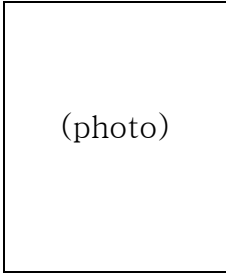


APPLICATION FORM FOR KOICA TRAINING PARTICIPANTS



Korea International Cooperation Agency



HQ & ICC: 418 Daewang Pangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, Korea

Tel: 82-31-777-2600 Fax: 82-31-777-2603 E-mail: training@koica.go.kr, <http://www.koica.go.kr>

I. TITLE OF COURSE

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II. PERSONAL DATA

Name(passport)	First	Middle	Last(Sur)
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			
Tel. No.	_____ - _____ - _____ <small>Country code area code number</small>		Fax No. _____ - _____ - _____ <small>Country code area code number</small>
Mobile No.			E-mail
Emergency Contact	Name		Tel. No.

III. EMPLOYMENT

Present Position		Department	
Name of organization			Address
Tel. No.	_____ - _____ - _____ <small>Country code area code number</small>		Fax No. _____ - _____ - _____ <small>Country code area code number</small>
Type of Organization	<input type="checkbox"/> Governmental/Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Other		
Term of Employment	from _____ to present		
Describe your present duties			

IV. OTHERS

1. Describe any themes, topics and places of interest you would like to see in this training course.

2. Any restrictions on food and/or behavior due to health or religious reasons?

Yes >> Beef Pork Fish Others(_____)/ No

3. Are you allergic to any medication or food?

Yes (_____)/ No

V. CAREER

Career over the past 5 years:

Name of Organization	From	To	Position/ Responsibilities
	month/year	month/year	
	/	/	
	/	/	
	/	/	

Educational background

Name of Institution	From	To	Field of Study and Degree
	month/year	month/year	
	/	/	
	/	/	
	/	/	

Former training **experiences** in Korea (KOICA) or **other countries**: Yes No

Name of Institution	From	To	Field of Study and Degree
	month/year	month/year	
	/	/	
	/	/	
	/	/	

VI. LANGUAGE PROFICIENCY

English:

	Excellent	Good	Fair	Poor	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. MEDICAL REPORT 1 (to be completed by an authorized physician)

Name of Applicant: _____

Age:	Sex:	Height: cm	Weight: kg
Blood Type:		Blood Pressure: / mmHg	
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"/> Positive <input type="checkbox"/> Negative		
Hepatitis B	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Hepatitis C	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Syphilis	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
AIDS	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Infectious disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Endemic disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnancy test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		

1. If the applicant has a history of illnesses or disorders during the past 5 years, please describe the treatment and present status.

2. What opinions do you have about the overall health condition of the applicant **in regards to him/her carrying out** an intensive training course away from his/her home?

Name of Clinic: _____

Address of Clinic: _____

Name of Physician: _____

Date: _____

Signature of Physician: _____

VIII. MEDICAL REPORT 2 (to be completed by an 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 YesPresent: No Yes>>Present Condition (_____) mm/Hg to (_____) mm/Hg**(d) Diabetes (sugar in the urine)**Past: No YesPresent: 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. APPLICANT'S RESPONSIBILITIES

If accepted as a participant, I agree:

- 1) to *participate in the training course* to the best of my ability and abide by the rules of the training *institute, university, or college* in which I undertake training;
- 2) to refrain from engaging in political activity or any form of employment for profit or gain;
- 3) to return to my home country upon completion of my training *course* and to resume work in my country;
- 4) not to extend the length of my training or my stay for personal conveniences;
- 5) not to bring any family members (dependents) to Korea or country of training;
- 6) to accept that *KOICA* is not liable for any damage or loss of my personal property;
- 7) to accept that *KOICA* will not assume any responsibility for illnesses, injuries, or death arising from extracurricular activities, willful misconduct, or undisclosed pre-existing medical conditions; and
- 8) to carry out such instructions and abide by such conditions as may be stipulated by *KOICA* in regards to the training *course*; and
- 9) to allow *KOICA* to collect information about me and to pass that information onto other relevant parties if necessary

I fully understand that my status as a participant may be terminated if I fail to make satisfactory progress or for any other reason determined by *KOICA*.

Applicant's Name: _____ Signature: _____

X. OFFICIAL NOMINATION

The Government of _____ officially nominates
(Name of Country)

_____ for participation in _____
(Full Name of Applicant) (Name of Training Course)

as organized by the Korean Government(*KOICA*), and certifies that:

- 1) all information supplied by the applicant is complete and correct;
- 2) the applicant has an adequate knowledge of and/ or expertise in the training field; and
- 3) the applicant has a sufficient proficiency of spoken and written English to enable him/her to *undergo* the training course.

Name of Organization: _____

Position/Title: _____

Name of Authorized Official: _____

Date: _____ Signature: _____