Application Guidelines

In completing the attached application form, please be advised to:

a. Carefully read your Course Information (CI) prior to completing the application form;
b. Use a personal computer in completing the form, or handwrite in **block letters**;
c. Fill in the form in **English**;
d. Be sure to fill in **every part** of the form;
e. Send the completed form to your country's KOICA Office - or the Embassy of Korea stationed in your nearest country if the former is not available- together with a **copy of your passport;** and
f. Be reminded that your participation may be denied if you fail to provide the required information and documents completely and on time.

Application Checklist

Items	Page No.	Check(√) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for **Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information**	5-6	
c. Ticked agree/disagree box for **Agreement on Sexual Harassment Policy**	7	
d. Signed the **declaration** for terms and conditions	8	
e. Signed and filled in every part of **Medical Report 1**	9	
f. Had an authorized physician to complete and sign **Medical Report 2**	10	
g. Had an authorized official from your government to complete and sign the **Nomination** form	11-12	
h. Have a **copy of passport** ready for submission	-	

This is to certify that I have completed every part of the application form to apply for the KOICA Fellowship Program.

Date: _____ **Applicant's Name:** _____ **Signature:** _____

Application Form for the KOICA Fellowship Program

This form is to be used to apply for the Fellowship Program of the Korea International Cooperation Agency (KOICA), which is implemented as part of the Official Development Assistance Program of the Government of Korea. Please complete the application form

(Photo)

and consult with your respective country's KOICA Office - or the Embassy of Korea in charge of your country, if the former is not available - for further information.

PART. 1. APPLICANT INFORMATION (to be completed by the applicant)

. PROGRAM OF APPLICATION (as in the Course Information)

Program Title	
Course Title	
Course Duration	from _____ to _____ *(DD-MM-YYYY)*

. PERSONAL DATA

Name (as in the passport)	**First Name**					
	Middle Name					
	Family Name					
Date of Birth	Day		Month		Year	
Sex	□ **M** □ **F**			**Airport of Departure**		
Nationality				**Religion**		
Home Address						
Contact Information (Including Country Code)	Telephone			Fax		
	Mobile			E-mail		
Emergency Contact	Name			Relation		
	Telephone			E-mail		
Emergency Contact (2)	Name			Relation		
	Telephone			E-mail		

. CURRENT EMPLOYMENT

Organization			
Department			
Present Position		**Employment Duration**	from _____
Type of Organization	Government	□ Central □ Local	
	Institution	□ Public □ Private □ International □ NGO	
	Others	(Please specify)	
Job Description	Describe your main duties. Specify any technical equipment or facilities you work on with if applic		
	Describe any themes, topics and places of interest you would like to see in the Course related to		

	Elaborate on organizational setback or challenges that you wish to address through the Course.
	Elaborate on your plans to apply the lessons learned from the Course to your organization.

VI. CAREER RECORD

Career Background (Past 5 Years)

Organization	Department	Position / Responsibilities	From	

Educational Background (Higher Education)

Name of Institution	City / Country	Field of Study and Degree	From	

Previous Attendance to Training Program in Foreign Countries

Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries? If yes,

Training Institute	City / Country	Course Title	From	

V. LANGUAGE PROFICIENCY

Native Language : _____

English

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Other Languages *(please specify)* **:** _____

	Excellent	Good	Fair	Basic	Remarks
Listening					

Speaking **Writing** **Reading**	. Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, includir 2. Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Ex 3. Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanc 4. Basic: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

. OTHERS

	Any restrictions on food, behavior or medication due to health or religious reasons?	
Restriction on Food/Behavior/ Medication	□ NO	□ YES >> □ No Beef □ No Pork □ No Fish □ Others( )

PART. 2. TERMS & CONDITIONS

Applicants should read, abide by, and respect the following terms and conditions. Failure to abide by the followings may result in dismissal from the program and report to applicant's government and /or employer.

I. PRIVACY & COPYRIGHT POLICY

a. Any information used for identifying individuals that is acquired by KOICA will be stored, used and/or analyzed only within the scope of KOICA activities, and in accordance with KOICA policy and regulations.
b. KOICA may provide and disclose the collected information aforesaid to a third party in accordance with KOICA policy and regulations, with the relevant laws of Korea, or upon the request from the Government of Korea.
c. KOICA reserves the right to use all the documents or products produced by participants for the purpose of the Fellowship Program (e.g. country report, action plan, thesis, essay, etc.) including their duplication, translation, distribution, and/or posting on websites (KOICA website and/or other websites related to Korean ODA).
d. KOICA takes measures required to prevent leakage, loss, or destruction of acquired information. Should you wish to inquire further about KOICA's privacy policy and personal information management, please contact the program manager via the contact information provided in your Course Information (CI), or send an email to ciat@koica.go.kr.
e. If you do not approve of the above conditions, you may also refuse to agree. However, please be informed that there may be limitations to your participation to the KOICA Fellowship Program if you do not agree with the above conditions.

Agreement on Collection and Use of Personal Information

1 KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Personal Information Collected** : name, date of birth, sex, nationality, contact information, employment status, career and educational record
- **Purpose** : implementation and promotion of the KOICA Fellowship Program, identification of participants, record keeping, supporting KOICA Club activities, and strengthening the partnership between Korea and Partner Countries
- **Retention Period** : 3 years for hard copy / permanent preservation for soft copy

2 If you do not approve our collection and use of your personal information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, KOICA Club activities, insurance and medical service.

□ **Agree** □ **Disagree**

Agreement on Collection and Use of Sensitive Information

1 KOICA collects and uses the participants' Sensitive Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Sensitive Information Collected** : religion, medical information
- **Purpose** : implementation and organization of the KOICA Fellowship Program in consideration of participants' religious characteristics, screening of participants' health condition to participate in KOICA Fellowship Program, insurance and medical service
- **Retention Period** : 3 years for hard copy / permanent preservation for soft copy

2 If you do not approve our collection and use of your sensitive information, you may also refuse to agree. However, you may have limited support from KOICA regarding your religious activities and requirements, insurance and medical service.

□ **Agree** □ **Disagree**

Agreement on Collection and Use of Unique Identifying Information

1 KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.

- **Unique Identifying Information Collected** : passport number, alien registration number
- **Purpose** : visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service
- **Retention Period** : 5 days after the accomplishment of the purpose specified above

2 If you do not approve our collection and use of your unique identifying information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service.

□ **Agree** □ **Disagree**

II. POLICY ON SEXUAL HARASSMENT

a. 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.
b. Once a sexual harassment case is filed, it is proceeded either to a review with the Program Manager, or to a review by KOICA Advisory Board. Sexual harassment cases may result in serious repercussions including 1) dismissal from the Program, 2) report to the pertinent embassy and/or government, 3) civil and criminal lawsuits and penalties.
c. Participants are encouraged to file a complaint in accordance with KOICA's complaint procedure, when they feel that they are sexually harassed.

Agreement on Sexual Harassment Policy	
1	I fully understand and agree to abide by KOICA's policy on sexual harassment.
2	I understand the definition of sexual harassment as clarified above, and will not engage in any behavior that may be regarded as sexual harassment.
3	I understand that there are serious repercussions to engagement in sexual harassment cases.
4	I understand that I can file a complaint in accordance with KOICA's complaint procedure when I feel that I am sexually harassed.
5	I agree that when I am involved in civil and/or criminal lawsuits for my misconduct during the course period, KOICA has the right to acquire any information regarding the case.
	□ **Agree** □ **Disagree**

III. GENERAL TERMS & CONDITIONS

a. **Attendance & Punctuality**

1 Participants should be on-time and professional when submitting/presenting any reports and documents requested for the KOICA Fellowship Program.

2 Participants should be punctual and devoted to following the schedule of the KOICA Fellowship

Program. Participants are monitored and evaluated on their professional behavior while participating in the Program. KOICA may report the monitoring and evaluation results to Participants' government and/or employer when necessary. Absence without prior notice or acceptable reasons, and habitual tardiness are subject to evaluation, and may cause disadvantages.

3 Participants must leave Korea upon the completion of the Fellowship 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.

b. **Misconduct**

1 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.

2 Any kind of disturbance to the efficient implementation of the Fellowship Program, including a breakaway from the Program, immoderate drinking, and other arbitrary and irresponsible behavior, will not be tolerated.

3 Participants are obliged to report immediately to KOICA of any damage incurred as a result of, or in connection with their act.

c. **Security & Well-being**

1 Participants are responsible for their own personal belongings, safety, health and well-being.

2 KOICA supports participants' medical expenses for accidents or diseases up to a limit covered by the insurance.

3 Participants, however, should pay for deductibles; and are solely responsible for the expenses exceeding the insurance coverage.

※ *Pregnancy or treatment for any kind of chronic disease is excluded from the insurance coverage.*

d. **General Rules**

1 Participants should abide by the terms and conditions of both KOICA and the training institute with regards to the Fellowship Program.

2 Participants should not bring any family members (dependants) to Korea or the country of training.

3 Participants should refrain from engaging in political activities and any form of employment for profit or gain during the course period.

4 Participants are solely responsible for any claims, losses, damages, demands, actions, suits, and costs for legal proceedings that arise from their fault, misconduct, negligence, and/or failure to abide by the terms and conditions aforesaid during the course period.

IV. DECLARATION

*I,*_____*,of* _____ *have read and fully agree to*
(name of applicant) *(name of country)*

the terms and conditions set forth above and declare that all the information given above is true and complete.

I will accept any penalties and consequences for failure to abide by the above terms and conditions, including dismissal from the Program and report to my government and/or employer.

Date: _____ **Applicant's Name:** _____ **Signature:** _____

PART. 3. MEDICAL REPORTS

I. MEDICAL REPORT 1 (to be completed by the 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 may require additional support or facilities.

( )

Note: Disability does not lead to dismissal or exclusion from the Program. However, upon the situation, you may be directly inquired by the KOICA Program Manager for 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 ( ) - Are you taking any medicine or insulin? □ No □ Yes

e. What illness(es) have you had previously?

□ Thyroid Problem	□ Liver Disease	□ Heart Disease	□ Kidney Disease
□ Tuberculosis	□ Asthma	□ Stomach and Intestinal Disorder	
□ Infectious Disease >> Specify the name of illness ( )			
□ Others >> Specify ( )			

f. Has the above illness(es) been cured?

□ Yes	□ No - Specify the name of illness ( ) - Present condition ( )

I certify that I have answered all questions truthfully and completely to the best of my knowledge.

Date: _____ **Applicant's Name:** _____ **Signature:** _____

II. MEDICAL REPORT 2 (to be completed by an authorized physician)

1. Basic Health Information

Name					
Age		Blood Type		Height	cm
Sex		Blood Pressure	/ mmHG	Weight	kg

2. Health Examination Result

Name	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	

3. How long have you known the person named above?

□ Less than 6 months □ More than a year □ More than 5 years □ More than 10 years

4. Has this person received any medical treatment for the last 5 years?

□ Yes	□ No - Specify ( ) - Present condition ( )

5. Does he/she have any conditions, whether in the past or present, that requires special care/attention or possibly disturb his/her participation to an intensive training course away from home?

□ Yes	□ No - Specify ( ) - Present condition ( )

I certify that I have answered all questions truthfully and completely to the best of my knowledge.

Date : _____ **Contact Information of Clinic :** _____

Name of Clinic : _____ **Address of Clinic** : _____

Name of Physician : _____ **Signature :** _____

PART. 4. NOMINATION (to be completed by nominating government / organization)

I. Reasons for Nomination

e.g.) relevance of the Course to the applicant's duties; applicant's capabilities of developing the institutional capacity of the organization, etc.

II. Please attach ORGANIZATION CHART with an appropriate marking of the nominee's position

III. OFFICAL NOMINATION

The Government of _____ officially nominates _____
(Name of Country) (Full Name of Nominee)

to participate in _____as organized by the Korean Government(KOICA)
(Title of Course)

and I, _____ , on behalf of the Government of _____, certify that
(Name of Authorized Official) (Name of Country)

(a) *All information including career and educational background quoted by the nominee in this form is 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 the language required, both spoken and written, to undergo the Course.*
(c) *On behalf of the organization I agree to the terms and conditions of KOICA.*
(d) *My organization shall be responsible for dealing with claims by KOICA and third parties where the loss or damage to their property, or death or personal injury was caused by gross negligence or willful misconduct of the Nominee during the participation to the KOICA Fellowship Program.*
(e) *Nominee's unsatisfactory performance or failure to conform to the code of conduct may lead to limited opportunities for the organization's nomination to the KOICA Fellowship Program.*

Name(Authorized Official) : _____

Position/Title: _____ **Organization:** _____

Telephone: _____ **Email:** _____

Date: _____**Signature:** _____