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| **Guía para el Diligenciamiento del Formato de Aplicación****JICA Knowledge Co-Creation Program** |

Lea cuidadosamente las indicaciones de esta guía para poderlo diligenciar correctamente. En caso de alguna inquietud puede consultar con la oficina de JICA en Colombia.

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| **1. Partes que conforman el formato de aplicación y que deben ser diligenciadas** |

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| **Este formato se encuentra orientado para ser diligenciado de manera conjunta tanto por parte del candidato al curso, como por parte de la Institución a la cual pertenece, la cual lo presenta mediante este documento oficialmente ante JICA.** **Official Application:** Una vez diligenciado debe ser firmado por el Representante Legal de la Institución que presenta al candidato. **Part A. Information on the Applying Organization:** Debe ser diligenciado o en su defecto aprobado por el superior inmediato del candidato que se encuentra aplicando al curso. **Part B. Information About the Nominee including Medical History and Examination:** Debe ser diligenciado por el candidato al curso.  |

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| **2. Cómo diligenciar el formato de aplicación** |

Lea detenidamente la información de la convocatoria teniendo en cuenta el folleto proporcionado por JICA “Knowledge Co-Creation Program” (PROGRAMA DE GENERACIÓN CONJUNTA DE CONOCIMIENTO) del curso. Verifique que los objetivos, contenido y requisitos solicitados sean cumplidos y acordes con el área en la cual desempeña su trabajo actual y tenga en cuenta las siguientes recomendaciones:

1. Para diligenciar en este formato lo relacionado con el nombre y código del curso por favor refiérase al título y código dados en el folleto de JICA para el curso.
2. Diligencie este formato original en idioma **INGLÉS** a máquina o en letra de imprenta legible. No se recibirán formatos con enmendaduras, tachones o mal diligenciados. Utilice ”☓” para marcar la selección correspondiente a la casilla de chequeo “( )”
3. En caso de ser necesario puede agregar páginas anexas si el espacio dado en el formato no es suficiente
4. Verifique según las indicaciones dadas en folleto del curso proporcionado por JICA, el tipo de documento que debe acompañar la aplicación (Country Report, Job Report, Questionnaire, etc)

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| **3. Políticas de Uso y Confidencialidad** |

**1) Términos de Uso**

Toda información referida a la identidad y datos personales contenida en el presente formato, será catalogada, utilizada y/o analizada con el único propósito de adelantar las labores propias de JICA. Para ello JICA se reserva el derecho al uso de dicha información de acuerdo con sus políticas de privacidad.

**2) Limitaciones del Uso y Confidencialidad**

JICA no divulgará información sobre la identidad de las personas referidas en este formato, con las siguientes tres excepciones:

1. En caso que un mandato legal lo solicite expresamente.
2. Previa autorización del autor del documento para ser divulgado a un tercero.
3. En caso que JICA nombre a un delegado para que procese la información, la misma se utilizará de acuerdo a las áreas requeridas.

**3) Nota de Privacidad**

JICA tomará las medidas necesarias para evitar la fuga, pérdida o destrucción indebida de la información recibida procurando siempre el manejo adecuado de la misma.

**4) Política de Derechos de Autor**

Los aspirantes al Programa de Generación Conjunta de Conocimiento de JICA deberían tener en cuenta las siguientes regulaciones referidas a los Derechos de Autor:

Articulo 1. Con relación a la preparación de documentos (reportes, plan de acción etc.) y presentaciones (Reportes de reunión, conferencias, etc.)

1. El contenido de los documentos y presentaciones debe ser debe ser de su propia autoría en principio.
2. En caso de requerir el uso de material elaborado por otro autor (video, fotografías, ilustraciones, mapas, figuras, etc.) que se encuentre amparado por las regulaciones locales o internacionales de propiedad intelectual deberá:
	1. Obtener las licencias o permisos necesarios bajo su propia responsabilidad. En este caso los términos de dichos licencias o permisos deberán contemplar los requerimientos del artículo 2.
	2. Conservar la evidencia de la obtención de las licencias o permisos anteriormente mencionados.
	3. En caso de ser necesario, bajo su propia responsabilidad, llegar a los acuerdos económicos necesarios con el autor del material para garantizar la vigencia de las licencias o permisos, de acuerdo con los términos de uso establecidos para ello.

Articulo 2. Con relación el uso del material de capacitación y diálogo

1. La propiedad intelectual de los materiales preparados por los participantes Programa de Generación Conjunta de Conocimiento será de los participantes mismos. La propiedad intelectual del material preparado por otros autores seguirá perteneciendo a los autores mismos.
2. El manejo de los textos, materiales complementarios y otros materiales entregados dentro del Programa de Generación Conjunta de Conocimiento de JICA a los participantes, deberá cumplir con el propósito para el cual han sido elaborados por parte de cada autor.

Knowledge Co-Creation Program under Technical Cooperation with the Government of Japan

**Application Form for the JICA Knowledge Co-Creation Program**

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| **OFFICIAL APPLICATION** |

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

**1. Title:** (Nombre del curso tal como figura en el folleto JICA Knowledge Co-Creation Program)

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**2. Number:** (Código del curso según el folleto de JICA Knowledge Co-Creation Program))

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| **J** |  |  | **-** |  |  |  |  |  |

**3. Country Name:**

|  |
| --- |
| **REPUBLIC OF COLOMBIA** |

**4. Name of Applying Organization:**

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**5. Name of the Nominee: (SURNAME Name)**

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**To be completed by General Director of Institution on behalf of Candidate**

Our organization hereby applies for the training and dialogue program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs

|  |  |  |  |
| --- | --- | --- | --- |
| Date: D/M/Y |  | Signature: |  |
| Name: |  |
| Designation / Position |  |  |
| Department / Division |  |
| Office Address and Contact Information |  |
| Telephone: | Fax: | E-mail:  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Part A: Information on the Applying Organization** |

(To be confirmed by the head of the department / division that candidate belongs to)

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| **1. Profile of Organization** |

1. **Name of Organization:**

|  |
| --- |
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1. **The mission of the Organization and the Department / Division:**

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| --- |
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| **2. Purpose of Application** |

1. **Current Issues: Describe the reasons for your organization claiming the need to participate in the training and dialogue program, with reference to issues or problems to be addressed.**

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1. **Objective: Describe what your organization intends to achieve by participating in the training and dialogue program.**

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1. **Future Plan of Actions: Describe how your organization shall make use of the expected achievements, in addressing the said issues or problems.**

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1. **Selection of the Nominee: Describe the reason(s) the nominee has been selected for the said purpose, referring to the following view points; 1) Course requirement, 2) Capacity /Position, 3) Plans for the candidate after the training and dialogue program, 4) Plan of organization and 5) Others.**

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| Our nominee has been selected for the following reasons: **COURSE REQUIREMENTS:** **CAPACITY /POSITION****PLANS FOR THE CANDIDATE AFTER THE TRAINING AND DIALOGUE PROGRAM****PLAN OF ORGANIZATION** **OTHERS** |

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| **Part B: Information about the Nominee** |

(To be completed by the Nominee)

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| NOTE>>>The applicants for Knowledge Co-Creation Program are required to fill in “Every Item”. As for the applications for Country Focused Program including Counterpart Program and some specified Programs, it is required to fill in the designated **“required”** items as is shown below. |

**1. Title:** (Nombre del curso tal como figura en el folleto JICA Knowledge Co-Creation Program)

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| Fotografía tipo documento del nominado Tamaño: 4x3 cms(Obligatorio) |
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**2. Number:** (Código del curso según el folleto JICA Knowledge Co-Creation Program)

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| **J** |  |  | **-** |  |  |  |  |  |

**3. Information about the Nominee (nos. 1-9 are all required)**

**1) Name of Nominee (as in the passport – Use CAPITAL LETTERS)**

 **1st Surname 2nd Surname**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**First Name Second Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| **2) Nationality**  | **( )**  | **Other nationality** |
| **2a) Place of Birth City Province Country**  |
| **3) Sex** | ( )Male | ( )Female | **3a) Marital Status** | **5) Date of Birth (please write out the month in English as in “April”)** |
| **4) Religion CATHOLIC** | ( ) Single | ( ) Married |
| **6 ) Do you posses Passport?** | ( ) YES | ( ) NOT | **Date** | **Month** | **Year** | **Age** |
| **6a) Do you posses USA Visa?** | ( ) YES | ( ) NOT |  |  |  |  |
| **6b) Passport Expiry (D/M/Y)** |  |  |  |
| **6c) ID Number (Cédula) 1.118.536.338** |

***Adjuntar a esta Aplicación copia de la hoja de datos de su pasaporte vigente. Si es poseedor de VISA USA vigente adicionalmente adjunte copia de la página de la visa.***

**7) Present Position and Current Duties**

|  |  |
| --- | --- |
| Organization |  |
| Department / Division |  |
| Present Position |  |
| Date of employment by the present organization (Fecha de Ingreso) | Date | Month | Year | Date of assignment to the present position (Fecha de inicio en el presente cargo) | Date | Month | Year |
|  |  |  |  |  |  |

**8) Type of Organization**

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

**9) Outline of duties: Describe your current duties**

**10) Contact Information**

|  |  |  |
| --- | --- | --- |
| Office | Address: | City: |
| TEL:  | Mobile (Cell Phone):  |
| FAX: 57/ | E-mail:  |
| Home | Address:  | City: |
| TEL: 57/ | Mobile (Cell Phone):  |
| FAX: 57/ | E-mail:  |
| Contact person in emergency | Name:  |
| Relationship to you:  |
| Address: | City: |
| TEL: 57/ | Mobile (Cell Phone):  |
| FAX: 57/ | E-mail:  |

**4. Career Record**

**1) Job Record (After graduation)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | City/Country | Period | Position or Title | Brief Job Description |
| FromMonth/Year | ToMonth/Year |
|  |  |  |  |  |  |
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**2) Educational Record (Higher Education)(required)**

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| --- | --- | --- | --- | --- |
| Institution | City/Country | Period | Degree obtained | Major |
| From M / Y | To M / Y |
|  |  |  |  |  |  |
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**3) Training or Study in Foreign Countries; *please write your past visits to Japan specifically as much as possible, if any.***

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | City/Country | Period | Field of Study / Program Title |
| From M / Y | To M / Y |
|  |  |  |  |  |
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**5. Language Proficiency (required)**

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| 1) English Proficiency |
| Listening | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Speaking | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Reading | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Writing | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Certificate (Examples: TOEFL, TOEIC) |  |
| 2) Mother Tongue | SPANISH |
| 3)Other languages ( ) | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |

**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.

**6. Expectation on the applied training and dialogue program**

**1) Personal Goal: Describe what you intend to achieve in the applied Knowledge Co-Creation program (required)**

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**2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied Knowledge Co-Creation program (required)**

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**3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied Knowledge Co-Creation program (required)**

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**\*7. Declaration (to be signed by the Nominee) (required)**

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

If accepted for the program, I agree:

1. not to bring or invite any member of my family (except for the program whose period is one year or more),
2. to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
3. to follow the program, and abide by the rules of the institution or establishment that implements the program,
4. to refrain from engaging in political activity or any form of employment for profit or gain,
5. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
6. to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
7. to consent to waive exercise of my copyright holder’s rights for documents or products that are produced during the course of the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
8. To approve the privacy policy and the copy right policy mentioned in the Guidelines of Application

JICA’s information security policy in relation to Personal Information Protection

■ JICA will properly and safely manage personal information collected through this application form in accordance with JICA’s privacy policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.

■ Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc., and except for the following 1.-3., JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in the following 1.-3 and will not use for any purpose other than the following 1.-3 without prior approval of an applicant itself.

1. To provide Knowledge Co-Creation Program to participants from developing countries.

2. To provide Knowledge Co-Creation Program to the participants from developing countries under the Citizens’ Cooperation Activities.

1. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.
2. to observe Japanese laws and ordinances during my stay, if violate Japanese laws and ordinances, I will return the total amount or a part of the expenditure required for the training depending on the extend of the violation.
3. to understand that JICA does not assure issuance of Japan entry visa even after JICA decide to accept me. I understand the Embassy of Japan will decide it according to necessary formalities upon the submission of visa application from each participant.

|  |  |
| --- | --- |
| Date: D/M/Y | **Signature:** |
| Print Name:  |

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| **MEDICAL HISTORY AND EXAMINATION** |

**1. Present Medical Status**

(a) Do you currently use any medicine or have regular medical checkup by a physician for your illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Name of illness :Name of medicine : |
| ***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) Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Months of pregnancy ( months) |

 (c) Are you allergic to any medication or food?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: What are you allergic to? ( ) |

1. Please indicate any needs arising from disabilities that might necessitate additional

support or facilities.

|  |
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| ( )*Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.* |

**2. Past Medical History**

 (a) Have you had any significant or serious illness?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Please specify (  |

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

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| --- | --- |
| [ ] No | [ ] Yes: Please specify  |

**3. Other Medical Problems**

If you have any medical problems that are not described above, please indicate below.

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I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

|  |  |
| --- | --- |
| Date: D/M/Y  | **Signature:** |
| Print Name:  |