

**Master's Degree and Internship Program of African Business Education Initiative for Youth
(ABE Initiative) 5th Batch
APPLICATION FORM**

Req.No _____

Instruction

1. Handwritten form is not acceptable
2. Fill in the form in English
3. It is a MUST to fill all the YELLOW columns (Please write "N/A" if not applicable)
4. Write years in western calendar
5. Write proper nouns in full without abbreviation
6. **Sign all pages** on the bottom of right-hand corner after printing
7. Check your application form using the check list at the bottom of this application form

1. Personal Information

1-1. Title

Master's Degree and Internship Program of African Business Education Initiative for Youth (ABE Initiative)

Color Photo
(4cm×3cm)

1-2. Number (Not need to fill in. JICA will inform after selection Procedures)

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Paste your photo
taken within
6 months.

1-3. Information about the applicant

Family Name			
First Name			
Other Name (If any)			
Sex		Date of Birth (Day/Month/Year)	/ /
Nationality		Age (As of 1/4/2018)	
Resident Country		Religion (if any)	
City/Town		TEL (Primary)	
State/Province		TEL (Secondary)	
Email		Passport possession	

1-4. Contact Person in Emergency

Name			Relationship	
Province & Country		TEL	Email	

Name of Applicant: _____

Signature: _____

2. Declaration of desired university placement

- 1) All applicants are required to specify first, second and third choice of Universities, and Supervisors of choices by reference to "2-(2): University Information for the Applicants" and ABE Initiative Portal Website.

(<http://www.education-japan.org/africa/search/>)

Priority	Course Code	Name of Selected University and Graduate School	Program and Degree	Supervisor of choice
1				
2				
3				

- 2) Please select the item number of your research field. Re "Research Field" sheet for more detail

Item Number	Research Field

- 3) If disqualified by the universities of first, second and the third-choice at the 3rd selection, JICA might choose the other appropriate universities for you.
Do you grant JICA the authority to choose other university for you?

Name of Applicant: _____

Signature: _____

3. Educational Background

Instruction

1. Exclude kindergarden education and nursery school education.
2. Preparatory education for university admission is included in upper secondary education.
3. If you attended multiple schools at the same level of education due to moving house or readmission to university, modify level column and write the schools in the separate rows.
4. Any school years or levels skipped or repeated should be indicated in the Remarks column.
5. End date for Higher Education should match with the date on the guraduate certificate which you submit.
6. Academic Degree must be filled for Higher Education level. (If not obtained any degree, write "N/A")

Level	Name of School	Province, Country	Years of schooling	From (Month)/(Year)	Academic Degree
	Faculty / Department			To (Month)/(Year)	
Primary Education				From /	
				To /	
Lower Secondary Education				From /	
				To /	
Upper Secondary Education				From /	
				To /	
Higher Education				From /	
				To /	
				From /	
				To /	
				From /	
				To /	
				From /	
				To /	
Total Years of Education:				0	years of schooling

6.

Remarks	
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Name of Applicant: _____

Signature: _____

1) Language Proficiency

English Proficiency	Listening	
	Speaking	
	Reading	
	Writing	
	Certificate (if any) <i>ex. TOEFL, IELTS</i>	
Mother Tongue <i>ex. French</i>		
Other Language (if any)		
Proficiency of the other language		

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-

2) Have you ever been awarded a scholarship for studying abroad?

	Name of scholarship				
	Duration	From	/	To	/

3) Are you currently applying for any scholarship(s), other than ABE Initiative?

	Name of scholarship				
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4) Have you ever participated in any training course in your country or abroad including any offered by JICA?

	Name of the course				
	Country you visited		Name of the institution or agency		
	Duration	From	/	To	/

Name of Applicant: _____

Signature: _____

4. Present Organization and Nomination

4-1. Present Organization and Position

Type of Organization*		if others, specify	
Organization			
Department / Division			
Position			
Date of employment	/ /	Date of assignment to the present position	/ /
Province & Country		TEL	Email

Category of Organization	Type of Organization	Description
A. Private Sector	Private	Private company including Private school
B. Ministry / Government Institution	National Government	Ministry or Federal Institution
	Local Government	Governmental Institution run by state/province or city/town
	Public Enterprise	Government-owned corporation or facilities
C. Higher Education and TVET	University	Either public or Private University
D. Others	NGO/Private(non-profit)	NGO or non-profit organization
	Self-employed	Freelancer (if you own a company, chose "Private")
	Fresh Graduate	Just graduated or will Graduate soon from University and not working
	Unemployed	not working
	Others	Any status not applying to all above

4-2. Confirmation of the nomination by the applicant's present organization

I agree to nominate this person on behalf of our organization

Date		Signature	
Name			
Department / Division			
Position			
TEL			
Email			

Name of Applicant: _____

Signature: _____

5. Work Experience

Provide the information of your work experience following the most recent one.
The first row (most recent one) will be filled automatically if 4-1 is correctly filled.

Organization	Department	Position	Period of Working	From / To	Full/ Part	Type
				From /		
				To Oct / 2017		
				From /		
				To /		
				From /		
				To /		
				From /		
				To /		
				From /		
				To /		
				From /		
				To /		

****For the type of organization, please choose from the followings:**

- A. Private Sector B. Ministry / Government Institution
- C. Higher Education and TVET (Technical and Vocational Education and Training) Institutions
- D. Others (non-profit organization etc.)

*Please refer to Category of Organization on page 5 (4. Present Organization and Nomination)

Total years of full-time job experieⁿc 0 year and 0 month

Total years of part-time job experierⁿc 0 year and 0 month

Name of Applicant: _____

Signature: _____

6. Medical History

6-1. Present Medical Status

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

	Name of illness, and condition	
	Name of medicine	

If yes, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program

b) Are you pregnant?

	Months of pregnancy	month	Expected date of delivery	/	
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c) Are you allergic to any medication or food?

	What are you allergic to?	
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d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

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

6-2. Past Medical History

a) Have you had any significant or serious illness?

	if yes, please specify	
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b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

	if yes, please specify	
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6-3. Other Medical Problems

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

Name of Applicant:

Signature:

7. Declaration

I, _____,

declare that I apply for the Master's Degree and Internship Program of African Business Education Initiative for Youth (ABE Initiative) with a full understanding of the "General Information for ABE Initiative", especially the articles stipulated below:

(1) APPLICATION

1. all the information answered and provided in this application form by me, is true and accurate to the best of my knowledge and ability. My application will be cancelled if any information is proven to be false.
2. all the information provided by me in this application form had been approved by my supervisor in my organization (Required only for Governmental Officials (including public organizations) and/or Educators.)
3. an application form which is incomplete or missing any necessary document(s) will be deemed ineligible and not considered.
4. the selection procedure and results rest entirely with JICA as the secretariat of ABE Initiative. No inquiries or objections by applicants regarding the result of the selection process will be considered.

(2) OBJECTIVE OF THE PROGRAM

When I am accepted for the program, I agree

1. that the objective of the program which is written in G.I. Therefore, I will participate in observation tours of companies, summer internship, and post graduate internship as designated by JICA,
2. that I am required to contribute to the development of my nation's relationship with Japan after completing the Master's course and Internship in Japan,
3. that the objective of the program is not provision of employment in Japan upon completion of the program.

(3) JICA's GUIDELINES

When I am accepted for the program, I agree

1. to invite my family (spouse and children only) on my own responsibilities for all expenses and necessary procedures after 6 months upon arrival in Japan to follow JICA's Guidelines,
2. all the information answered in 8. MEDICAL HISTORY is true, and to 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,
3. 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,
4. to follow the program, and abide by the rules of the institution or establishment that implements the program,
5. to refrain from engaging in political activity or any form of employment for profit or gain,
6. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
7. to discontinue the program if JICA and the applicant's current organizations agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation,
8. to consent to waive exercise of my copyright holder's rights for documents or products that are produced during the course of the program, against duplication and/or translation by JICA, as long as they are used for the purposes of the program,
9. to approve the privacy policy and the copyright policy in the G.I.

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. Any information able to identify individuals that is acquired from applicants/participants shall be entered into and stored in Portal Website, used or analysed within the scope of ABE Initiative Programs and activities of concerned parties: JICA, JICE, Japanese Universities and registered Japanese enterprises.
 - 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 ABE initiative to the participants.
 2. To provide ABE initiative to the participants 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.
10. to observe Japanese laws and ordinances (including, for example, such as 'Sexual Harassment') during my stay, if I violate, will return the total amount or a part of the expenditure required for ABE Initiative depending on the extent of the violation,
 11. 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.

Name of Applicant: _____

Signature: _____

DATE (Day / Month / Year): _____ / _____ / _____

Check List

Please check the following BEFORE printing

Page	Check Point	Applicant	JICA	JICE HQ
All	Are all the Yellow columns (MANDATORY) filled?			
1	Is the full name written as shown on the Passport? (National ID is acceptable if the applicant does not own a Passport)			
	Is the date of birth same as on the Passport or ID?			
	Is your age between 22 to 39? (if not, check qualified age at JICA overseas office in charge of your country)			
2	Is the name of supervisors chosen from the professor list in the ABE Initiative portal website?			
3	Is the schooling years corresponded to the years specified in University Diploma and Academic Transcript?			
	Is the name of the degree same as in the "University Diploma" and "Academic Transcript"?			
	Is the total schooling years over minimum academic years for Bachelor's degree? your total schooling years->	0 years		
	If the schooling years does not match with the regular academic period, is it explained in the Remarks column?			
4	Is the applicant applying for any scholarship other than ABE Initiative?			
5	Is the name of organization, department, and position correctly mentioned? (No abbreviation is allowed)			
6	Is the working history and period correctly filled? ·Any employment before university completion is not considered as working history. ·Only full-time working with acquisition of diploma, such as night school, is approved as working experience.			
Annex 3 Research Plan	Is the research plan written with enough amount of words? (Extreme lack of words may not be accepted)			
	Is the "Title", "Introduction", "Objective" and "Conclusion", respectively followed?			

Please check the following AFTER printing

Page	Check Point	Applicant	JICA	JICE HQ
All	Is there a signature on the bottom-right corner of all pages?			
1	Is the applicant's photo attached on the Application form?			
5	Is there official stamp/signature of current organization?			
8	In the Declaration Form, is the signed date within the application period?			
University Diploma	Is the notary seal* affixed to University Diploma? The copied document of original one is approved only with the original notary seal affixed. *The notary seal: To officially notarize the copied document, affixed by authorized public institutions or lawyers.			
	Is the name and date of birth as shown on the Passport or ID? If not, please describe the reason in the letter.			
	If not written in English, is the official English translation attached?			
Academic Transcript	Is the notary seal affixed to Academic Transcript for all the grades earned in the university?			
	Is the name and date of birth as shown on the Passport or ID? If not, please describe the reason in the letter.			
	If not written in English, is the official English translation attached?			
Recommendation Letter	Is there original Recommendation letter attached?			
Copy of Passport(ID)	Is the copy of valid Passport (or National ID) attached?			
	If not written in English, French, Portuguese or Spanish, is the official English translation attached?			
Photos	Is 6 photos attached other than attaching on page 1 of Application Form?			
(Doctor's Letter)	If yes in 6-1(a), is the doctor's letter (written in English) attached? The letter should describe current status of the applicant's illness and has a consent for an applicant to join the program healthy.			

Please check the following BEFORE submission

Page	Check Point	Applicant	JICA	JICE HQ
All	Are all attachments submitted?			

Req.No _____

Name of Applicant: _____