Application Guidelines

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

a. Read your Course Information (CI) thoroughly

b. Application should be typed, not handwritten, except for your signature; **handwriting is not acceptable**. Fill in the form in **English**.

c. Be sure to fill in **every item** of the form;

d. Send the completed form to the KOICA Office in your country or the Korean Embassy (if KOICA Office is not available) - together with a **copy of your passport;**

e. 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	2-4p	
b. Ticked agree/disagree box for **Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information**	5-8p	
c. Ticked agree/disagree box for **Agreement on Sexual Harassment Policy**	9p	
d. Signed the **declaration** for terms and conditions	10p	
e. Signed and filled in every part of **Medical Report 1**	11p	
f. Had an authorized physician to complete and sign **Medical Report 2**	12p	
g. Had an authorized official from your government to complete and sign the **Nomination** form	14p	
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), implemented as part of the Official Development Assistance Program of the Government of Korea. Please complete the application form and consult with the KOICA Office in your country or the Korean Embassy (if KOICA Office is not available) for further information.

(Photo)

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

Ⅰ. PROGRAM OF APPLICATION (as in the Course Information)

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

Ⅱ. PERSONAL DATA

Name (as in the passport)	**First Name**					
	Middle Name					
	Family Name					
Date of Birth	Day		Month		Year	
Gender	□ **M** □ **F**			**Airport of Departure**		
Nationality				**Religion**		
Home Address						
Contact Information (Including Country Code)	Telephone			E-mail 1		
	Mobile			E-mail 2		
	SNS	(ex. Facebook, Instagram, etc)		SNS ID		
	Messenger	(ex. Whatsapp, Facebook, Skype, Wechat, Viber, LINE, Kakaotalk)		Messenger ID		
Emergency Contact	Name			Relation		
	Telephone			E-mail		
Emergency Contact (2)	Name			Relation		
	Telephone			E-mail		

Ⅲ. CURRENT EMPLOYMENT

Organization			
Department			
Present Position		**Employment Duration**	from _____ to present (*MM-YYYY*)

Type of Organization (Please check the box)	Government	☐ Central Government ☐ Local Government
	Institution	☐ Public Agency ☐ University(Public) ☐ University(Private) ☐ Private A(Corporate, Association) ☐ Private B(NGO) ☐ International Organization ☐ Student
	Others	(Please specify)

Job Description	Describe your main duties. Specify any technical equipment or facilities you work on with if applicable.
	Describe any themes, topics and places of interest you would like to see in the Course related to your tasks mentioned aforesaid.
	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**	**Period** *(MM-YYYY)*	
			From	To

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					

1. Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
2. Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.
3. Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.
4. Basic: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

Ⅳ. 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 acquired by KOICA to be used for identifying individuals will be stored, used and/or analyzed only within the scope of KOICA activities, and in accordance with KOICA policy and regulations.
   - **Collected Personal Information**: name, date of birth, gender, nationality, home address, contact information, emergency information, employment information including organization/department/type of organization/employment status, career background, and language proficiency level
   - **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 printed copies / permanent preservation of electronic copies of electronic copies

b. KOICA may provide and disclose the aforesaid collected information to a third party in accordance with KOICA policy and regulations, according to relevant laws of Korea, or upon request by 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 ODA (Official Development Assistance) in Korea.

~~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).

e. If you do not approve of the above conditions, you may also disagree. Please be informed, however, that there may be limitations to your participation to the KOICA Fellowship Program if you do not agree with the above conditions.

		Agree □	**Disagree** □
Date:	**Name:**	**Signature:**	

Consent to Provide Personal Information to a Third Party

According to Article 17 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of personal information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
KOWORKS	checking personal information and qualifications for recruitment and selection, operation of training programs, records and performance management, management of participants including immigration and sojourn support, on/offline KOICA Club activities, database management, responding to audit, follow-up	name, date of birth, gender, nationality, contact info (emergency contact info included), affiliation/position, work experience and qualifications, email, SNS/messenger ID	for 5 years from termination of work
		address, academic background, photos, bank account info/bankbook copy	destroyed upon termination of work
Training Institute[1]	operation of training programs, sojourn support, records management, on/offline KOICA Club activities, database management, follow-up	name, date of birth, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, email, SNS/messenger ID	for 5 years from termination of work
		address, academic background, photos, bank account info/bankbook copy	destroyed upon termination of work
DB Insurance Co.,Ltd.	(registration) insurance purchase and roster management (compensation) document screening and claims management	name, gender, date of birth, bank account info/bankbook copy, nationality, contact info (emergency contact info included)	(registration) 3 years (compensation) 5 years
Hana Tour Travel Agency / HanaTour-Business Travel Agency /Hyundai Dream Tour Agency	flight reservations and ticketing, performance management, etc.	name, gender, date of birth, nationality, passport info	destroyed upon termination of work

[1] Cooperative partners of KOICA on consignment for the KOICA Fellowship Program (government agencies, public institutions, research institutes, universities, etc.

You have the right to disagree to the provision of the above personal information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.
Agree □ **Disagree** □
Date: **Name:** **Signature:**

Consent to Provide Sensitive Information to a Third Party

According to Article 23 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of sensitive information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
KOWORKS	checking personal information and qualifications for recruitment and selection, operation of training programs and performance management, management of participants including immigration and sojourn support	religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	destroyed upon termination of work
Training institute	operation of training and sojourn support	religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	destroyed upon termination of work
DB Insurance Co.,Ltd.	(registration) insurance purchase and roster management (compensation) document screening and claim payment management	treatment records (detailed statement of treatment, doctor's note, etc.)	(registration) 3 years (compensation) 5 years

You have the right to disagree to the provision of the above sensitive information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.
Agree □ **Disagree** □
Date: **Name:** **Signature:**

Consent to Provide Personally Identifiable Information to a Third Party

According to Article 24 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of personally identifiable information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
KOWORKS	Immigration and sojourn support such as flight arrangements and insurance claims	Passport number, alien registration number	destroyed upon termination of work
Training institute	operation of training and sojourn support	alien registration number	destroyed upon termination of work
DB Insurance Co.,Ltd.	(registration) insurance purchase and roster management (compensation) document screening and claim payment management	Passport number	(registration) 3 years (compensation) 5 years
Hana Tour Travel Agency/ HanaTour-Business Travel Agency /Hyundai Dream Tour Agency	flight reservations and ticketing, performance management, etc.	Passport number	destroyed upon termination of work

You have the right to disagree to the provision of the above personally identifiable information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.

Agree □ **Disagree** □

Date: **Name:** **Signature:**

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. (improper offering of jobs for relatives, etc. included)

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. OFFICIAL 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:** _____