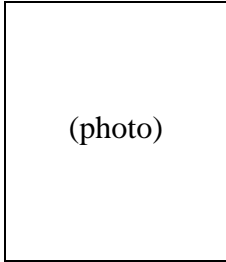


APPLICATION FORM FOR KOICA TRAINING



Korea International Cooperation Agency



HQ & ICC I : 418 Daewang pangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, Korea
 Tel: 82-31-740-0114 Fax: 82-31-740-0655 E-mail: training@koica.go.kr, http://www.koica.go.kr

I. TITLE OF COURSE

II. PERSONAL DATA

Full Name: _____
First Middle Last (Surname)

Date of Birth			Sex	Marital Status	Nationality	Religion
Month	Day	Year				
			<input type="checkbox"/> M <input type="checkbox"/> F			
Passport Number			Airport of Departure			

Home Address : _____
 Tel No : _____ - _____ - _____ Fax No : _____ - _____ - _____
country code area code number country code area code number
 Mobile No : _____ - _____ - _____ E-mail Address: _____
 Emergency Contact – Name : _____ Tel No : _____

III. EMPLOYMENT and EDUCATION

Present Position/ Title: _____
 Department or Division: _____
 Name of Organization: _____
 Address: _____
 Tel No: _____ - _____ - _____ Fax No : _____ - _____ - _____
country code area code number country code area code number
 Type of Organization: Governmental/Public Private International Other
 Term of Employment: from _____ to present
 Describe your present duties:

 Describe your expectation from this training course :

Note: Please TYPE or PRINT clearly in CAPITAL LETTERS and prepare three (3) copies including the original. The words "NIL" or "N/A" should be used where applicable. Do not leave any space blank.

Career over past 5 years

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

Education and Training

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

Former Training in Korea or KOICA (if any): Yes No
 Program: _____ Period: _____ / _____ - _____ / _____
month/year month/year

IV. LANGUAGE PROFICIENCY

English:

	Excellent	Good	Fair	Poor	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother Tongue : _____

Other Languages : _____

In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate any of your English Proficiency Tests:

TOEFL: _____ TOEIC: _____ Others: _____
score score score

V. 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 illness or disorders during the last 5 years, please describe the treatment and present status.

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

Name of Clinic: _____

Address of Clinic: _____

Name of Physician: _____

Date: _____ Signature of Physician: _____

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) Are you allergic to any medication or food?

No,

Yes >>> Medication, Food, Other:

(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

(_____)
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 KOICA official in charge for a more detailed account of your condition.

2. Medical History

(a) Have you had any significant or serious illness? (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 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 Yes 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: (_____)

3. Other: Any restrictions on food and behavior due to health or religious reasons?

(_____)

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 KOICA and may result in termination of the program.

Date: _____ Signature of Applicant: _____

VI. APPLICANT'S RESPONSIBILITIES

If accepted as a participant, I agree:

- 1) to follow the training program to the best of my ability and abide by the rules of the training institution, university, or college in which I undertake training;
- 2) to refrain from engaging in political activities, or any form of employment for profit or gain;
- 3) to return to my home country upon completion of my training program 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 the Korean Government is not liable for any damage or loss of my personal property; and
- 7) to accept that the Korean Government will not assume any responsibility for illness, injury, 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 the Korean Government in respect of my training program.

I fully understand that my status as a participant may be terminated if I fail to make satisfactory progress, or for any other cause as determined by the Government of the Republic of Korea.

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

VII. 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, 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 follow the training course.

Name of Organization: _____

Position/ Title: _____

Name of Authorized Official: _____

Date: _____ **Signature:** _____