

Mexico – Japan Exchange Program for the Strategic Global Partnership

APPLICATION FORM

Please type in capital letters. Do not leave any space blank. Use "N/A" when applicable.

1. Title of the Training Program:							AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH HERE			
2. Applicants particulars										
Salutation	Dr/Mr/Mrs/Ms/Others (please select accordingly)									
Family Name										
Given Name										
Nationality				Date of birth (dd/mm/yy)						
Passport number				Passport Expiry Date (dd/mm/yy)						
Gender				Marital status						
Dietary Restrictions (if any)				Religion						
3. Home Address										
Country				State/Province				City/Town		
Postal Address							Postal Code			
Tel. No	Country code	Area code	Number		Mobile	Country code	Area code	Number		
Primary Email				Secondary Email						
4. Office Address										
Country				State/Province				City/Town		
Postal Address							Postal Code			
Tel. No	Country code	Area code	Number		Fax	Country code	Area code	Number		
5. Person to be notified in case of emergency										
Name				Relationship						
Address				Contact number		Country code	Area code	Number		
				Email						
6. Beneficiary of Travel Insurance										
Name				Relationship						
Date of birth (dd/mm/yy)										
Address				Contact number		Country code	Area code	Number		
				Email						

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7. Employment History (starting with present position, i.e. in reverse chronological order)					
Organization	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)

8. Educational Record (starting with Higher Education, i.e. in reverse chronological order)				
Institution	Degree obtained	Major	From (dd/mm/yy)	To (dd/mm/yy)

9. English proficiency				
	Excellent	Good	Fair	Poor
Listening				
Speaking				
Reading				
Writing				
Certificate examples TOEIC: 700 TOEFL PBT: 550 TOEFL IBT: 83 IELTS: 6				
Other languages:		Excellent	Good	Poor

10. Profile of Organization				
Name of Organization				
Type of Organization				
	National Government		Local Government	Public Enterprise
	Private		NGO	University
	Other (specify)			

11. Present position and current duties											
Department/Division											
Present position											
Date of employment by present Organization			Date	Month	Year	Date of assignment to the present position			Date	Month	Year
Outline of duties: describe your current duties											

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The mission of the Organization and the Department of Division		
Reason for applicant's selection		
The post which the applicant will be required to fill upon satisfactory completion of the training		
Relevance of the course to applicants job		
12. Expectation of the applied training program		
Personal Goal: Describe what you intend to achieve in the applied training program.		
Relevant experience. Describe your previous vocational experiences which are highly relevant in the themes of the applied training program.		
Area of Interest: Describe your subject of particular interest with reference to the contents of the applied training program.		
13. Previous Attendance		
Have you attended any courses sponsored under the Mexico–Japan Exchange Program for the Strategic Global Partnership previously? If yes, please state the tittle and date of course(s).		
Yes/No		Date (Year)
Course tittle		

13. Declaration (to be signed by the Nominee)

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,
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Mexican Government regarding the program,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements

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- 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 Mexico on the designated flight schedule arranged by the Mexican Institutions,
 - (f) to discontinue the program if the Mexican institution 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, as long as they are used for the purposes of the program.
 - (h) to observe Mexican laws and ordinances during my stay, if I violate Mexican laws and ordinances,
 - (i) I will return the total amount or a part of the expenditure required for the training depending on the extent of the violation.
 - (j) to approve the following privacy policy:

Information Security Policy in relation to Personal Information Protection.

- a) Mexican Government authorities will properly and safely manage personal information collected through this application form in accordance with its privacy policy and the relevant laws of Mexico concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.
- b) Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc.

Print name			Signature	
Date	Day	Month	Year	

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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.

<input type="checkbox"/> _____
<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 the Mexican Government and may result in termination of the program.

Date:	Signature:
	Print Name: