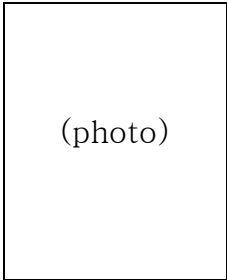




Korea International Cooperation Agency

Homepage : <http://training.koica.go.kr>

Address : 825 Daewangpangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, 461-833, Korea



PART. I. COMPLETED BY APPLICANT

I. TITLE OF COURSE

II. PERSONAL DATA

Name (as in the passport)	First		Middle		Last	
Date of Birth	Month		Day		Year	
Sex	<input type="checkbox"/> M <input type="checkbox"/> 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		
	Telephone			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(<input type="checkbox"/> Central, <input type="checkbox"/> Local), Institution(<input type="checkbox"/> Public) <input type="checkbox"/> Others()		
Job Description	What are your main tasks with your current employer?		
	Which technical equipment or facilities do you work on your job with?(if applicable)		
	Describe any themes, topics and places of interest you would like to see in the training course related to your tasks mentioned aforesaid.		

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)	
			From	To

Educational Background

Educational Institution	Field of Study and Degree	Location (City/ Country)	Period(dd/mm/yy)	
			From	To

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)	
			From	To

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

- a. 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
- b. 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).

2. Attendance and Punctuality Policy

- a. Participants should submit/present on-time reports that have been requested.
- b. 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.
- c. 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.

3. Policy on Misconduct

- a. 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.
- b. 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.
- c. 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.
- d. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to KOICA immediately.

4. Security and Well-being Policy

- a. Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly.
- b. 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.

5. General Rules

- a. 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.
- b. Participants should not bring any family members (dependants) to Korea or the country of training
- c. Participants shall refrain from engaging in political activities and any form of employment for profit or gain during the length of stay in Korea.
- d. 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:	<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 have 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 ()
Present:	<input type="checkbox"/> No	Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

(e-1) 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-2) Has this disease been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify name of illness) :
<input type="checkbox"/> 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	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Chest PA	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Urinalysis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Diabetes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hepatitis B	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Syphilis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
AIDS	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Infectious disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Endemic disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pregnancy test	<input type="checkbox"/> Normal <input type="checkbox"/> 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

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

- (a) 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.
- (b) 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:** _____