





**CONFIDENTIAL**

**9) Contact Information**

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

**10) Others (if necessary)**

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**4. Career Record**

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

Organization	City/ Country	Period		Position or Title	Brief Job Description
		From Month/Year	To Month/Year		

**2) Educational Record (Higher Education)**

Institution	City/ Country	Period		Degree obtained	Major
		From Month/Year	To Month/Year		



**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 Month/Year	To Month/Year	

**5. Language Proficiency**

1) Language to be used in the program (as in GI)					
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					
3) Other languages (            )		( ) Excellent	( ) Good	( ) Fair	( ) Poor

<sup>1</sup> 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.

<sup>1</sup> Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.

<sup>1</sup> Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.

<sup>1</sup> Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

## 6. Expectation on the applied training program

1) **Personal Goal:** Describe what you intend to achieve in the applied training program.

2) **Relevant Experience:** Describe your previous vocational experiences which are highly relevant in the themes of the applied training program.

3) **Area of Interest:** Describe your subject of particular interest with reference to the contents of the applied training program.

### \*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:

- (a) not to bring or invite any member of my family (except for the program whose period is one year or more),
- (b) 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,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- (f) 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.
- (g) 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.
- (h) to approve the privacy policy and the copyright 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 divulgence, 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.



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1. To provide technical training to technical training participants from developing countries.
2. To provide technical training to technical training trainees from developing countries under the Citizens' Cooperation Activities.
3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.

Date:	Signature:
	Print Name:



**MEDICAL HISTORY AND EXAMINATION**

**1. Present Status**

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication ( _____ ), Quantity ( _____ )
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(b) Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes ( _____ months )
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>>	<input type="checkbox"/> Medication	<input type="checkbox"/> Food	<input type="checkbox"/> Other:
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( _____ )
<i>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.</i>

**2. Medical History**

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness ( _____ ), Place & dates ( _____ )
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )

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

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness ( _____ ), Place & dates ( _____ )
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )

(c) High blood pressure

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ ) mm/Hg to ( _____ ) mm/Hg

(d) Diabetes (sugar in the urine)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition ( _____ )
	Are you taking any medicine or insulin?	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes

(e) Past History: What illness(es) have you had previously?

<input type="checkbox"/> Stomach and Intestinal Disorder	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid Problem	
<input type="checkbox"/> Infectious Disease >>> Specify name of illness ( _____ )			
<input type="checkbox"/> Other >>> Specify ( _____ )			

(e') Has this disease been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify name of illness)
	Present Condition: ( _____ )

**3. Other: Any restrictions on food and behavior due to health or religious reasons?**

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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:	Signature:
	Print Name:



Supplementary Information

We will use the information provided here merely as reference data to your convenience during your stay in Japan. Thus we ask that you be honest and forthcoming with the relevant information.

JICA shall take the required measures to prevent the leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

**(1)Religion**

\_\_\_\_\_

**(2)Food Restrictions**

I cannot eat:

Pork

Because of:  Religious belief  
 Allergy  
 Others

Beef

Because of:  Religious belief  
 Allergy  
 Others

Fish

Because of:  Religious belief  
 Allergy  
 Others

Eggs

Because of:  Religious belief  
 Allergy  
 Others

Others \_\_\_\_\_

Because of:  Religious belief  
 Allergy  
 Others

**(3)Alcohol & Smoking**

- I drink.
- I don't drink.
- I smoke.
- I don't smoke.

**(4)Pets**

I would not like to stay at a home keeping the following animals .

- Dog
- Cat
- Others \_\_\_\_\_

Printed Name of the Applicant	Date	Signature of Applicant