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| C:\DOCUME~1\KOICA\LOCALS~1\Temp\UNI00001b283493.gif **Korea International Cooperation Agency**  Homepage : http://training.koica.go.kr  Address : 825 Daewangpangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, 461-833, Korea  **PART. I. COMPLETED BY APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | | (photo) | | | | | |
| **Ⅰ. TITLE OF COURSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ⅱ. PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name**  **(as in the passport)** | | | | | | | First | | |  | | | Middle | | | | |  | | | | | | | Last | | | |  | | | |
| **Date of Birth** | | | | | | | Month | | |  | | | Day | | | | |  | | | | | | | Year | | | |  | | | |
| **Sex** | | | | | | | **□M    □F** | | | | | | | | | | | **Marital Status** | | | | | | | | | | |  | | | |
| **Nationality** | | | | | | |  | | | | | | | | | | | **Religion** | | | | | | | | | | |  | | | |
| **Passport Number** | | | | | | |  | | | | | | | | | | | **Airport of Departure** | | | | | | | | | | |  | | | |
| **Home Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information**  **(Including country code)** | | | | | | | Telephone | | | |  | | | | | | | | | | Fax | | | |  | | | | | | | |
| Mobile | | | |  | | | | | | | | | | E-mail | | | |  | | | | | | | |
| **Emergency Contact** | | | | | | | Name | | | |  | | | | | | | | | | Relation | | | |  | | | | | | | | Fax |  |
| Telephone | | | |  | | | | | | | | | | E-mail | | | |  | | | | | | | | E-mail |  |
| **Ⅲ. EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Organization** | | | | | |  | | | | | | | | | **Address** | | | | | | | |  | | | | | | | | | |
| **Department** | | | | | |  | | | | | | | | | **Present Position** | | | | | | | |  | | | | | | | | | |
| **Employment Duration** | | | | | | | | **from to present** | | | | | | | | | |
| **Telephone**  (including country code) | | | | | |  | | | | | | | | | **Fax**  (Including country code) | | | | | | | |  | | | | | | | | | |
| **Type of Organization** | | | | | | Government(□Central, □Local), Institution(□Public, □Private, □International, □NGO)  □Others( ) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Description** | | | | | | What are your main tasks with your current employer? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Which technical equipment or facilities do you work on your job with?(if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe any themes, topics and places of interest you would like to see in the training course related to your tasks mentioned aforesaid. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ⅳ. OTHERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restriction on Food/Behavior/**  **Medication** | | | | | Any restrictions on food, behavior or medication due to health or religious reasons? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □Yes >> □Beef □Pork □Fish □Others(        )/ □No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ⅴ. CAREER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Career over the past 5 years** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization** | | | | | | | **Department** | | | | | **Position/ Responsibilities** | | | | | | | | | | | | **Period***(dd/mm/yy)* | | | | | | | | |
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| **Educational Background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Educational Institution** | | | | | | | **Field of Study and Degree** | | | | | | | | | **Location**  (City/ Country) | | | | | | | | **Period***(dd/mm/yy)* | | | | | | | | |
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| **Previous Attendance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries? | | | | | | | | | | | | | | | | | | | | | | □Yes    □No | | | | | | | | | | |
| If yes, please be specific as follows | | | | | | | | | | |
| **Education Institution** | | | | | | | **Field of Study / Diploma** | | | | | | | | | **Location**  (City/ Country) | | | | | | | | **Period***(dd/mm/yy)* | | | | | | | | |
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| **Ⅵ. LANGUAGE PROFICIENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **English:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Excellent** | | | | | | **Good** | | | | | **Fair** | | | | | | **Basic** | | | | | | | | **Remarks** | | | | |
| **Listening** | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **Speaking** | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **Writing** | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **Reading** | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | |
| Native Language :  Other Languages :  In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate your English Proficiency Test Scores:  □ TOEFL:                □ TOEIC:                  □Others( ):  (□IBT, □CBT, □PBT)  score                           score                             score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VII. TERMS AND CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants commit to read, abide by, and respect the following terms and conditions that KOICA endorses in implementing the training program:   1. **Privacy and Copyright Policy** 2. Participants agree that KOICA is able to provide and disclose participant information, including the name, nationality, gender, contact information, organization and position of participants, to relevant entities within the limit provided by KOICA policy, regulations or thereof 3. Participants accept the KOICA’s right of using all the documents or products produced by participants for the purposes of the training program (e.g.: country report, action plan, etc.) including its duplication, translation, distribution, and/or posting to websites (KOICA training website and/or other Korean government websites related to Korean ODA). 4. **Attendance and Punctuality Policy** 5. Participants should submit/present on-time reports that have been requested. 6. Participants should be punctual for any occasion in KOICA training program.  * The followings are all monitored and included within the evaluation of the program by KOICA: absence without prior notice, sufficient reason or proper explanation; and habitual tardiness.  1. Participants must leave Korea upon the completion of the training program within three calendar days (seven calendar days for the Scholarship Program) unless they have obtained prior approval from KOICA and the government of their country of residence. 2. **Policy on Misconduct** 3. Any form of harassment or insult, including but not limited to misconduct arising out of racial/ethnic, gender or class discrimination, whether it be physical or verbal, will not be tolerated and will be dealt with in accordance with the Korean law and KOICA policy. 4. Especially, sexual harassment, defined as a form of behavior characterized by sexually connotative words, acts or gestures that could undermine individual dignity and by which the victim takes offense, is regarded as a serious misconduct and will be dealt with accordingly. 5. Any kind of disturbance to the efficient operation of the program, such as arbitrary action, including a breakaway from the training program, immoderate drinking, and any other kind of irresponsible behavior, will not be tolerated, and the offender may be asked to leave in accordance with KOICA policy. 6. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to KOICA immediately. 7. **Security and Well-being Policy** 8. Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly. 9. Participants are served with the medical treatment covered by the travel insurance of KOICA for accidents or diseases caused during the length of the participants’ stay up to certain limits. Participants, however, should be solely responsible for the treatment that exceeds their medical coverage.  * The cases of pregnancy or the treatment of any kind of chronic disease are excluded from the insurance coverage.  1. **General Rules** 2. Participants of the program should carry out instructions given to them and abide by the terms and conditions of both KOICA and the training institute, including any subsequent revisions which may be stipulated by KOICA and the training institute in regards to the training program. 3. Participants should not bring any family members (dependants) to Korea or the country of training 4. Participants shall refrain from engaging in political activities and any form of employment for profit or gain during the length of stay in Korea. 5. Participants are liable for all liabilities, including claims, losses, demands, actions, suits, costs or expenses, arising in accordance with legal proceedings undertaken during the course of the training course, and of any damage whatsoever to any property that arises from the carelessness, negligence, omission or default of the participants during the training course.   *I, ,of have read and fully agree to*  *(name of applicant) (name of country)*  *the above Terms and Conditions set forth and declare that all the information given above is true and complete.*  **Date:**   **Applicant's Name:**                           **Signature:**  **VIII. MEDICAL REPORT 1 (Completed by Applicant)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Present Status**  **(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)**  (  ) No  (  ) Yes >> Name of Medication (                      ), Quantity (             )  **(b) Are you pregnant?(Female only)**  (  ) No  (  ) Yes >> (              months )  **(C) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.**  (                                                                                  )  *Note: A disability does not lead to dismissal or exclusion from the program. However, upon the situation, you may be directly inquired by the KOICA official in charge for a more detailed account of your condition.*  **2. Medical History**  **(a) Have you had any significant or serious illnesses? (If hospitalized, give place & dates.)**   |  |  |  | | --- | --- | --- | | **Past:** | (  ) No | (  ) Yes>>Name of illness (                ), Place & dates (             ) | | **Present:** | (  ) No | (  ) Yes>>Present Condition (                                            ) |   **(b) Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?**   |  |  |  | | --- | --- | --- | | **Past:** | (  ) No | (  ) Yes>>Name of illness (           ), Place & dates (            ) | | **Present:** | (  ) No | (  ) Yes>>Present Condition (                                           ) |   **(c) High blood pressure**   |  |  |  | | --- | --- | --- | | **Past:** | (  ) No | (  ) Yes | | **Present:** | (  ) No | (  ) Yes>>Present Condition (         ) mm/Hg to (           ) mm/Hg |   **(d) Diabetes (sugar in the urine)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Past:** | (  ) No | (  ) Yes | | | | **Present:** | (  ) No | ( ) Yes>>Present Condition (                                              ) | | | | **Present:** | (  ) No | Are you taking any medicine or insulin? | (  ) No | (  ) Yes |   **(e-1) Past History: What illness(es) have you had previously?**   |  |  |  |  | | --- | --- | --- | --- | | (  ) Stomach and Intestinal Disorder | (  )Liver Disease | (  ) Heart Disease | (  ) Kidney Disease | | (  ) Tuberculosis | (  ) Asthma | (  ) Thyroid Problem |  | | (  ) Infectious Disease >>> Specify name of illness (                                               ) | | | | | (  ) Other >>> Specify (                                                                      ) | | | |   **(e-2) Has this disease been cured?**   |  |  | | --- | --- | | (  ) Yes | (  ) No (Specify name of illness) : | | (  ) Yes | Present Condition: (                                                                 ) |   *I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.*  **Date:**                  **Signature of Applicant:**              **IX. MEDICAL REPORT 2 (Completed by Authorized Physician)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Information** | | **Name** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age** | | | | | |  | | | | | | | | | **Blood Type** | | | | | | | | |  | | | | | | |
| **Sex** | | | | | |  | | | | | | | | | **Blood Pressure** | | | | | | | | | / mmHG | | | | | | |
| **Height** | | | | | | cm | | | | | | | | | **Weight** | | | | | | | | | Kg | | | | | | |
| **Test Result** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | **Test Result** | | | | | | | | | | | | | | | **Remarks** | | | | | | | | | | | | | |
| **EKG** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Chest PA** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Urinalysis** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Diabetes** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Hepatitis B** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Syphilis** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **AIDS** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Infectious disease** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Endemic disease** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Pregnancy test** | | | | □Normal     □Abnormal | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **1. How long have you known the applicant named above?**  □ Less than 6 months □ More than a year □ More than 5 years □ More than 10 years  **2. Has this person received treatment for the last 5 years or does he/she have any conditions that will require frequent or long periods of absence , or would otherwise affect his/her ability to carry out role given to him/her in participating an intensive training course away from home?**  □Yes        □No (If you answered yes, please provide details)  **3. Is there anything in the person's medical history that would make him/her unfit to participate in the training course?**  □Yes        □No (If you answered yes, please provide details)  *I certify that I answered all questions truthfully and completely to the best of my knowledge.*    **Date** :  **Name of Clinic**:                            **Address of Clinic**:  **Name of Physician:**                            **Signature** : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PART. II. COMPLETED BY NOMINATING GOVERNMENT/APPLYING ORGANIZATION**

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| **I. Reasons for Applicant’s Selection**  **※ Please, attach your organization chart with the appropriate marking of applicant’s position.** |
| *e.g.) relevance of course to applicant’s job, employee retention, etc.* |
| **II. Organizational Setback or Challenges that You Wish to Address through Training Program** |
|  |
| **III. Plans to Apply the Lessons Learned from the Training to Your Organization** |
| *e.g.) ways to share and apply the KOICA training experience of the applicant in your organization* |
| **IV. OFFICAL NOMINATION** |
| The Government of officially nominates  *name of country full name of applicant*  for participation in *as organized by the Korean Government(KOICA)*  *training course title*  *and I,*    *, on behalf of the Government of*        , certify that  *authorized official*   1. *All information including educational background and career quoted by the nominee in this form are true, complete and accurate to the best of my belief and knowledge.* 2. *The nominee has an adequate knowledge of and/or expertise in the training field and has a sufficient proficiency of spoken and written English to enable him/her to undergo the training course.*   **Name(Authorized Official) :**  **Position/Title:**                   **Organization:**    **Date:**                             **Signature:** |