted by JICA (for example, as a reference for the other KCCP courses and a project formulation).

(4) JICA will not be liable for the contents of any documents created by the participants for the purpose of the KCCP.

4. Portrait Right Policy

During the implementation period of KCCP, 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 KCCP grant the participants themselves portrait right license to JICA for photos and images taken described above.
It is, however, not a requirement of KCCP. The participants do not agree to grant the participants themselves portrait right license to JICA, has absolutely no problem in participating KCCP. JICA respects the intention of each participant.

5. Health condition

It is evident that moving to a different environment can affect your physical and mental health compared to living in your home country, even under normal circumstances.

Pregnancy—regardless of the stage—may pose health risks to both mother and child.
Our approach prioritizes the health and safety of both. In addition, medical expenses related to pregnancy, childbirth, and care for the child (or fetus) are not covered by the insurance provided by JICA. If the participant's stay in Japan needs to be extended, the associated living expenses will also not be covered, which could result in a significant financial burden on the participant.
Given the above circumstances, pregnant applicants are required to promptly schedule a consultation meeting with JICA.

All individuals with pre-existing conditions must notify JICA in advance. (Please complete Form 3)
Pre-existing conditions :Chronic diseases, Conditions currently under treatment and Past illnesses that have resolved.
It is required to submit a medical certificate from your doctor confirming that you are medically cleared to take part in the KCCP in Japan.
Medical expenses related to pre-existing conditions are not covered by the insurance provided by JICA.

It is important to understand that failing to provide your health information in advance may lead to situations where, despite our best efforts to prioritize your safety, effective intervention could become extremely difficult.
For further details, please refer to KENSHUIN GUIDE BOOK Medical Services.

DECLARATION (to be signed by the Applicant)

・I understand and fully agree to the formentioned terms and conditions stipulated article 1 to 5.
・I will be subject to any penalties imposed as a consequence of my failure to abide by the above
・I understand the intention of JICA on “4.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 described in "4":

・I certify that the statements I made in this form are true, complete and correct to the best of my

●Agree ○Disgree

Nota:

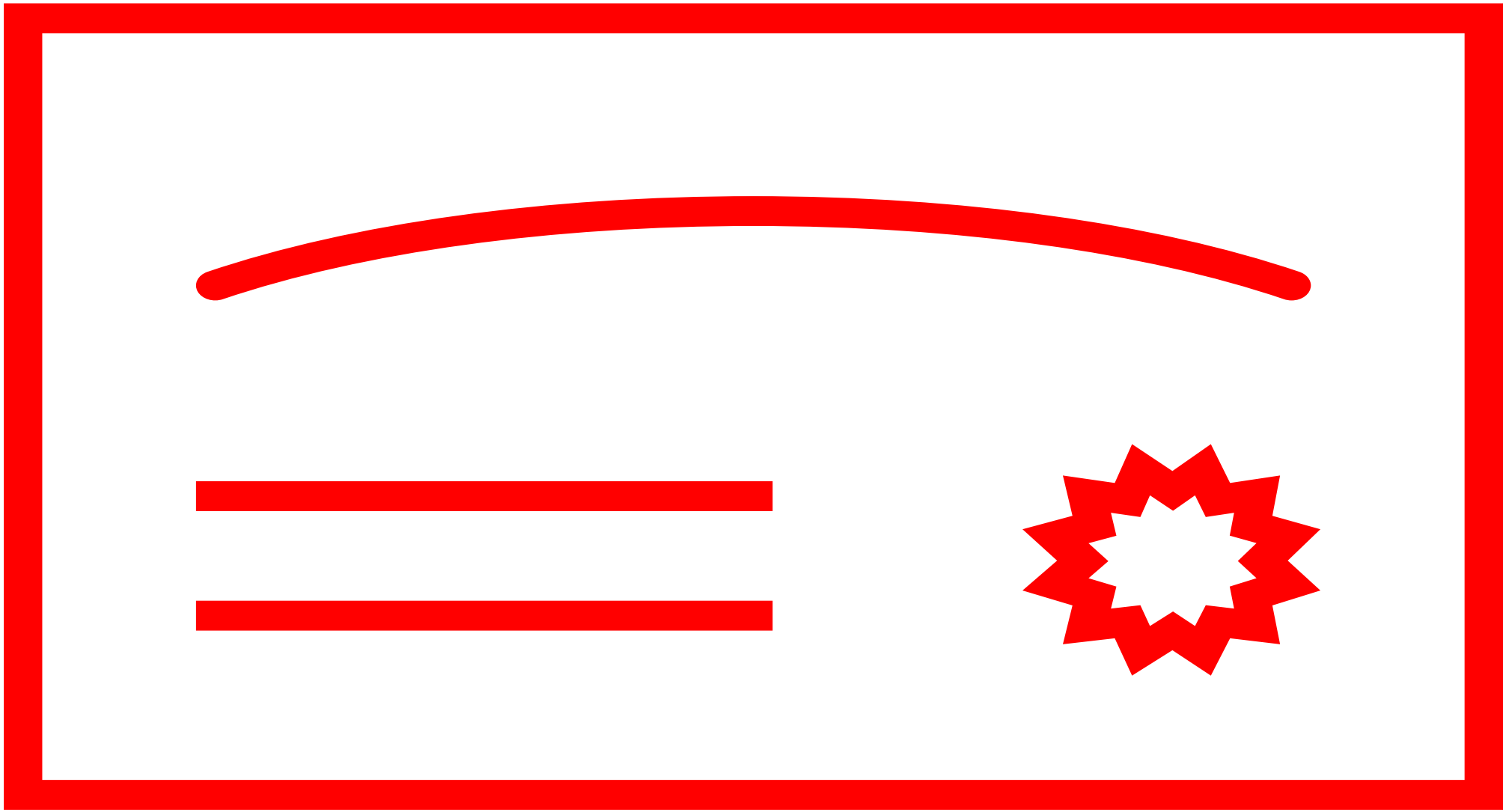
Leia atentamente os **Termos e Condições**.

Se estiver de acordo, selecione a opção **"Agree"** e assine no campo destinado à assinatura.

By Applicant

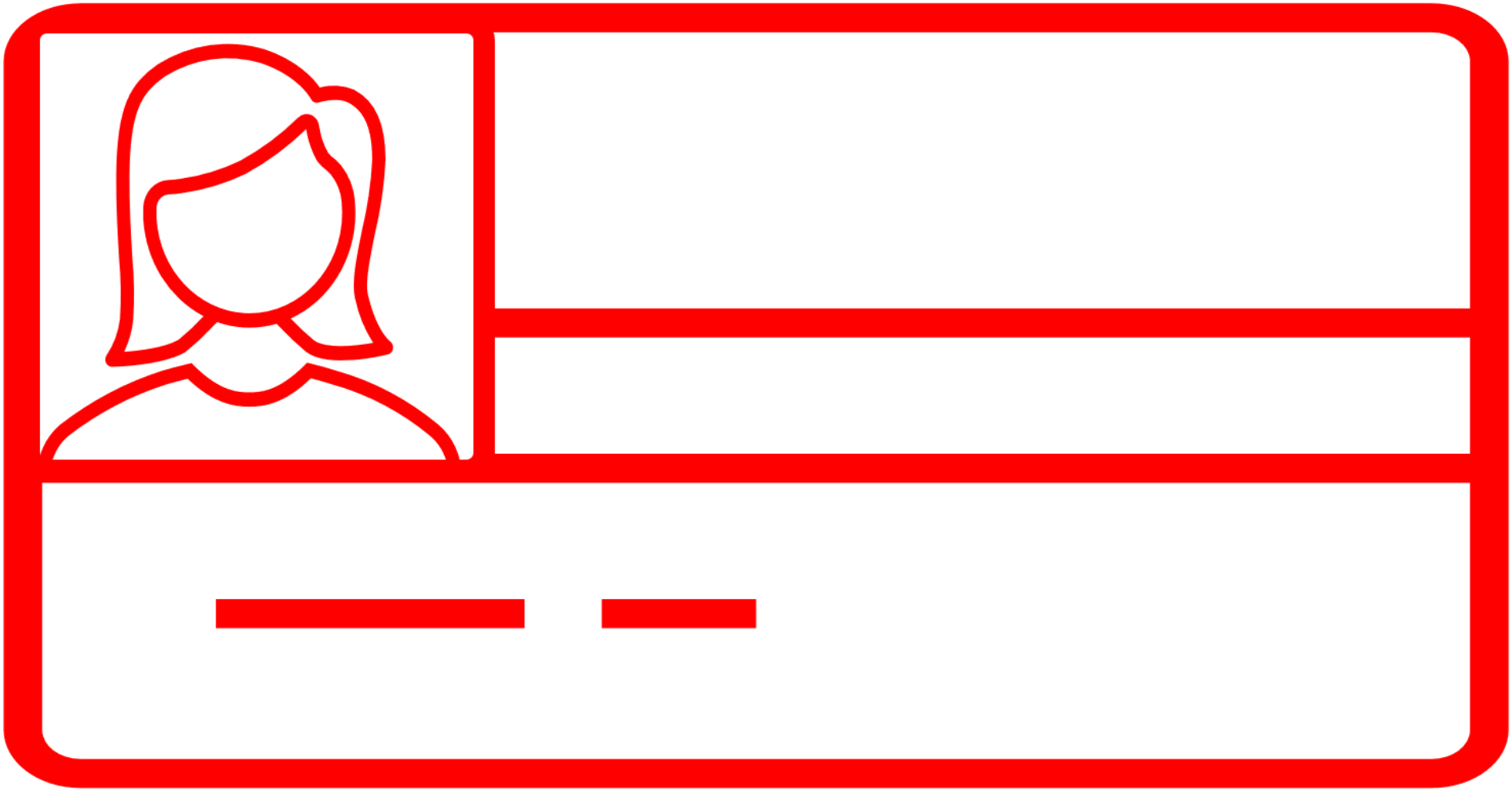
Date	15 / May / 2026
Name	Maria Fernanda Silva Souza
Title/Position	Coordinator-General Directorate of International Cooperation (DCI)
Signature	gov.br Documento assinado digitalmente SEU NOME Data: 15/05/2026 15:36:14-0300 Verifique em https://validar.iti.gov.br

A sua assinatura digital ou manuscrita deve ser inserida



Nota: Cópia digitalizada (scan) do diploma de nível superior, **somente da frente.**

Nota:
Cópia digitalizada (scan) do teste, certificado ou declaração de proficiência em língua inglesa. Documento exigido somente para os cursos ministrados em inglês.



Nota:
Cópia digitalizada (scan) do passaporte. **A imagem deve estar nítida** para que possamos confirmar o número do passaporte, o nome, a data de nascimento e a data de validade.