

## Application Guidelines

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

- Read your Program Information (PI) thoroughly before completing the application form;
- Application should be typed, not handwritten. **Handwriting is not acceptable.** Fill in the form in **English.**
- Be sure to fill in **every item** of the form;
- Send the completed form to the KOICA Office in your country or the Embassy of Korea (if the KOICA Office is not available)
- Be reminded that your participation may be denied if you fail to provide the required information and documents completely and on time.

***I hereby certify that I have completed every item of the application form  
to apply for this program.***

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

## Application Form for the KOICA Fellowship Program (Online)

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 and consult with the KOICA Office in your country or the Embassy of Korea (if the KOICA Office is not available) for further information.

### PART. 1. APPLICANT INFORMATION

#### I. PROGRAM OF APPLICATION

<b>Program Title</b>	<b>Capacity Building of Healthcare Professionals on Infectious Diseases using COVID-19 Test Kits</b>
<b>Course Duration</b>	from 14-07-2020 to 27-07-2020

#### II. PERSONAL DATA

<b>Name</b> (as in the passport)	<b>First Name</b>															
	<b>Middle Name</b>															
	<b>Family Name</b>															
<b>Date of Birth</b>	Day		Month		Year											
<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F															
<b>Nationality</b>																
<b>Contact Information</b> (Including Country Code)	Telephone					E-mail1										
	Mobile					E-mail2										
	Facebook or Google Account Name	- Facebook : _____ - Google(Youtube) : _____														

#### III. CURRENT EMPLOYMENT

<b>Organization</b>			
<b>Department</b>			
<b>Present Position</b>		<b>Employment Duration</b>	from _____ to present (MM-YYYY)
<b>Type of Organization</b> (Please check the box)	Hospital	<input type="checkbox"/> General Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Medical Center <input type="checkbox"/> Etc.	
	Government	<input type="checkbox"/> Central Government <input type="checkbox"/> Local Government	
	Institution	<input type="checkbox"/> Public Agency <input type="checkbox"/> University(Public) <input type="checkbox"/> University(Private) <input type="checkbox"/> Private A(Corporate, Association) <input type="checkbox"/> Private B(NGO) <input type="checkbox"/> International Organization <input type="checkbox"/> Student	
	Others (please specify)		

## 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.

## 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

- 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.
  - **Personal Information Collected** : name, date of birth, sex, nationality, contact information, employment status, career background
  - **Purpose** : implementation and promotion of the KOICA Fellowship Program, identification of participants, record keeping, and strengthening the partnership between Korea and Partner Countries
  - **Retention Period** : permanent preservation for soft copy
- 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.
- 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.

## II. 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:** \_\_\_\_\_