Attachment 2: PROGRAM INFORMATION

別添1：本邦受入活動計画書(Program Information)

＜ビジネス化実証事業＞

Month Date, 20 XX

**Program Information (DRAFT)**

**Knowledge Co-Creation Program (Private Partnership) under The SDGs Business Validation Survey for XXXXXXXXXX（調査名）**

**1. Knowledge Co-Creation Program (Private Partnership) in Japan**

The Knowledge Co-Creation Program(Private Partnership)in Japan (hereinafter referred to as the “Program”) is conducted by XXXXXX(採択企業名) under the SDGs Business Validation Survey with the Private Sector Survey for Public Private Partnership for XXXXXX XXXXXX (調査名) (hereinafter referred to as the “Survey”) undertaken by Japan International Cooperation Agency (hereinafter referred to as JICA), which aims to demonstrate that the Japanese technologies are highly effective in improving specific development challenges in XXXX (対象国).

**2.** **The Program Schedule**

Total of X days from Month Date to Month Date, 20XX. (Please see Appendix 1)

**3. Objective of the Program**

 The objective of the Program is to XXXX(本研修の目的を記載ください)

**4. Eligible/Target Organization and Maximum Number of Participants**

The program is designed for the following organization(s) with number of participants in parentheses. \*受入を希望する候補者の所属機関／企業名(C/Pを含む)と人数

・XXXXXXXXX (Xperson(s))

・XXXXXXXXX (Xperson(s))

**5. Qualifications of Applicants**

1. Applicants should be in position to be able to propagate XXXXXX(採択企業の製品・技術) to the organization that applicants are currently involved with and to other related organizations.
2. Health: must be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.
3. Must not be serving any form of military service.
4. Language: have a competent command of spoken and written English, since participants are expected to actively express themselves in discussions conducted in English.
5. Experience in the relevant field: have more than five years’ experience in XXXX.
6. Educational background: be a graduate of university with XXXX.

\*(1)-(4)については必須記載事項、(5)以降は各本邦受入活動に応じて適宜加筆・修正ください。

**7. Procedures for Application**

XXXXX(派遣元民間企業／政府機関名) and eligible/target organization ,if any, should endorse the Registration Form (Format 2) of each nominee to JICA XXXX office / XXXXXX(採択企業名) not later than Month Date, 20XX.

\*来日3か月前までに、派遣元民間企業／政府機関から同意書(中小企業案件化調査のみ)と参加申請書を取り付けてください。

After receiving the application documents, XXXXXX(採択企業名) will select the participants from the list of nominees and JICA will advise if necessary. XXXXXX(採択企業名) will inform XXXXX(派遣元民間企業／政府機関名) the result of the final selection by Month Date, 20XX.

\*来日1か月前半前までに、JICAに相談の上、派遣元民間企業／政府機関に選考結果をお知らせください。

**8. Rules and Regulations**

XXXXX(派遣元民間企業／政府機関名) agrees to ensure that the participants who will participate in the Program for the Survey shall

1. strictly adhere to the Program schedule;
2. not extend the period of stay in Japan;
3. not be accompanied by family members or other non-participants during the Program;
4. return to home country at the end of the Program in accordance with the travel schedule designated by JICA or XXXXXX(採択企業名);
5. refrain from engaging in any political activities, or any form of employment or other activity for profit or gain;
6. have an appropriate entry visa to Japan and make necessary arrangements (provision of passport etc.) for their travel;
7. confirm the validity of visas for any third countries necessary for travel to and from Japan;
8. observe Japanese laws and ordinances, and if there is any violation of said laws and ordinances, return part or all of the Program expenditure depending on the severity of the violation upon request from JICA or XXXXXX(採択企業名);
9. observe the rules and regulations of the accommodation designated by JICA or XXXXXX(採択企業名); and
10. be provided with only expenses that directly relate to the Program (e.g., Flight tickets etc.) by JICA through XXXXXX(採択企業名) according to the rules and regulations of JICA, but pay any expenses that do not directly relate to the Program by the participants themselves.

【Contact Person】

XXXX(採択企業担当者)

XXXX(採択企業法人名)

XXXX(住所)

XXXX(連絡先(Email及び電話))

APPENDIX 1：The Program Schedule

FORMAT 1：Letter of Agreement

FORMAT 2：Registration Form

別添2：本邦受入活動日程(The Program　Schedule)

＜ビジネス化実証事業＞



Format 1

別添3：同意書　(Letter of Agreement)

＜ビジネス化実証事業＞

**LETTER OF AGREEMENT FOR JICA KNOWLEDGE CO-CREATION PROGRAM (PRIVATE PARTNERSHIP) IN JAPAN**

\*派遣元民間企業／政府機関と参加候補者について相談の上、派遣元民間企業／政府機関長の署名を取り付けてください。

**Country and Title of the Survey:**

**SDGs Business Validation Survey with the Private Sector For XXXX XXXX XXXX XXXX (事業名) in XXXX XXXX XXXX (対象国)**

**Our organization,** XXXXXXXX(派遣元民間企業／政府機関名)**, hereby confirms our acceptance of the Program Information proposed by** XXX(採択企業名) **and ensures to obtain a Japanese visa for the participant by ourselves.**

**We also propose qualified nominees to participate in the Program as below.**

**1.List of Nominees**

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization** | **Position or Title** |
|  |  |  |
|  |  |  |
|  |  |  |
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**2. Contact Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Organization** |  |
| **Position or Title** |  |
| **E-mail** |  |
| **TEL** |  |
| **FAX** |  |

1. **Qualifications of Applicants**

XXXXXXXXX(相手国派遣元民間企業／政府機関名) guarantees that all applicants meet the qualifications described in 5. Qualifications of Applicants of Attachment 2: Program Information:

|  |  |
| --- | --- |
| **Date:** | **Signature:****Name:****Title:****Organization Name:** |

Format 2

別添4：参加申請書　(Registration Form)

＜ビジネス化実証事業＞

**REGISTRATION FORM FOR JICA Knowledge Co-Creation Program (Private Partnership) IN JAPAN**

\*参加者一人に対して、1通必要です。

\*１．については、CVを添付することで記載しないことも可としますが、その場合は、当書類とCVが必要です。

**Country and Title of the Survey:**

**The SDGs Business Validation Survey For XXXX XXXX XXXX XXXX (事業名) in XXXX XXXX XXXX (対象国)**

**1.Data of Nominee \*If you submit your Curriculum Vitae in English, you can omit this part.**

|  |
| --- |
| **Personal Data** |
| **Name** |  |
| **Sex** |  | **Age** |  |
| **Date of Birth (yyyy/mm/dd)** |  | **Nationality** |  |
| **E-mail** |  | **Tel** |  |

|  |
| --- |
| **Present Job**  |
| **Year** |  |
| **Organization**  |  |
| **Present Position or Title** |  |

|  |
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| **Work Experience** |
| **Year** | **Organization** | **Position or Title** |
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| **Certification** |
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| **English Level \*Please select one.** |
| **Poor** | **Good** | **Very Good** |
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**2. Emergency Contact in your country**

|  |  |
| --- | --- |
| **Name** |  |
| **Organization** |  | **Relation** |  |
| **E-mail**  |  | **Tel** |  |

**3. Qualifications of Applicant**

I meet the following qualifications:

1. be nominated by XXXXXXXXX(派遣元民間企業／政府機関名).
2. be in position to be able to propagate XXXXXX(採択企業の製品・技術) to the organization that applicants are currently involved with and to other related organizations.
3. Health: be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.
4. not be serving any form of military service.
5. Language: have a competent command of spoken and written English, since participants are expected to actively express themselves in discussions conducted in English.
6. Experience in the relevant field: have more than five years’ experience in XXXX.
7. Educational background: be a graduate of university with XXXX.

\*受入計画書(Program Information)の5. Qualifications of Applicantsと対応させてください。

|  |  |
| --- | --- |
| **Date:** | **Signature:****Name:****Title:****Organization Name:** |

別添5：参加者決定通知　(Letter of Acceptance) サンプル

＜ビジネス化実証事業＞

Month Date, 20 XX

Mr. /Ms. XXXXX(レター宛先人)

Title XXXXX(宛先人の役職)

XXXXX(相手国派遣元民間企業／政府機関)

Subject: SDGs Business Validation Survey for XXXXXX XXXXXX (事業名)

Dear Sir/Madam,

I am pleased to inform you our acceptance of following persons to participate the JICA Knowledge Co-Creation Program in Japan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Organization** | **Position or Title** | **Necessary expenses are covered by** |
|  |  |  |  |
|  |  |  |  |
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\* “Necessary expenses are covered by”の欄に、本事業の経費で費用負担される場合はJICA、それ以外の機関の場合は、同機関名を記載ください。

Sincerely yours,

XXXXX(採択企業担当者)

XXXXX(採択企業名)

XXXXX(住所)

XXXXX(連絡先(Email及び電話)

|  |
| --- |
| **本邦受入活動詳細計画表(実績版含む)**別添6：本邦受入活動詳細計画表　　　　　　　　　　　　　＜ビジネス化実証事業＞ |
|  |  |  |  |  |  |  | 日付： |  |
| 案件名： | 　 |
| 受入期間： | 　 |
| 人数： | 　 |
|  |  |  |  |  |  |  |  |  |
| 本邦受入活動目的： | 　 |
| 本邦受入活動における研修項目： | ①②③ |
|  |  |  |  |  |  |  |  |  |
| 日付 | 時刻 | 活動内容/移動 | 講師または研修先担当者 | 講師使用言語 | 活動場所 | 宿泊先 |
| 氏名 | 所属先/職位 | 連絡先 |
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| **JICA KNOWLEDGE CO-CREATION PROGRAM SCHEDULE** |
|  |  |  |  |  |  |  | Date:  |  |
| Survey Title: | 　 |
| Program Period: | 　 |
| # of persons: | 　 |
|  |  |  |  |  |  |  |  |  |
| Purpose of Program： | 　 |
| Expected Results of Program： | ①②③ |
|  |  |  |  |  |  |  |  |  |
| Date | Time | Itinerary | Lecturer/Program Coordinator | Language | Place | Hotel |
| Name | Organization/Title | Contact |
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予算計画

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|  | 単価 | 数量 | 小計 |
| 航空運賃 | XXXX円 | ●人 | XXX円 |
| 本邦受入活動業務費 | 75,500円／日 | 〇日 | XXX円 |
| 合計 | XXX円 |

別添7：緊急連絡カード　(Emergency Card)

＜ビジネス化実証事業＞

(例)

**緊急連絡先カード**

私は、○○(企業名)の本邦受入参加者の○○(国名)から来た○

○(参加者名)と申します。

日本での緊急連絡先は以下の通りです。

連絡先番号は日本語/英語で土日祝日も対応いたします。

xxx-xxxx-xxxx

Emergency Card

I am ○○(name ) from　○○(country) , a participant of ○○

(company)’s program.

My Contact number in Japan is as below.

English/Japanese are available including on Saturdays,

Sundays and holidays.

xxx-xxxx-xxxx

※参加者に常時携帯してもらうことを想定

※対応言語は適宜変更

※必要に応じ企業名・担当名等を追記