



ที่ กต ๑๖๐๔.๑/ ๓๒๓๕

กระทรวงการต่างประเทศ  
ศูนย์ราชการเฉลิมพระเกียรติฯ  
อาคารรัฐประศาสนภักดี ชั้น ๘  
ถนนแจ้งวัฒนะ เขตหลักสี่  
กทม. ๑๐๒๑๐

สบค.  
รับที่ 1850  
วันที่ ๑๑ ก.ค. ๖๐  
เวลา 14.11

๓๐ มิถุนายน ๒๕๖๐

เรื่อง ทวนฝึกอบรมหลักสูตร Korean Language and Understanding of Korean Culture for Government Officials

เรียน ปลัดกระทรวงการคลัง

- สิ่งที่ส่งมาด้วย ๑. รายละเอียดหลักสูตร
- ๒. หน่วยงานที่ได้รับการจัดสรรทุน
- ๓. รายละเอียดเกี่ยวกับการสมัครขอรับทุน
- ๔. รายละเอียดเกี่ยวกับผู้สมัครรับทุน
- ๕. ใบสมัครรับทุนรัฐบาลสาธารณรัฐเกาหลี

ด้วยรัฐบาลสาธารณรัฐเกาหลีเสนอให้ทุนแก่รัฐบาลไทย เพื่อส่งเจ้าหน้าที่เข้ารับการฝึกอบรมหลักสูตร Korean Language and Understanding of Korean Culture for Government Officials ระหว่างวันที่ ๒๔ สิงหาคม - ๑๔ กันยายน ๒๕๖๐ ณ Seongnam และ Gangneung สาธารณรัฐเกาหลี ดังมีรายละเอียดตามสิ่งที่ส่งมาด้วย ๑

กระทรวงการต่างประเทศ เห็นว่าหลักสูตรอบรมดังกล่าวเป็นประโยชน์ต่อบุคลากรของหน่วยงานต่าง ๆ ตามสิ่งที่ส่งมาด้วย ๒ จึงขอให้ท่านพิจารณาเสนอผู้สมัครรับทุนที่มีผลการทดสอบภาษาอังกฤษชุด DIFA TES ของสถาบันการต่างประเทศเทวะวงศ์วโรปการ กระทรวงการต่างประเทศ ในทักษะการอ่าน และทักษะการฟังอย่างน้อยระดับ B1 หรือผลทดสอบภาษาอังกฤษ IELTS TOEFL หรือ TOEIC และผลการทดสอบดังกล่าวต้องมีอายุไม่เกิน ๒ ปี นับจากวันที่เข้ารับการทดสอบ โดยให้ผู้ที่ได้รับการเสนอชื่อจัดทำรายละเอียดเกี่ยวกับผู้สมัครรับทุน ตามสิ่งที่ส่งมาด้วย ๓ - ๕ ส่งคืนให้กระทรวงการต่างประเทศ (กรมความร่วมมือระหว่างประเทศ) พร้อมใบสมัครรับทุนรัฐบาลสาธารณรัฐเกาหลีและสำเนาผลทดสอบภาษาอังกฤษ ภายใน ๑๗ กรกฎาคม ๒๕๖๐ ด้วย

จึงเรียนมาเพื่อโปรดพิจารณาเสนอชื่อผู้ที่มีคุณสมบัติเหมาะสม จำนวน ๑ ราย จักขอบคุณมาก

ส่ง สบค.

ขอแสดงความนับถือ

(นางสาวพิชญ์ ใจทน)  
ผู้อำนวยการส่วนบริหารทั่วไป  
๑๑ ก.ค. ๒๕๖๐

(นายไพศาล หรฺพานิชย์กิจ)

ส่ง สหพ.

รองอธิบดีกรมความร่วมมือระหว่างประเทศ  
รักษาราชการแทน อธิบดีกรมความร่วมมือระหว่างประเทศ  
ปฏิบัติราชการแทนปลัดกระทรวงการต่างประเทศ

(นายสันติ อัมศรีเวียง)  
ผอ.สบค.  
๑๑ ก.ค. ๒๕๖๐

กรมความร่วมมือระหว่างประเทศ โทร. ๐ ๒๒๐๓ ๕๐๐๐ ต่อ ๔๓๑๐๗  
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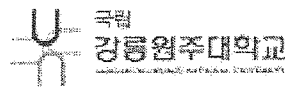
# Korean Language and Understanding of Korean Culture for Government Officials

August 24 (Thurs.) -September 14 (Thurs.), 2017

Seongnam & Gangneung, Korea



Korea International Cooperation Agency



Gangneung-Wonju National University

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**1. TITLE:** Korean Language and Understanding of Korean Culture for Government Officials

**2. DURATION:** August 24 (Thurs.) – September 14 (Thurs.), 2017

**3. OBJECTIVES**

- a) To improve Korean language proficiency
- b) To understand Korean culture
- c) To gain knowledge and insight from Korean economic development
- d) To strengthen future cooperation between the participating countries and Korea
- e) To exchange views and ideas about participating countries' culture for improving mutual understanding

**4. NUMBER OF PARTICIPANTS:** 19 participants from 13 countries

Azerbaijan (1), Bolivia (1), Colombia (2), El Salvador (2), Ethiopia (1), Indonesia (2), Jordan (1), Kyrgyzstan (2), Morocco (1), Thailand (2), Uganda (1), Uzbekistan (2), Vietnam (1)

**5. LANGUAGE OF INSTRUCTION:** Korean and English

**6. VENUE:** Seongnam & Gangneung, Republic of Korea

**7. TRAINING INSTITUTE:** Gangneung-Wonju National University  
(<http://www.gwnu.ac.kr>)

**8. ACCOMMODATIONS:** KOICA ICC & Gangneung-Wonju National University Dormitory

## 9. QUALIFICATIONS OF APPLICANTS:

Mandatory	<ul style="list-style-type: none"><li>a) Be nominated by his/her government;</li><li>b) Be in good health both physically and mentally, to undergo the course;</li><li>c) Has not participated in the same KOICA fellowship program in the past 3 years - unless otherwise specified;</li><li>d) Show a high level of participation and commitment throughout the course and promote capacity building in his/her organization after the completion of the program;</li><li>e) Target ministries or organizations (Ministry of Finance or Foreign Affairs)</li><li>f) Minimum level of experience: 3 years</li></ul>
Preferable	<ul style="list-style-type: none"><li>a) Be a government employee in a working level position</li><li>b) Sufficient proficiency in spoken English</li><li>c) Working knowledge of computers and PowerPoint software</li><li>d) Duties are related with Korean affairs</li></ul>

10. CLOSING DATE FOR APPLICATION: July 7, 2017

**PART II****COURSE MODULE****1. COURSE MODULE**

<b>MODULE</b>	<b>MAIN LECTURES &amp; DISCUSSIONS</b>	<b>STUDY VISIT</b>
<b>Module 1.</b> Improving Korean Language Proficiency	<ul style="list-style-type: none"> <li>▷ Introduction about Korean language</li> <li>▷ Studying Korean language for basic level by combining listening, speaking, reading and writing</li> <li>▷ Korean speech contest</li> </ul>	<ul style="list-style-type: none"> <li>- National Hangeul Museum</li> <li>- Memorial Hall for the Writer (Heogyun) of 1st Korean Novel</li> </ul>
<b>Module 2.</b> Understanding Korean Culture	<ul style="list-style-type: none"> <li>▷ Understanding Korean culture, society and history</li> <li>▷ Cultural experience through experiencing Korean traditional musical instrument, civil slaves' mask play</li> <li>▷ Watching Korean drama (Daejanggung)</li> </ul>	<ul style="list-style-type: none"> <li>- Ojukheon, Seongyojang,</li> <li>- Folk Village, Gyeongbokgung Palace</li> <li>- Bulguksa Temple, Sukgulam, Daereungwon</li> <li>- Terarosa Company</li> </ul>
<b>Module 3.</b> Korean Economic Development Strategy	<ul style="list-style-type: none"> <li>▷ Korean economic development strategy</li> </ul>	<ul style="list-style-type: none"> <li>- 2018 Winter Olympic Stadium</li> </ul>
<b>Module 4.</b> Country Report and Action Plan	<ul style="list-style-type: none"> <li>▷ Action plan 1st meeting: Materialize issue</li> <li>▷ Action plan 2nd meeting: GAP analysis</li> <li>▷ Action plan 3rd meeting: Feasible action plan</li> <li>▷ Action plan 4th meeting: Sharing &amp; presentation for workshop result</li> </ul>	
<b>EXTRACURRICULAR ACTIVITIES</b>	<ul style="list-style-type: none"> <li>▷ Pohang Steel co. (<a href="http://www.posco.co.kr">http://www.posco.co.kr</a>)</li> <li>▷ National Museum (<a href="http://www.museum.go.kr">www.museum.go.kr</a>) and National Hangeul Museum (<a href="http://www.hangeul.go.kr">www.hangeul.go.kr</a>)</li> <li>▷ Gyeongbokgung Palace (<a href="http://www.visitseoul.net">www.visitseoul.net</a>)</li> </ul>	

### 1. GUIDELINES FOR THE PREPARATION FOR THE COUNTRY REPORT

A Country Report is an in-depth report that contains an analysis of the current development issues facing your countries in your fields of expertise. The KOICA's Fellowship Program includes a Country Report session where participants have an opportunity to share these issues with other participants and Korean experts. Throughout the course, you engage in debates and discussions to resolve them.

A Country Report is directly connected to an Action Plan. Based on what you present and discuss throughout the course, you are requested to present an Action Plan on the last day to develop practical measures to apply the knowledge, technology and experience to your worksite.

Program participants are requested to prepare and submit your Country Report individually or as a group to the Gangneung-Wonju National University Program Manager via e-mail at [tjkang@gwnu.ac.kr](mailto:tjkang@gwnu.ac.kr) or [superhsy@gwnu.ac.kr](mailto:superhsy@gwnu.ac.kr) **until July 28, 2017**. The Country Report should be in MS PowerPoint or Word format. The length of the report should not exceed twenty A4-sized pages. The report should be written in English and double-spaced.

All participants are required to give a 15-minute presentation on the second day of the program on your Country Report individually or as a group. For more effective presentations, a projector, slide projector, overhead projector, and multimedia TV will be available (PowerPoint presentations are preferred).

## **2. TOPICS TO BE COVERED IN THE COUNTRY REPORT**

On the second day of the program, all participants will make an individual or group presentation titled "Country Report" following the guidelines below:

Based on what you have presented and discussed throughout the courses, you are requested to present an action plan on the last day of the workshop.

### **A. Programs to improve Korean language proficiency, cultural understanding and promoting mutual exchange**

Possible subject 1: Cultural traits of your country and general recognition about Korean culture

Possible subject 2: The needs for Korean language proficiency in your country

Possible subject 3: The effects of Korean ODA for developing countries

Possible subject 4: Strategies for expanding economic, social and cultural exchanges between your country and Korea

Possible subject 5: Best support policy for dispatched workers to Korea

### **B. Details of Country Report Preparation**

#### **● General situation about cultural exchange with Korea**

- Introduce your organization including personnel, main roles
- Introduction about your country on the history and culture
- Your country's statistics on personnel exchange and commodity & service trade with Korea
- The number of Korean language institutes in your country
- National level image about Korea

#### **● Best way to improve international exchanges in terms of personnel and non-personnel trade with Korea**

- Describe major problems related about exchanges with Korea
- Best way to improve exchanges with Korea
- Best way to improve the efficiency of ODA project in your country



**1. GUIDELINES FOR PREPARATION OF THE ACTION PLAN**

An Action Plan is a specific plan created by participants on how you can apply your learning to your worksite. Action Planning is a process which will help you to identify your objectives and decide what steps you need to take to achieve your goals. Establishing and implementing your Action Plan will not only contribute to your professional development but also to positive organizational change.

A good Action Plan entails who will do what, when, and how in detail. Please keep in mind that meeting the financing requirement including budget and time line is crucial to make your action plan feasible and applicable to your worksite.

All participants are requested to prepare a presentation on your Action Plan individually or as a group at the end of the course. You are encouraged to make the most of your weekends and leisure time to further your knowledge acquired from the course and better prepare your presentation for the Action Plan.

Participants will receive feedback from Korean experts who can share their insight and help further improvement of the Action Plan. After returning to your own countries, KOICA will continually follow up with participants to learn what kind of progress is being made in the implementation of your Action Plan. KOICA expects all participants to achieve your desired outcome.

**2. TOPICS TO BE COVERED IN THE ACTION PLAN**

- a) Identify various aspects of Korean culture including food, clothing, housing and lifestyle compared to those of your country.
- b) Devise the best way to improve Korean language proficiency and understand Korean culture.
- c) Explain your experience in this course using Korean language.
- d) Consider how this course will affect your job efficiency in terms of dealing with Korean matters.

**1. TRAINING INSTITUTE**

**Gangneung-Wonju National University (<http://www.gwnu.ac.kr>)**

**1.General Information**

About Gangneung-wonju National University(GWNU) has been the only public university in the Yeongdong region of Gangwon Province producing fine human resources and leading regional development. Furthermore, through the recent union with Wonju national college in March 2007, fresh impetus for indefinite progress has been provided.

The Gangneung campus consists of 7 colleges (college of liberal arts, college of social sciences, college of natural sciences, college of life sciences, college of applied sciences, college of arts arts and physical education, college of dentistry) and 4 graduate schools (school of general studies, school of business management policy sciences, school of education, school of industrial science) Wonju campus offers 2 colleges(college of social work, college of science technology).

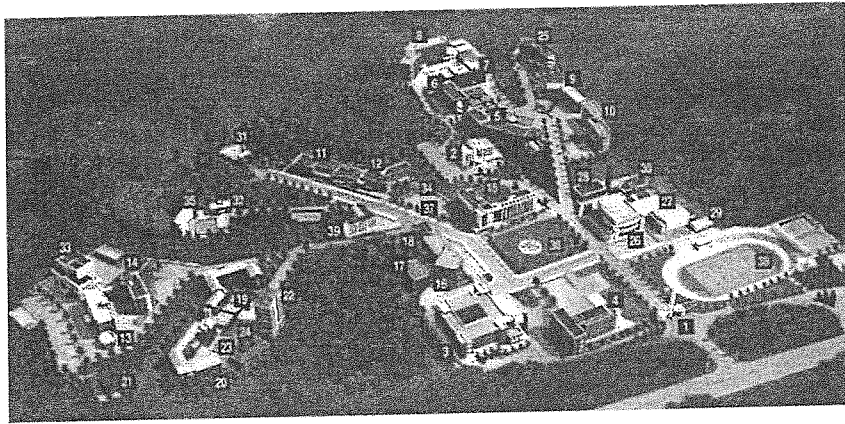
In order to augment international cooperation, we have academic exchange agreements with 67 universities and research centers in 25 countries, promoting the interchange and exchange of students, instructors and research.

Our university is known for its wonderful campus with adjacent beautiful mountains, sea, and river. Our university offers a warm and friendly dormitory environment. Moreover 2018 Winter Olympic Games are scheduled to be held in Gangneung. Therefore, you can have the chance to visit Olympic stadium and watch Olympic games.

Make your dreams come true in GWNU.

**GWNU at a glance**

<b>Size</b>	<b>Students</b>	<b>No. of Faculty &amp; Staff</b>	<b>Schools</b>	<b>No. of Attached Organizations</b>	<b>No. of Research Institutes</b>
659,720m <sup>2</sup> (Gangneung-campus) 157,393m <sup>2</sup> (Wonju-campus)	8,932	711	9 colleges 56 departments	52(including Industry Academic Cooperation Group)	13 (Gangwon Embedded Software Cooperative Research Center, etc.)



- 1 Main Gate
- 2 University Administrative Office
- 3 Humanities Hall
- 4 Social Sciences Hall
- 5 Natural Sciences Hall, No.1
- 6 Natural Sciences Hall, No.2
- 7 Life Sciences Hall, No.1
- 8 Life Sciences Hall, No.2
- 9 Engineering Hall, No.1
- 10 Engineering Hall, No.2
- 11 Arts & P.E. Education Hall, No.1
- 12 Arts & P.E. Education Hall, No.2
- 13 Dentistry Hall, No.1

- 14 Dentistry Hall, No.2
- 15 Academic Information Support Center
- 16 Student Welfare Center, No.1
- 17 Student Welfare Center, No.2
- 18 Student Welfare Building
- 19 Student Dormitory (Jeongjingwan)
- 20 Student Dormitory (Yemungwan)
- 21 Student Dormitory (Imungwan)
- 22 Student Dormitory (Myeongjingwan)
- 23 Student Dormitory (Saimdangwan)
- 24 Student Dormitory (Yulgokgan)
- 25 Joint Experiments & Learning Center
- 26 Haeram Culture Center

- 27 Sports Center
- 28 Power Plant
- 29 Martial Arts Center
- 30 Business Incubation Center
- 31 Amphitheater
- 32 ROTC Center
- 33 Dental Clinic
- 34 Gakchu Botanical Garden
- 35 Golf Learning Course
- 36 Symbolic Tower of University
- 37 Haeramji
- 38 Main Sports Field

## 2. Other Information

### ① Prayer Room

To promote a culturally harmonious environment in the campus and to respect other people's cultural preferences, GWNU provides a prayer room for religious students.

### ② One-Stop Service Center

The One-stop service center offers various kinds of service to students such as issuing certificates, lost & found, fax service and others. It is located in the ground floor of the International House.

### ③ Wireless Internet Service

Wireless Internet service is available for free everywhere on campus.

**④ Other Facilities for international students**

Cafeteria, convenience store, bakery, laundry service and global cafe are located in the dormitory building or other buildings on campus.

**⑤ Health Care**

GWNU has a perfect system for student's health care. In case of illness, the student can visit 1st aid room (C3 building 2nd floor) and receive necessary treatment, if the condition is serious, the student can be sent to Gangneung Asan Hospital or Dongin hospital, cooperation hospital of GWNU. By contract with this hospital, students can receive free medical examination one time per year.

Gangneung Asan Hospital has 32 clinical departments, which are organically intertwined at the huge scale of hospital, thereby enabling prompt and accurate diagnosis and treatment. Particularly, the sizes and systems of the Cancer Center, the Digestive Disease Center, and the Cardiovascular Disease Center are arguably the best in Korea.

<Gangneung Asan Hospital>

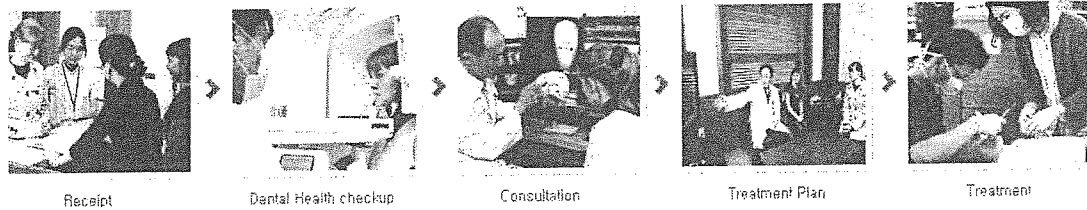


<Dongin hospital>



GWNU has also a dental hospital that disseminate the best dentistry knowledge and high-tech. Students can easily have dental service because this hospital is located in campus and have free dental check-up.

<treatment at GWNU Dental hospital>



### 3. Support Services

Participants may be invited to a special event organized by KOICA with the aim of promoting friendship among each other and understanding about Korea during the program.

In Gangneung, general bus fare is 1,170 Korean Won by traffic card, or 1,300 Korean Won by cash. Basic rate for taxi is 2,800 Korean Won. There are 5 traditional markets in Gangneung where you can buy almost everything, and we also have 3 big discount stores.

## (2) TRAINING INSTITUTE (KLS)

### 1. Introduction to the Korean Language School (KLS)

The Korean Language School (KLS) is an academic institute of GWNU for grooming international talent who will engage in trade, exchange and cooperation with Korea.

### 2. Education Environment & Facilities

KLS courses are taught by experienced professional teachers who hold degrees in Korean Language and Literature.

### 3. Cultural Experiences

KLS has carefully designed field trips. In addition, special "cultural experience" lectures by experts in different fields are regularly scheduled giving students a comprehensive Korean education, not only in the Korean language, but a greater

understanding of Korean society culture and history. In addition, the KLS has a buddy program for students to experience Korean society more closely.

#### 4. Discover the beauty of Gangneung at the KLS

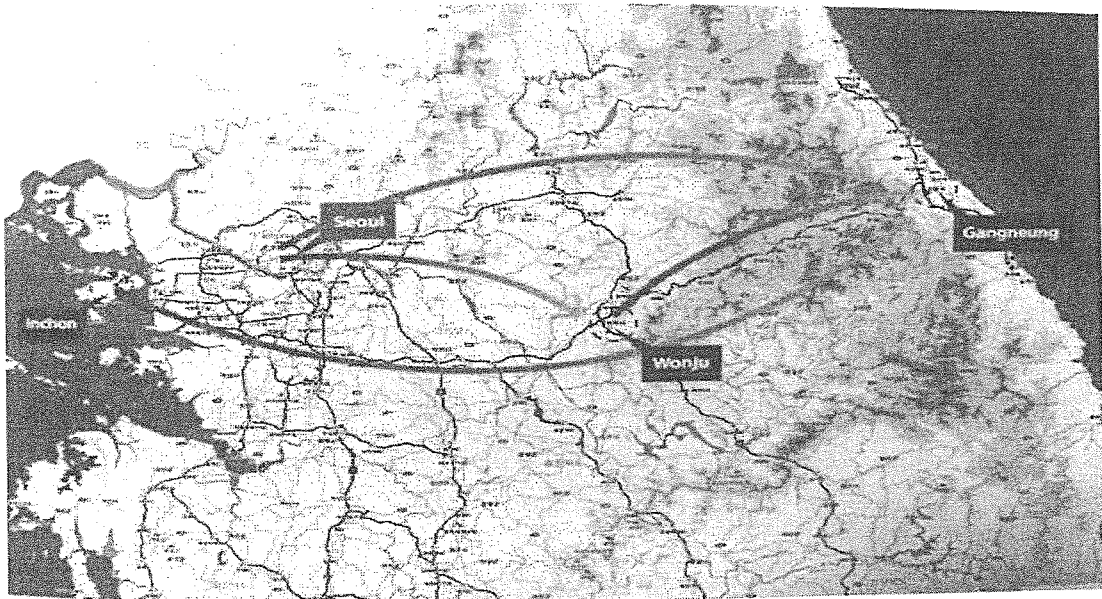
Gangneung is the pride of the KLS. Gangneung is located in the Yeongdong region and is home to much history and a beautiful environment. The area has many stunning mountains such as Seorak Mountain, one of the most beautiful mountains in Korea, lush forests which harmonise with the emerald green East Sea. Nestled amongst this natural beauty are the interesting historical and traditional sites of Ojukheon and Naksan Temple. Furthermore, many places offer four season sports' ski, golf, climbing, swimming and other water sports.

#### 5. Location of GWNU

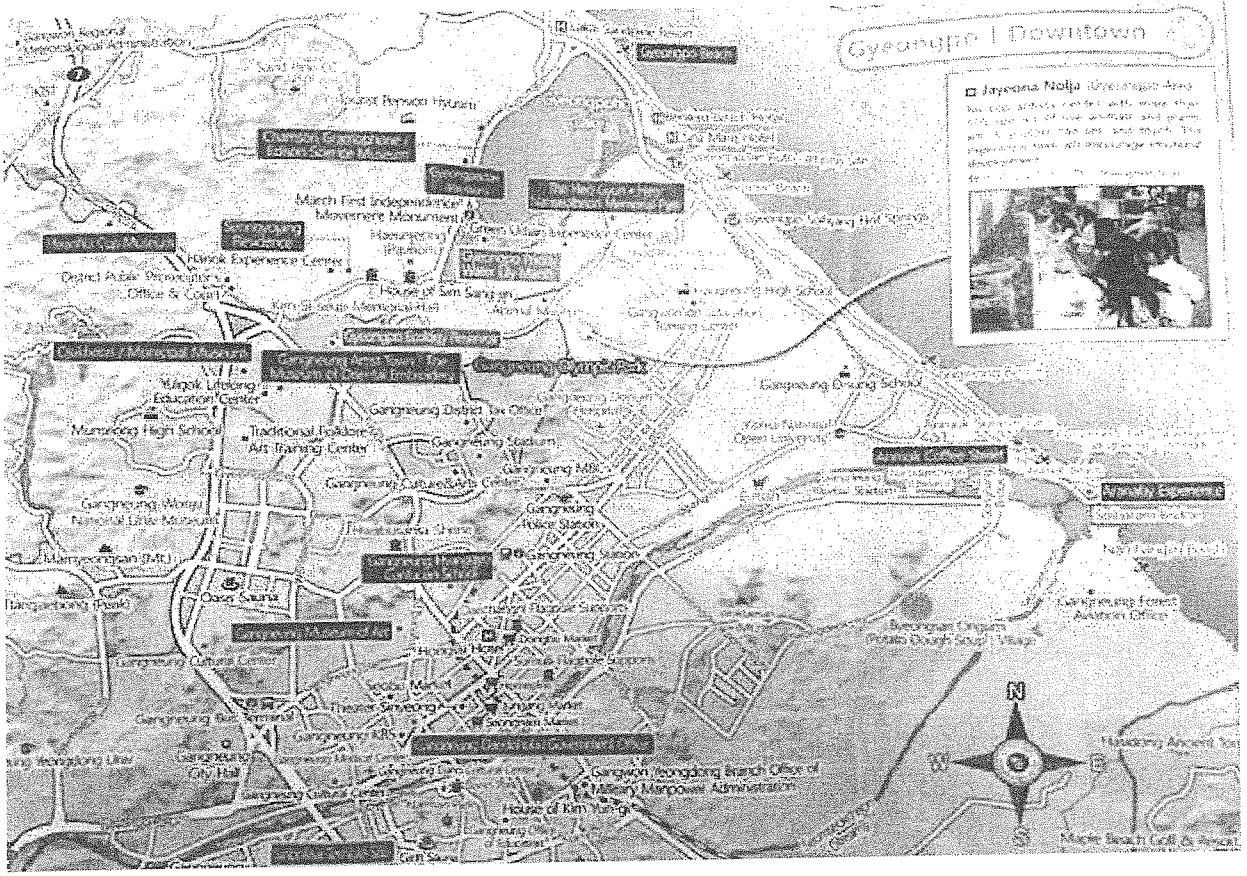
Duration (Bus Journey)

- ▶ Seoul ↔ Wonju : 1.5hrs
- ▶ Wonju ↔ Gangneung : 1.5hrs
- ▶ Seoul ↔ Gangneung : 2.5hrs
- ▶ Incheon International Airport ↔ Gangneung : 3.5hrs

Location of Gangneung and City Map of Gangneung

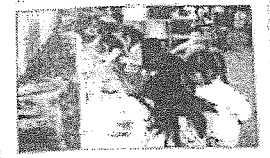






Gyeongju | Downtown

■ **Jaywona Mall** (Gyeongju) Area  
 has lots of shops, cafes, and places to eat. It's a great place to go for shopping and dining. The building is new, with lots of shops and cafes.



## 2. REGULATIONS

- Participants should participate in the program to the best of their abilities
- Participants should refrain from engaging in political activity or any form of employment for profit or gain
- Participants must return to their home country upon completion of the program and resume work in their country
- Participants should not extend the length of the program or stay for personal convenience
- Participants are not permitted to change the flight schedule arranged by KOICA for personal convenience
- Participants should not be accompanied by any member of their family
- Participants are to assume responsibility for any personal expenses incurred regardless of implementation of the course
- Participants are required to strictly observe the course schedule and abide by the rules and regulations stipulated by the Korean government in respect to the program
- Participants should cooperate in preventing any sexual harassment and attend a short training session regarding '**Sexual Harassment Prevention**' on the first day of KOICA orientation.

### 3. CONTACT INFORMATION

- **Korea International Cooperation Agency (KOICA)**

- **Program Manager: Mr. David Seungbeom Kim**

- Phone: +82-31-740-0584

- Fax: +82-31-740-0595

- E-mail: davidkim@koica.go.kr

- Websites: <http://www.koica.go.kr>

- <http://training.koica.go.kr>

- <http://www.facebook.com/koica.icc>

- **Program Coordinator: Ms. Hennah LEE**

- Phone: +82-31-8017-2673

- Fax: +82-31-8017-2680

- E-mail: hennah@global-inepa.org

- **Name of the Training Institute**

- **Program Manager: Mr. Tae-joong KANG**

- Phone: +82-33-640-1698

- Fax: +82-33-640-2809

- E-mail: tj kang@gwnu.ac.kr

- Home page: <http://www.gwnu.ac.kr>

## INTRODUCTION OF KOICA

**KOICA**  
Korea International  
Cooperation Agency

*is a development cooperation agency of the Republic of Korea which was established in 1991. KOICA's mission is to reduce poverty, promote living standards and help realize sustainable, equitable and inclusive development in developing countries. To accomplish its mission, KOICA has been actively involved in enhancing developing countries' socio-economic infrastructure and institutions, providing the people of the developing world with opportunities for better lives and improving their well-being.*

### KOICA Fellowship Program

**Human Resource Development (HRD)** has been one of the most important factors in Korea's escape from the vicious cycle of poverty and underdevelopment which had existed for many decades. With scarce natural resources, HRD played a vital role in Korea's development; thus, Korea has emerged as an exemplary showcase of national development powered by HRD. From its own experience, Korea came to fully recognize the significance of HRD. With extensive experience and know-how in HRD, Korea contributes greatly to the international community by sharing its unique development experience with other countries.

The KOICA Fellowship Program is one of KOICA's main projects to support partner countries secure human resources for their development. The primary objective of the Fellowship Program is to share important technical skills and knowledge as well as to build capacities for sustainable socio-economic development. The program is composed of a wide range of topics, including public administration, economic development, science and technology, agriculture and health, etc. In order to meet the changing needs of partner countries, KOICA always strives to renovate and improve its Fellowship Programs.

## Appendix 2.

### **KOICA FELLOWSHIP PROGRAM (CIAT)**

KOICA has launched a brand-new name for the KOICA Fellowship Program in order to more effectively raise awareness about the program among the public and its partner countries.



In English, CIAT stands for Capacity Improvement and Advancement for Tomorrow and in Korean it means "seed (씨)" with hopes to contributing in the capacity development of individual fellows as well as the organizations and countries to which they belong.

The CIAT Program provides participants with opportunities to gain first-hand knowledge of Korea's development experience. The programs are designed to enable participants to apply what they have learned for the development of their home countries. Since 1991, KOICA has offered about 4,255 courses to more than 69,981 participants from 172 countries.

Appendix 3.

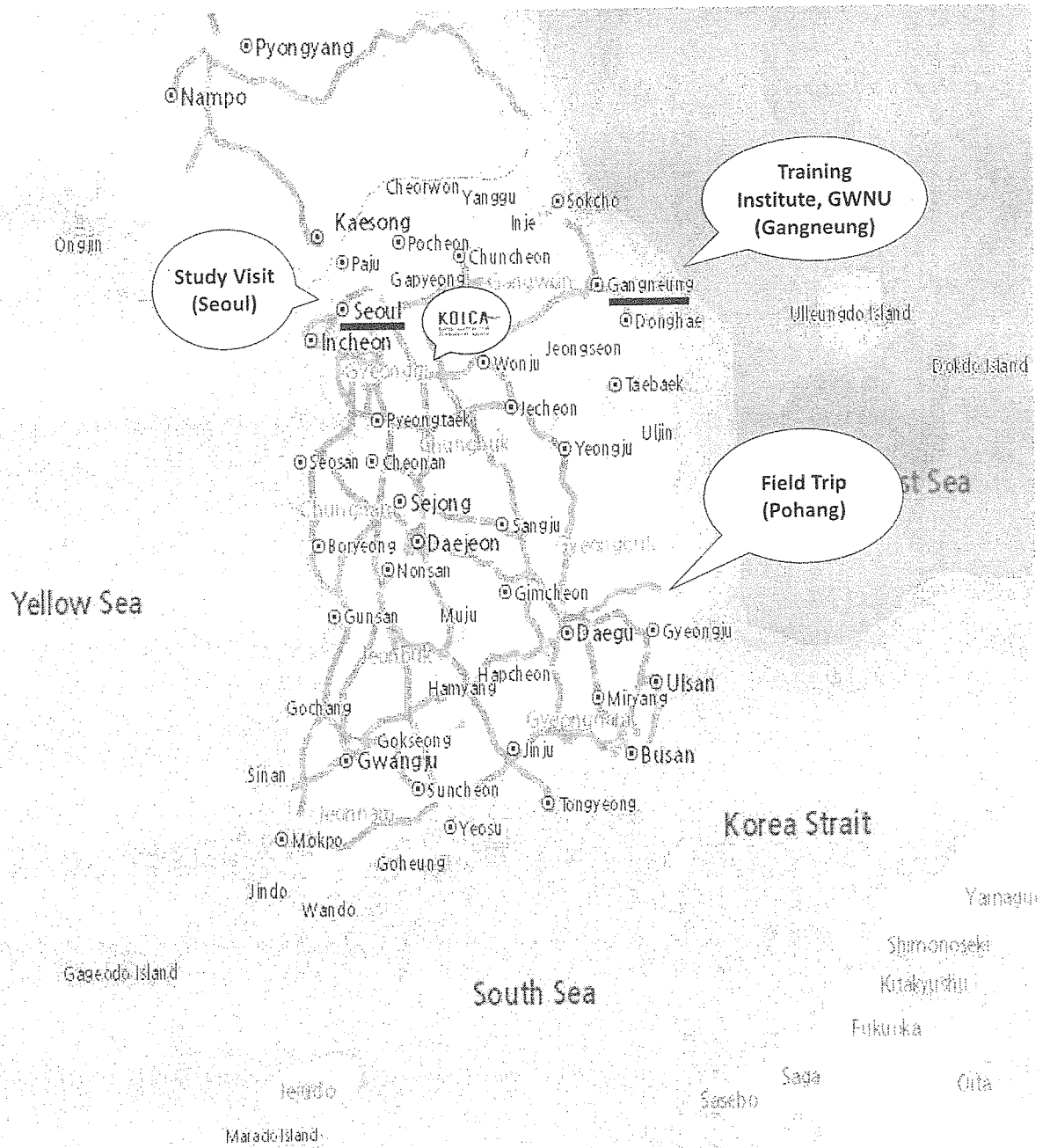
## KOICA FELLOWSHIP COMMUNITY

The Fellows' Facebook is a place for fellows to ask questions and write comments on KOICA fellowship programs. So, if you have questions regarding our program, please feel free to join our Facebook community.



[facebook.com/koica.icc](https://facebook.com/koica.icc)

## MAP AND VENUE INFORMATION



Appendix 5.

## **INFORMATION ON DIRECTION TO KOICA ICC**

- Route: Incheon International Airport → Korea City Airport, Logis & Terminal(CALT) → KOICA International Cooperation Center (ICC)
- Arrival at Incheon International Airport (<http://www.airport.kr>)

**Flow:**

- ▶ Fill out Arrival Card (or Immigration Card), Customs Declaration Form, Quarantine Questionnaire (on board)
- ▶ Quarantine including animals and plants (on 2nd Floor)
- ▶ Present your Arrival Card, Passport and other necessary document to Passport Control
- ▶ Claim baggage on 1st Floor
- ▶ Customs Clearance
- ▶ Pass an Arrival Gate
- ▶ Go to the KOICA Counter, which is located between Exit 1~2



• KOICA Counter at Incheon International Airport



Location : Next to Exit 1 on the 1st  
floor (No.9-10)  
Tel. : 82-32-743-5904  
Mobile : 82-(0)10-9925-5901  
Contact : **Ms. Jin-Young YOON**

- After passing through Customs Declaration, please go to the KOICA Counter (located between exit 1~2) at Incheon Airport. At the KOICA Counter, you can get detailed information about how to get to KOICA International Cooperation Center (ICC) and purchase limousine bus ticket for City Airport, Logis & Travel (CALT).
- All the KOICA staff at the Incheon Airport wears nametags or has signs for indication. If you cannot meet the KOICA staff at the counter, please purchase a limousine bus ticket from the bus ticket counter (located on the 1<sup>st</sup> Floor), and go to CALT Bus Stop No. 4A (or 10B). Please find the bus number 6103 and present your ticket to the bus driver. From Incheon Airport to CALT, the approximate time for travel will be between 70 to 90 minutes. When you arrive at CALT, you will find another KOICA staff who will help you reach the KOICA ICC. KOICA will reimburse the limousine bus fare when you arrive at KOICA ICC. Also, please be aware that there may be illegal taxis at the airport. Even if they approach you first, please do not take illegal taxis and check to see if they are KOICA staff.

**"Please remember to read the Fellows' Guidebook.** It is available from the Korean Embassy or KOICA Overseas Office in your country and provides valuable information regarding KOICA programs, allowances, expenses, regulations, preparations for departure and etc."

หน่วยงานที่ได้รับการจัดสรรทุน

- กระทรวงการคลัง
- กระทรวงการต่างประเทศ

## รายละเอียดเกี่ยวกับการสมัครขอรับทุน

ชื่อหลักสูตร **Korean Language and Understanding of Korean Culture for Government Officials**

วิธีการเสนอชื่อผู้สมัครขอรับทุน คุณสมบัติของผู้สมัครขอรับทุน หลักเกณฑ์การคัดเลือกผู้สมัครขอรับทุน และผลการพิจารณาให้ทุน จะต้องเป็นไปตามหลักเกณฑ์และวิธีการ ดังนี้

## ๑. วิธีการเสนอชื่อผู้สมัครขอรับทุน

- ๑.๑ หน่วยงานที่ได้รับการจัดสรรจะต้องมีหนังสือเสนอชื่อผู้สมัครขอรับทุน พร้อมทั้งส่งแบบพิมพ์รายละเอียดเกี่ยวกับผู้สมัครรับทุน (แบบพิมพ์ทวน ๑) ที่ตีพิมพ์ขนาด ๑ นิ้ว หรือ ๒ นิ้ว จำนวน ๑ รูป ไปยังกรมความร่วมมือระหว่างประเทศ ภายในวันที่ ๑๗ กรกฎาคม ๒๕๖๐

ในกรณีที่จำเป็นต้องแจ้งรายชื่อและรายละเอียดของผู้สมัครขอรับทุนได้ทางโทรศัพท์ และ / หรือโทรสารเป็นการล่วงหน้า

- ๑.๒ จำนวนผู้สมัครขอรับทุนที่ได้รับการเสนอชื่อจะต้องไม่เกิน ๑ ราย ในกรณีที่หน่วยงานเสนอชื่อผู้สมัครขอรับทุน มากกว่าจำนวนที่ได้กำหนดไว้ข้างต้น กรมความร่วมมือจะพิจารณาคัดเลือกบุคคลที่ได้รับการเสนอชื่อเรียงตามลำดับที่ปรากฏในหนังสือเสนอชื่อจากหน่วยงานตามจำนวนที่กำหนดไว้ข้างต้นเท่านั้น บุคคลที่ปรากฏชื่ออยู่ในลำดับหลัง ซึ่งเกินจำนวนที่กำหนดไว้ กรมความร่วมมือจะไม่อาจพิจารณาให้เป็นผู้สมัครขอรับทุนได้
- ๑.๓ ผู้ที่ได้รับการเสนอชื่อต้องมีผลการทดสอบอย่างใดอย่างหนึ่ง ที่มีอายุไม่เกิน ๒ ปี เช่น IELTS TOEFL TOEIC หรือ DIFA TES ในระดับ B1 (CEFR) ขึ้นไป

## ๒. คุณสมบัติของผู้สมัครขอรับทุน

## ๒.๑ ก. สำหรับผู้ที่เป็นข้าราชการ

- ผู้สมัครขอรับทุนจะต้องเป็นข้าราชการพลเรือนระดับชำนาญการขึ้นไปหรือเทียบเท่า หรือมีคุณสมบัติอื่นๆ ตามที่กำหนดไว้ในระเบียบว่าด้วยการให้ข้าราชการไปศึกษา ฝึกอบรม และดูงาน ณ ต่างประเทศ (กขต.)
- จะต้องได้รับการบรรจุเป็นข้าราชการหรือโอนมาปฏิบัติงานในหน่วยงานที่เสนอชื่อสมัครรับทุนแล้วไม่น้อยกว่า ๑ ปี นับถึงวันปิดรับสมัครของกรมความร่วมมือฯ

## ข. สำหรับพนักงานรัฐวิสาหกิจ องค์การมหาชน และหน่วยงานเอกชน

- จะต้องปฏิบัติงานหรือโอนมาปฏิบัติงานในหน่วยงานที่เสนอชื่อสมัครรับทุนแล้วไม่น้อยกว่า ๑ ปี นับถึงวันปิดรับสมัครของกรมความร่วมมือฯ

๒.๒ ไม่อยู่ในระหว่างการสมัครขอรับทุนอื่นที่อยู่ในความดูแลของกรมความร่วมมือฯ (ทุนประเภท ๑ (ข))

๒.๓ กรณีเคยได้รับทุนประเภท ๑ (ข) ไปศึกษา ณ ต่างประเทศ จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๒ ปี (ยกเว้นอาจารย์ในมหาวิทยาลัย หรือสถาบันการศึกษาที่เทียบเท่ามหาวิทยาลัย ต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๑ ปี) และในกรณีที่เคยได้รับทุนไปฝึกอบรม จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๑ ปี และในกรณีที่เคยได้รับทุนสัมมนา / ดูงาน ที่มีระยะเวลาเกินกว่า ๑ เดือน จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๑ ปี นับถึงวันปิดรับสมัครของกรมความร่วมมือฯ

แบบพิมพ์ทุน ๑  
กรมความร่วมมือระหว่างประเทศ

คิดรูปถ่าย

รายละเอียดเกี่ยวกับผู้สมัครรับทุน  
(โปรดกรอกรายละเอียดให้ละเอียดและตัวบรรจง)

ส่วนที่ ๑: แหล่งผู้ให้ทุน/หลักสูตร

แหล่งผู้ให้ทุน.....  
ชื่อหลักสูตร/สาขาวิชา/ระยะเวลา.....  
.....  
.....  
ณ ประเทศ.....

สำหรับเจ้าหน้าที่กรมความร่วมมือ  
ระหว่างประเทศ  
ได้ตรวจสอบคุณสมบัติขั้นต้นแล้ว  
 มีสิทธิ์สอบ  ไม่มีสิทธิ์สอบ  
.....

ส่วนที่ ๒: สังกัดของผู้สมัครรับทุน

ชื่อหน่วยงาน (ภาษาไทย).....  
(ภาษาอังกฤษ).....  
ที่อยู่ติดต่อได้.....  
แผนก/ฝ่าย/กอง.....  
โทรศัพท์..... โทรสาร..... โทรศัพท์(บ้าน).....  
โทรศัพท์มือถือ..... E-mail Address: .....

บุคคลที่ผู้สมัครประสงค์จะให้ติดต่อในกรณีเร่งด่วน : ชื่อ..... โทรศัพท์.....

ส่วนที่ ๓: ประวัติส่วนบุคคลและการศึกษา

ชื่อ (นาย/นาง/นางสาว)..... นามสกุล.....  
Name (Mr./Mrs./Miss)..... Surname.....  
ชื่อ/นามสกุลเดิม (ในกรณีที่มีการเปลี่ยนชื่อ/นามสกุล)  
นาย/นาง/นางสาว..... นามสกุล.....  
Name (Mr./Mrs./Miss)..... Surname.....  
อายุ.....ปี.....เดือน (เกิดวันที่.....เดือน.....พ.ศ.....)  
สถานภาพสมรส:  โสด  สมรส  อื่นๆ .....

วุฒิการศึกษา/สาขา.....  
.....  
สถาบัน/ประเทศ.....  
.....  
คะแนนรวมซึ่งได้รับจากการศึกษาระดับปริญญาตรี (เฉพาะผู้ขอรับทุนการศึกษา).....

## 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

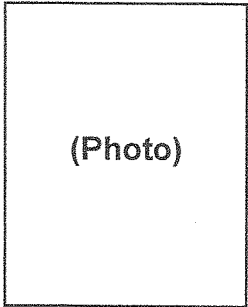
Items	Page No.	Check(√) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for <b>Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information</b>	5-6	
c. Ticked agree/disagree box for <b>Agreement on Sexual Harassment Policy</b>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

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

<b>Program Title</b>	
<b>Course Title</b>	
<b>Course Duration</b>	from _____ to _____ (DD-MM-YYYY)

#### 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>	<b>Day</b>			<b>Month</b>			<b>Year</b>										
<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F						<b>Airport of Departure</b>										
<b>Nationality</b>							<b>Religion</b>										
<b>Home Address</b>																	
<b>Contact Information</b> (Including Country Code)	<b>Telephone</b>							<b>Fax</b>									
	<b>Mobile</b>							<b>E-mail</b>									
<b>Emergency Contact</b>	<b>Name</b>							<b>Relation</b>									
	<b>Telephone</b>							<b>E-mail</b>									
<b>Emergency Contact (2)</b>	<b>Name</b>							<b>Relation</b>									
	<b>Telephone</b>							<b>E-mail</b>									

#### 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>	Government						<input type="checkbox"/> Central <input type="checkbox"/> Local									
	Institution						<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> NGO									
	Others						(Please specify)									

<b>Job Description</b>	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**

<b>Career Background (Past 5 Years)</b>				
Organization	Department	Position / Responsibilities	Period (MM-YYYY)	
			From	To
<b>Educational Background (Higher Education)</b>				
Name of Institution	City / Country	Field of Study and Degree	Period (MM-YYYY)	
			From	To





## 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](mailto: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)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication ( _____ ), Quantity ( _____ )
-----------------------------	--

b. Are you pregnant? (female only)

<input type="checkbox"/> No	<input type="checkbox"/> 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.)

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Place & dates ( _____ )
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition ( _____ )

b. Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Place & dates ( _____ )
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition ( _____ )

c. High blood pressure

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition ( _____ ) mm/Hg to ( _____ ) mm/Hg

d. Diabetes (sugar in the urine)

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Present condition ( _____ ) - Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

<input type="checkbox"/> Thyroid Problem	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Stomach and Intestinal Disorder	
<input type="checkbox"/> Infectious Disease >> Specify the name of illness ( _____ )			
<input type="checkbox"/> Others >> Specify ( _____ )			

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

<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<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"/> Normal <input type="checkbox"/> Abnormal	
Hepatitis B	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Syphilis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
AIDS	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Infectious disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Endemic disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pregnancy test	<input type="checkbox"/> Normal <input type="checkbox"/> 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?**

<input type="checkbox"/> Yes	<input type="checkbox"/> 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?**

<input type="checkbox"/> Yes	<input type="checkbox"/> 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: \_\_\_\_\_

**Health Questionnaire /Medical Report 3 (Completed by Authorized Physician)**

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Basic Information of Applicant	Name
	Nationality
	Birth
	Date(YY/MM/DD)

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Please list the countries where this person has stayed during the past 10 days.

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1)	2)	3)
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Please check a mark "v", if the person has or has had any of the following symptoms during the past 10 days.

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<input type="checkbox"/> Fever	<input type="checkbox"/> Maculopapular rash	<input type="checkbox"/> Joint pain
<input type="checkbox"/> muscle pain	<input type="checkbox"/> conjunctivitis (red eyes)	<input type="checkbox"/> headache

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

Name of Clinic :

Address of Clinic :

Name of Physician :

Date :

Signature :