**2. APPLICATION FORM for KOREAN LANGUAGE TRAINING PROGRAM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Chinese | |  | | | | | | | | | | | | | | Photo  (3.5㎝×3.5㎝) |
| English | |  | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | Gender | | | | | □ Male □ Female | | | | |
| University |  | | | | | Major | | |  | | | | Grade | | |  |
| Address | School | Chinese | |  | | | | | | | | | | | | ☎ | |
| English | |  | | | | | | | | | | | |
| Home | Chinese | |  | | | | | | | | | | | | ☎ | |
| English | |  | | | | | | | | | | | |
| E-Mail |  | | | | | | | | | | | | | Hobby | |  | |
|  | | | | | | | | | | | | | | | | | |
| Family | Relationship | | | | Name | | | Age | | | Occupation | | | | Employer | | |
|  | | | |  | | |  | | |  | | | |  | | |
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|  | | | |  | | |  | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| Language Proficiency | Language | | | | Excellent | | | | | Good | | | | | Certificate of Qualification  (Grade or Score) | | |
| Korean | | | | □ | | | | | □ | | | | |  | | |
| English | | | | □ | | | | | □ | | | | |  | | |
|  | | | | □ | | | | | □ | | | | |  | | |

(MM) (DD)

Date : / / 2021

Name :

Signature :

**3. HEALTH CERTIFICATE**

**Health Certificate**

Chart No.

Name :

Age : Sex :

Date of Birth :

Nationality :

**1. Physical Examination** :

Height : cm Weight : kg

Blood Pressure : Systolic Diastolic mmHg

Body Build : Slender( ) Medium( ) Heavy( ) Obese( )

Vision : Right /20 Left /20 Color Vision

Corrected : Right /15 Left /15

Dental Evaluation : Good( ) Fair( ) Poor( ) Needs Attention( )

Clinical Evaluation :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Normal | Abnormal |  | Normal | Abnormal |
| Skin |  |  | Heart |  |  |
| Head & Face |  |  | Abdomen |  |  |
| Eyes |  |  | Rectum |  |  |
| Ears |  |  | Genitalia |  |  |
| Mouth & Throat |  |  | Extremities |  |  |
| Nose & Sinuses |  |  | Back & Spine |  |  |
| Neck |  |  | Neurological |  |  |
| Chest & Lungs |  |  | Mental |  |  |

If Abnormal :

**2. Chest X-Ray Examination** :

Date taken :

Findings :

**3. Laboratory Examination** :

Hemoglobin : G/dl

Urine : S.G. Albumin Sugar Micro.

Stool for Parasite Ova :

Serological Test for Syphilis :

Other :

**4. Summary** :

This is to certify that the above named has been examined and the findings are as above.

In my opinion his/her health and physical condition are

Excellent( ) Good( ) Fair( ) Poor( )

Remarks :

Date : / / 2021 Signature (Stamp): M.D.

(Month) (Day)

**4. PLEDGE**

**서 약 서**

**誓 约 书**

본인은 한국정부초청 한국어연수 장학생으로서 이하 사항을 준수할 것을 서약합니다.

本人作为韩国政府邀请韩语培训奖学金学生将遵守以下誓约.

1. 국립국제교육원 및 연수대학이 정한 규칙에 따라 최선을 다해서 학업에 전념한다.

根据国立国际教育院及培训大学规定的规则专心学习.

2. 한국 사회질서에 위반하지 않도록 행동할 것이며, 또한 모든 정치활동(정치목적 집단시위 참가, 정치결사, 정치적인 글 및 선전 게재 등)도 행하지 않는다.

不违反韩国社会秩序，不参加关于政治的任何活动(有政治目的的示威,政治結社, 不发表关于政治上的論文或宣言).

3. 국내 거주기간 중 한국 내에서 채무를 진 경우, 본인이 책임진다.

在韩国居住期间内发生的关于金钱的任何问题由本人负责.

4. 한‧중 양국간 우호증진에 전력을 다한다.

为增进韩‧中两国间友好做贡献.

2021. . .

서약자 성명

誓約者 姓名:

서 명

署 名:

**국립국제교육원장 귀하**

**國立国际教育院长 贵下**

**5. 개인정보 수집 및 정보활용 동의서**

|  |
| --- |
| **Privacy and Copyright Policy on the Use of Personal Data** |
| 1. Any information used for identifying individuals that is acquired by NIIED will be stored, used and/or analyzed only within the scope NIIED activities, and in accordance with NIIED’s policy and regulations. 2. NIIED may provide and disclose the collected information aforesaid to a third party in accordance with NIIED policy and regulations, with the relevant laws of Korea, or upon the request from the Government of Korea. 3. NIIED reserves the right to use all the documents or products produced by participants for the purpose of the Training Program including their duplication, translation, distribution, and/or posting on NIIED’s website. 4. NIIED takes measures required to prevent leakage, loss, or destruction of acquired information. Should you wish to inquire further about NIIED’s privacy policy and personal information management, please contact the program manager via the contact information provided in your agency. 5. 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 Training Program, if you do not agree with the above conditions.  |  | | --- | | **Agreement on Collection and Use of Personal Data** | | ① NIIED collects and uses the participants’ Personal Information; and is able to provide such information for a third party in accordance with NIIED policy and regulations.  **- Personal Information Collected** : name, date of birth, sex, contact information, employment status, career and educational record  **- Purpose** : implementation and promotion of the Training Program, identification of participants, record keeping, on/offline alumni database management, supporting NIIED ’s activities, and strengthening the partnership between Korea and China  **- Retention Period** : 1 year for hard copy / 10 years 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 NIIED regarding visa issuance, immigration management, flight and accommodation arrangement, Training Program activities, insurance and medical service. | | **□ Agree □ Disagree**  **Date(yyyy.mm.dd) :**  **Name : (Signature)** | |
| |  | | --- | | **Agreement on Collection and Use of Sensitive Information** | | ① NIIED collects and uses the participants’ Sensitive Information; and is able to provide such information for a third party in accordance with NIIED’s policy and regulations.  **- Sensitive Information Collected** : medical information  **- Purpose**: implementation and organization of the Training Program in consideration of screening of participants’ health condition to participate in Training Program, insurance and medical service  **- Retention Period** : 1 year for hard copy / 10years 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 NIIED regarding insurance and medical service. | | **□ Agree □ Disagree**  **Date(yyyy.mm.dd) :**  **Name : (Signature)** |  |  | | --- | | **Agreement on Collection and Use of Unique Identifying Information** | | ① NIIED collects and uses the participants’ Unique Identifying Information; and is able to provide such information for a third party in accordance with NIIED policy and regulations.  **- Unique Identifying Information Collected** : passport number  **- Purpose**: visa issuance, immigration management  **- 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 NIIED regarding visa issuance, immigration management. | | **□ Agree □ Disagree**  **Date(yyyy.mm.dd) :**  **Name : (Signature)** | |