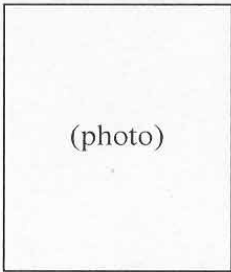


APPLICATION FOR KOICA TRAINING



Korea International Cooperation Agency

HQ: 128 Yungun-dong, Chongro-ku, Seoul, Korea 110-782

Tel: 822-740-5114 Fax: 822-744-1092 <http://www.koica.go.kr>

ICTC: 304-3 Yungok-dong, Seocho-ku, Seoul, Korea 137-170

Tel: 822-3460-6114 Fax: 822-571-4593 E-mail: training@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				
Passport Number		Airport of Departure			
Home Address _____					
Tel No _____		Fax No _____			
country code		area code		number	
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	
E-mail Address: _____					
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:					

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/ 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

	Excellent	Good	Fair	Poor	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother Tongue _____
 Other Languages _____
 In case _____ as a foreign _____ it is required for you to certify your
English proficiency. Please indicate any of your English Proficiency

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

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

Age:	Sex:	Height:	cm	Weight:	kg
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Blood Group: A B AB O Other ()

Blood Pressure:

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

2. List any abnormalities indicated in the chest X-ray.

3. Is the applicant free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, etc.)?

4. 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: _____

V1. 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: _____

V11. 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: _____