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| **Application Guideline for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan**  |

This guideline explains how to apply for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership between Mexico-Japan.

Please complete the Application Forms according to the guideline.

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| **Form** | **Filled by** |
| **Form1. Official Application Form** | * To be filled by you and your supervisor\*
* To be signed by your supervisor
* Official stamp of your organization is needed.
 |
| **Form2. Nomination from the Organization** | You and your supervisor \* |
| **Form3. Individual Application Form** | You |
| **Form5. Terms and Conditions, and Declaration** | You |

\*Supervisor: the head of the department/division of your organization

**Please be advised:**

1. To carefully read the General Information (GI) of the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan.
2. To fill only in typewritten except for signature
3. To fill in the form in **English**
4. To use “√” or “x” to mark the ( ) options
5. To attach your photographs

**In submitting the Application Forms and attached documents, please make sure:**

(a) To prepare a copy of your passport,

(b) To confirm the application procedure stipulated by your government,

(c) To submit the original Application Forms with all necessary document(s) to the responsible

organization of your government according to its application procedure, and

(d) That your participation may be denied, if you fail to provide all required information and documents completely and on time.

**CHECK LIST before submission:**

|  |  |
| --- | --- |
| **Items** | **Check** |
| 1. Fill in all items in typewritten
 |  |
| 1. Your signature
 |  |
| 1. Signature of your supervisor\*
 |  |
| 1. Official stamp of your organization
 |  |
| 1. Your photo
 |  |
| 1. Attach a copy of passport (Machine Readable Zone)
 |  |
| 1. Attach the required document(s) as instructed in the GI
 |  |

\*Supervisor: the head of the department/division of your organization

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| **Form1. OFFICIAL APPLICATION FORM** |

**\*To be signed by your supervisor (the head of the relevant department / division of your organization).**

**1. Course Title** (as shown in the GI)

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| --- |
|  |

**2. Course Duration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From |  | to |  | (DD/MM/YYYY) |

**3. Country**

|  |
| --- |
|  |

**4. Organization**

|  |
| --- |
|  |

**5. Name of the Nominee(s)**

|  |  |
| --- | --- |
| 1) | 3) |
| 2) | 4) |

**6. Confirmation by the organization in charge**

Our organization hereby applies for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan of AMEXCID and proposes to dispatch qualified nominees to participate in the programs.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |
| Name: |  |
| Title / Position |  | Official Stamp |
| Department / Division |  |
| Office Address and Contact Information |  |
|  |  |  |
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**(If necessary) Confirmation by the organization in charge**

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |
| Name: |  | Official Stamp |
| Title / Position |  |
| Department / Division |  |  |

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| **Form2. NOMINATION FROM THE ORGANIZATION** |

**\*To be signed by your supervisor (the head of the relevant department / division of your organization).**

1. **Reason for nominating the Applicant**

Please describe the reason(s) why the Applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the Applicant after the program, 4) Future plan of your organization and 5) Others.

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1. **Expectation and Future Plan of Actions**

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems.

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By nominator (head of relevant department/division)

|  |  |
| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |

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| **Form3. INDIVIDUAL APPLICATION FORM** |

\*To be filled by Applicant.

**1. Course Title:** (as shown in the GI)

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**2. Course Number:** (the number as “xxxxxxxxxJxxx “shown in the GI)

|  |  |
| --- | --- |
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**3. Personal Information on Applicant**

1. **Name of Applicant (as shown in the passport)**

\*Please type the name as shown in the passport carried. The information will be used for flight arrangements.

**Family Name /Surname**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Middle Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| 1. **Nationality**

**(as shown in the passport)** |  |
| 1. **Sex**
 | ( ) Male | ( ) Female |
| 1. **Date of Birth**
 | **Date** | **Month****(ex. April)** | **Year** | **Age(as of the date of the form)** |
|  |  |  |  |

**5) Passport/Visa**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Passport possession | ( ) Yes | ( )No | Expiry dateof passport | Date | Month | Year |
| USA visa possession\* | ( ) Yes | ( )No |  |  |  |

**6) Contact Information**

|  |  |
| --- | --- |
| Private | Address: |
| TEL\*: | Mobile\*:  |
|  | E-mail: |
| Office | Address: |
| TEL\*:  | Mobile\*: |
|  | E-mail: |
| Emergency Contact | Name:Relationship to you: |
| Address: |
| TEL\*:  | Mobile\*:  |
|  | E-mail: |

\*Please fill it out from the country code for telephone, mobile, and fax number.

**7) Present Position**

|  |  |
| --- | --- |
| Organization |  |
| Year that enteredthe organization |  |
| Department / Division |  |
| Title |  |
| No. of years of service in the present position  | Years | From (Month/Year) |
|  |  |
| Type of Organization | ( ) National Government ( ) Local Government　 ( ) Public Enterprise( ) Private (profit)　 ( ) NGO/Private (Non-profit)　 ( ) University( ) Other ：　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Number of employees |  |
| Home Page Address |  |

**4. Experience and Eligibility**

**1) Career Background (After graduation and before taking the present position.**

**\*Only Applicants for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan** **are requested to fill in this part.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **City/****Country** | **Period** | **Position or Title and****Department/Division** | **Brief Job Description** |
| **From****Month/Year** | **To****Month/Year** |
|  |  |  |  |  |  |
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**2) Academic Background (University, College or Higher Education)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **City/****Country** | **Period** | **Degree** | **Major** |
| **From****Month/Year** | **To****Month/Year** |
|  |  |  |  |  |  |
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**3) Experience of Training or Study in Foreign Countries**

**\*Only Applicants for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan** **are required to fill in this part.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **City/****Country** | **Period** | **Field of Study / Program Title** |
| **From****Month/Year** | **To****Month/Year** |
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 **4）Language Proficiency (Self-Assessment)**

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| --- | --- |
| 1) Language to be used in the course (as shown in GI) |  |
| Listening | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Speaking | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Writing | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Reading | ( ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Language Test Scores if any (ex. TOEFL, TOEIC, etc.) |  |
| 2) Mother Tongue |  |
| 3) Other language ( ) | ( ) 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. |

**5. Background and Purpose of Application**

1. **Current challenges in the organization in relation to the theme of the Cooperation Program for the Training of Human Resources you are applying:** Describe the issues that your organization/department intends to tackle by participating in this program.

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1. **Main duties of Applicant:** Describe your main duties and responsibilities in relation to this program.

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1. **Relevant Experience of Applicant:** Describe previous occupational experiences that are highly relevant in this program.

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1. **Your individual Goal:** Elaborate on your plans to apply the lessons learned from this program to your organization.

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1. **Area of Interest and/or your expectation:** Specify your particular interest with reference to the contents of this program.

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By Applicant

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| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |

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| **Form 4. MEDICAL STATUS AND RESTRICTION** |

**(Self-Declaration)**

**1. Present Medical Status**

(a) Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Name of illness ( ), Name of medicine ( ) |
| *If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.*  |

(b) Do you have any allergies with medicine, food, pollen, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.?( ) |

 (c) Please indicate any needs arising from disabilities that may require additional support or facilities.

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| ( )*Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be directly inquired by the AMEXCID official in charge for a more detailed account of his/her condition.* |

**2. Medical History**

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.?

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

(b) Have you or/and your family members had tuberculosis?

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

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

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

(d) Have you ever had any sleeping, eating or other disorders?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:Please specify ( )Name of medicine taken if any ( ) |

**3. Other Medical Issues/Conditions**

If you have any medical issues/conditions that are not described above, please indicate below.

|  |
| --- |
|  |

\* Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Weeks of pregnancy ( weeks) |

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 AMEXCID and may result in termination of the program.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Mexico.

By Applicant

|  |  |
| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |

**※Please notify AMEXCID staff upon any changes in your health condition after submission of the form.**

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| **Form 5. TERMS AND CONDITIONS** |

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| 1. **General Rules**
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The participants are requested:

1. to strictly observe the course schedule,
2. not to change the air ticket (and flight class and flight schedule arranged by AMEXCID) and lodging by the participants themselves,
3. to understand that leaving Mexico during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),
4. not to bring or invite any family members (except for programs longer than one year),
5. to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Mexican Government in respect of the course,
6. to observe the rules and regulations of the program implementing partners to provide the program or establishments,
7. not to engage in political activities, or any form of employment for profit,
8. not to quit the program, should the participants violate Mexican laws or AMEXCID’s regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious injury and be considered unable to continue the course,
9. to return the total amount or a part of the expenditure for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan depending on the severity of such violation, should the participants violate the laws and ordinances,
10. not to drive a car or motorbike, regardless of an international driving license possessed,
11. to observe the rules and regulations at the place of the participants’ accommodation, and
12. to refund allowances or other benefits paid by AMEXCID in the case of a change in schedule.

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| **2. Privacy Policy** |

The participants are requested to understand the Privacy Policy of AMEXCID as follows.

(1) Scope of Use

Any information used for identifying individuals that is acquired by AMEXCID will be stored, used, or analyzed only within the scope of AMEXCID activities. AMEXCID reserves the right to use such identifying information and other materials in accordance with the provisions of this Privacy Policy.

(2) Limitations on Use and Provision

AMEXCID shall never intentionally provide information to a third party that can be used to identify individuals, with the following three exceptions:

1. legally mandated disclosure requests;
2. the information provider grants permission for information disclosure to a third party;
3. AMEXCID commissions a party to process information collected, in which case the information provided will be within the scope of the commissioned tasks.

(3 ) Security Notice

AMEXCID takes any measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

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| **3. Copyright Policy** |

The participants are requested to comply with the following;

1. The participants shall use all the documents provided for the (including texts, materials, etc.), within the scope approved by each copyright holder.
2. All the documents for the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party’s work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants’ country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.
3. The participants shall agree that AMEXCID may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by AMEXCID.

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| **4. Portrait Right Policy** |

During the implementation period of the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan, AMEXCID (including hired photographer and program implementing partners) will shoot photographs and video footage mainly for the following purposes:

* Use on the website or in SNS administrated/operated by AMEXCID,
* Use in AMEXCID publications (public relations magazines, annual reports, journals, etc.) in printed or electronic form,

\*Photos and images taken will not be used for commercial purposes and the participants’

personal information will not be disclosed to any third party without the consent of the participants.

AMEXCID would appreciate it if the participants of the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan grant the participants themselves a portrait right license to AMEXCID for photos and images taken described above.

It is, however, not a requirement of the Cooperation Program for the Training of Human Resources, Under the Global Strategic Partnership Between Mexico-Japan. The participants do not agree to grant the participants themselves a portrait right license to AMEXCID, and have absolutely no problem in participating in the Japan-Mexico Training Program for the Strategic Global Partnership. AMEXCID respects the intention of each Participant.

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| **DECLARATION (to be signed by the Applicant)** |

**・**I understand and fully agree to the following terms and conditions set forth above.

1. General Rule
2. Privacy Policy
3. Copyright Policy

・I will be subject to any penalties imposed as a consequence of my failure to abide by the above terms and conditions.

・I understand the intention of AMEXCID on “4.Portrait Right Policy” mentioned above, and my intention for usage/publication of photographs and videos including the portrait of myself by AMEXCID for the purpose above is as follows:

 □ Agree ／　□ Disagree

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

By Applicant

|  |  |
| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |