

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

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

### OFFICIAL APPLICATION

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

**1. Title:** (Please write down as shown in the General Information)

ناونیشانی راهێنان (وهک له زانیاری گشتی) هاتوو

**2. Number:** (Please write down as shown in the General Information)

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ژماره‌ی راهێنان (وهک له زانیاری گشتی) هاتوو

**3. Country Name:**

Republic of Iraq - Kurdistan Region

**4. Name of Applying Organization:**

ناوی دامه‌زراوه‌ی پالیوراو

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

1) ناوی سیانی پالیوراو	3)
2)	4)

Our organization hereby applies for Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

له لایه‌ن به‌پێژ وه‌زیر یان سه‌رۆکی دامه‌زراوه واژۆ نه‌کری

Date:	به‌روار	Signature:	واژۆ
Name:	ناوی ته‌واو		
Designation / Position	به‌رپرسیاریه‌تی، بۆ نمونه "Minister"		Official Stamp مۆری فه‌رمی نوسینه
Department / Division	شوینی کارکردن، بۆ نمونه "Ministry of Planning"		
Office Address and Contact Information	Address:		
	Telephone:	Fax:	E-mail:

#### Confirmation by the organization in charge (if necessary)

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.

له لایه‌ن به‌پێژ به‌رپوه‌به‌ری گشتی واژۆ نه‌کری

Date:	به‌روار	Signature:	واژۆ
Name:	ناوی ته‌واو		
Designation / Position	به‌رپرسیاریه‌تی، بۆ نمونه "Director General"		Official Stamp مۆری فه‌رمی نوسینه
Department / Division	شوینی کارکردن، بۆ نمونه "General Directorate of Human Resources"		

## Part A: Information on the Applying Organization

زانباری له سهر دامه زراوه ی پالیئوراو

(to be confirmed by the head of the department / division)

له لایهن به پیز به پوه به رایه تی گشتی یان به پوه به رایه تی پالیئوراو وه لām نه دریتته وه

### 1. Profile of Organization

پروفایلی به پوه به رایه تی گشتی یان دامه زراوه

#### 1) Name of Organization:

ناوی دامه زراوه (به پوه به رایه تی گشتی و/یان به پوه به رایه تی)

#### 2) The mission of the Organization and the Department / Division:

به پرسیاریه تی/نهرکی دامه زراوه (به پوه به رایه تی گشتی و/یان به پوه به رایه تی) و بهش

### 2. Purpose of Application

مه به ست له به شداری کردن

#### 1) Current Issues: Describe the reasons for your organization claiming the need to participate in Knowledge Co-Creation Program (KCCP), with reference to issues or problems to be addressed.

بابه ته کانی ئیستا: هۆکاره کانی پیویستی به شداری کردن دامه زراوه که ت له م راهینانه باس بکه، له گه ل ئامازهدان به

بابه ته کانی یان کیشه کانی که روبه پوی نه بیتته وه

#### 2) Objective: Describe what your organization intends to achieve by participating in KCCP.

ئامانج: نه و ئامانجان به باس بکه که دامه زراوه که ت نه یه ویت به دهستی به یتت له ریگهی به شداری کردن له م راهینانه

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

پلانی کاری داهاتوو: چۆن دامه زراوه کهت دهستکه وته کانی به دهستها توو له به شداری کردن له م راهینه

به کارنه هینیت بۆ چاره سه رکردنی بابه ته کان و کیشه کانی که ئامازه ت پیداه

**4) 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 KCCP, 4) Plan of organization and 5) Others.**

دهستنیشان کردنی پالیوراو: هۆکاره کانی دهستنیشان کردنی پالیوراو بۆ ئەم راهینه باس بکه به ئامازهدان به م

خالانه ی خواره وه:

۱. پیویستی راهینان

۲. توانا / بهرپرسیاریه تی

۳. پلانی پالیوراو دوا ی راهینان

۴. پلانی دامه زراوه

۵. هی تر ...

## Part B: Information about the Nominee

(to be completed by the Nominee)

له لایهن پالیټوراو وهلام ئه درېته وه و واژو ئه كړیت

NOTE>>>The applicants for Knowledge Co-Creation Program (KCCP) (Group and Region Focus) are required to fill in "Every Item". As for the applications for KCCP (Country Focus) including KCCP for Counterpart and some specified programs, it is required to fill in the designated "required" items as is shown below.

### 1. Title: (Please write down as shown in the General Information) (required)

ناونیشانی راهبنا (وهك له زانباری گشتی) هاتووه

### 2. Number: (Please write down as shown in the General Information) (required)

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ژماره ی راهبنا (وهك له زانباری گشتی) هاتووه

وینیه ی پالیټوراو لهم  
چوارچینه ده دا دانه نریت،  
كه نه بیت (۳) سن مانگ  
تییه نه بو بیت به سه  
گرتنی وینه كه دا

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

#### 1) Name of Nominee (as in the passport) (required)

Family Name ناوی بڼه ماله / نازناو

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First Name ناوی به كه م

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Middle Name ناوی ناوه راست (باوك)

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2) Nationality (as shown in the passport)	رڼه گه زنامه (وهك گوزهرنامه)	5) Date of Birth (please write out the month in English as in "April") میژووی له دایکبوون (مانگ به نووسین بنوسریت)
3) Sex رڼه گه ز	( ) Male نیر ( ) Female مین	Date Month Year Age
4) Religion	ناین	رؤژ مانگ سال ته مهن

### 6) Present Position and Current Duties کار و ئه رکی ئیستا

Organization	ناوی دامه زراوه (به رپوه به رایه تی گشتی و/یا به رپوه به رایه تی)						
Department / Division	بهش						
Present Position	به رپر سیاریه تی ئیستا						
Date of employment by the present organization به رورای ده سته کاربوون له دامه زراوه ی ئیستا	Date رؤژ	Month مانگ	Year سال	Date of assignment to the present position به رورای ده سته کاربوون له شونینی کاری ئیستا	Date رؤژ	Month مانگ	Year سال

### 7) Type of Organization جوړی دامه زراوه

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

### 8) Outline of duties: Describe your current duties باسی ئه رک و کاره کانی ئیستات بکه

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## 9) Contact Information زانیاری په یوه نډی کردن

Office شویڼی کار	Address: ناوې ښار → ناوې ګډه ګډه: ناوې ښار → Kurdistan Region - Iraq	
	TEL: +964(0) >>>	Mobile (Cell Phone): +964(0) >>>
	FAX: -	E-mail:
Home ماڼی	Address: ناوې ښار → ناوې ګډه ګډه: ناوې ښار → Kurdistan Region - Iraq	
	TEL: +964(0) >>>	Mobile (Cell Phone): +964(0) >>>
	FAX: -	E-mail:
Contact person in emergency په یوه نډی کې سیک له کاتې فریا کې وټن	Name:	
	Relationship to you:	
	Address: ناوې ښار → ناوې ګډه ګډه: ناوې ښار → Kurdistan Region - Iraq	
	TEL: +964(0) >>>	Mobile (Cell Phone): +964(0) >>>
	FAX: -	E-mail:

## 10) Others (if necessary) هی تر (نه ګډه پښوېسته)

پوښتنې ته لیکل شوي: ژماره ی ته له فون: ناوې سیانې

## 4. Career Record تۆماری پېشه یی

### 1) Job Record (After graduation) تۆماری کار کردن

Organization	City/ Country	Period ماوه		Position or Title	Brief Job Description
		From Month/Year	To Month/Year		
د امه زراوه / وزارت	ښار / ولایت	له مانگ / سال	بؤ مانگ / سال	بهرنۍ سیار په تی / ناوې ښار کې کار	باسیکې کورنۍ کاره کت

نېست  
پېشت  
پېشتووتر

### 2) Educational Record (Higher Education) (required) تۆماری پښوېده یی

Institution	City/ Country	Period ماوه		Degree obtained	Major
		From Month/Year	To Month/Year		
زانکو / پیمانګا	ښار / ولایت	له مانگ / سال	بؤ مانگ / سال	پروانامه ی به ده سته اتوو	پسیوړی

**3) Training or Study in Foreign Countries; please write your past visits to Japan specifically as much as possible, if any.**

راھتینان یان خویندن له ولاتانی بیانی؛ تکایه به دیاریکراوی دوا سهردانه کانت بۆ ولاتی ژاپون بنوسه، نه گهر ههیه

Institution	City/ Country	Period ماوه		Field of Study / Program Title
		From Month/Year	To Month/Year	
دامه زراوه (لایه نی نه جامده)	شار / ولات	له مانگ / سال	بۆ مانگ / سال	بواری خویندن / ناو نیشانی بهرنامه (راھتینان)

**5. Language Proficiency (required) توانای زمان**

1) Language to be used in the program (as in GI)		ئهو زمانه ی له خول به کاریهت (وهک له زانیاری گشتی هاتوو)			
<div>گوڤگرتن</div> <div>قسه کردن</div> <div>خویندنه وه</div> <div>نووسین</div>	Listening	پاراو	باش	ناوه ند	لاواز
		( ) Excellent	( ) Good	( ) Fair	( ) Poor
	Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor
	Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor
	Writing	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Certificate (Examples: TOEFL, TOEIC)		بروانامه ی زمان - بۆ زمانه ی ئینگلیزی			
2) Mother Tongue		زمانه ی دایک			
3) Other languages ( زمانه کانی تر )		( ) 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 KCCP پیشبینی له سه راهینان

1) Personal Goal: Describe what you intend to achieve in the applied KCCP in relation to the organizational purpose described in Part A-2.

ئامانجی که سی: ئه و ئامانجه/ئامانجانه باس بکه که ئه ته ویت به دهستی بهینیت له م راهینانه به پشتبهستن به مه بهست له به شداری کردنی دامه زراوه که ت که له به شی (A-2) هاتوون.

2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied KCCP. (required)

شاره زایی په یوه نندیدار: باسی شاره زاییه پیشه یی که کانی پیشووت بکه که گرنگییه کی زوریان هه یه له باب ته کانی ئه م راهینانه.

3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied KCCP. (required)

بواری گرنگی پیدان: باسی ئه و باب ته/بابه تانه بکه که گرنگییه کی تاییه تی هه یه بو تو به ئامازده دان به باب ته کانی ئه م راهینانه.

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

I certify that the statements I have 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 a 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 said 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 any copyright holder's rights for documents or products produced during 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 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 KCCP to the participants from developing countries.
2. To provide KCCP 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.

- (i) to observe Japanese laws and ordinances during my stay, if I violate Japanese laws and ordinances, I will return the total amount or a part of the expenditure required for the KCCP depending on the extent of the violation.
- (j) 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: به‌روار	Signature: وازۆ
	Print Name: ناوی سیانی

## MEDICAL HISTORY مېژووی پزېشکی

له لایه ن پالټورا و وه لام نه درېته وه و واژو نه کریت

### 1. Present Medical Status باری پزېشکی ئیستا

(a) Do you currently use any medicine or have regular medical checkup by a physician for your illness? نایا له ئیستادا هیچ دهرمانیک به کار نه هینیت یان پشکیننی پزېشکی به رده وامت هه به له لایه ن پزېشک بؤ نه خوشیه که ت ؟

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Name of illness ( ناوی نه خوشی ), Name of medicine ( ناوی دهرمان )
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? نایا تۆ دووگیانیت

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Months of pregnancy ( مانگه کانی دووگیانبوون months)
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(c) Are you allergic to any medication or food? نایا ههستیاریت (حساسیة) به هیچ دهرمانیک یان خواردنیک هه به ؟

<input type="checkbox"/> No	<input type="checkbox"/> Yes: What are you allergic to? ( ههستیاریت به ؟ )
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities. تکایه نامه بده به ههر پیدایستییه که دروست بووه له نهجامی په ککه وتن، که له وانه به

پنویست به پالېشتی یان ناسانکاری زیاتر پکات

( )
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 رابردووی مېژووی پزېشکی

(a) Have you had any significant or serious illness? نایا هیچ نه خوشیه کی ترسناک یان گهرهت هه بووه ؟

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( تکایه دیاری پکه )
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(b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist? نایا پتشر نه خوش بوویت له نۆرینگه کی دهروونی یان چاره سهر کراویت له لایه ن پزېشکی دهروونی ؟

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify ( تکایه دیاری پکه )
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### 3. Other Medical Problems کتیه پزېشکیه کانی تر

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

نه گهر ههر کتیه په کی پزېشکی باس نه کراو له سهره ووت هه به، تکایه نامه زی پیده له خواره وه

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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: بهروار	Signature: واژو
	Print Name: ناوی سیانی