Capacity Development Program for Food Hygiene Public Officers (Asia)  
– From 28th August to 10th September 2016, Korea

The Korea International Cooperation Agency (KOICA) has invited nominations from eligible government officials on the above programme.

A copy of the communication received from the Department of External Resources, the KOICA Application form and Program details are attached.

The ERD form can be downloaded from ERD public website (www.erd.gov.lk).

Those who are willing to apply submit their duly filled applications with other relevant documents to the International Health Unit on or before 4th July 2016.

Director  
International Health Unit  
Management Development and Planning Unit  
Ministry of Health, Nutrition and Indigenous Medicine  
“Suwasiripaya”  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10
Dear Sir/Madam

Capacity Development Program for Food Hygiene Public Officers (Asia)
- From 28th August to 10th September 2016 in Korea

The Korea International Cooperation Agency (KOICA) has invited nominations from eligible government officials for the above programme. Programme details and the Application Form are enclosed. The ERD Form 02 can be downloaded from ERD public website. (www.erd.gov.lk)

You are kindly requested to submit one (01) nomination with the following documents on or before 14th July 2016.

1. Duly filled Application Form (Original and two copies with Photographs)
2. Certified copies of the certificates of Academic and Professional Qualifications
3. ERD Form 2 - (Original only)
4. A copy of the Passport

Your early response in this regard is highly appreciated.

Yours faithfully,

Noor Rizna An
Director / PA&UN Division
for Director General
Copies: 1. Chairman, Consumer Affairs Authority
   2. Director General, Department of Food Commissioner
   3. Director General, Department of Measurements
      Units, Standards & Services
   4. Director General, Department of Cooperative
      Development

please submit your nominations through the line Ministry
Capacity Development Program for Food Hygiene Public Officers (Asia)

Aug. 28 (Sun.) – Sept. 10 (Sat.), 2016
Seongnam & Daejeon, Korea
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KOICA

The Korea International Cooperation Agency (KOICA) is a development aid 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, empowering and providing the people of the developing world with opportunities for better lives and improving their well-being.

CIAT (Capacity Improvement & Advancement for Tomorrow) Programs

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 CIAT Program provides opportunities to participants to gain first-hand knowledge of Korea’s development experience. The programs are designed to enable the participants to apply what they have learned for the development of their home countries. Since 1991, KOICA has offered about 3,700 courses to more than 58,000 participants from 172 countries. There are a wide range of topics in the Program, 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 HRD programs.
1. Title: Capacity Development Program for Food Hygiene Public Officers (Asia)

2. Duration: Aug. 28 (Sun.) – Sept. 10 (Sat.), 2016

3. Objectives
   a) To build a better understanding of participating countries’ policies and systems on food safety of food industries;
   b) To promote capabilities of food safety officials;
   c) To strengthen future cooperation in the food safety areas among the participating countries

4. Number of Participants
   16 participants from 9 countries:
   Bangladesh (1), Cambodia (2), Laos (2), Maldives (2), Mongolia (1), Nepal (2), Philippines (2), Sri Lanka (2), Timor-Leste (2)

5. Language of Instruction: English (written materials and interpretation)

6. Venue: Seongnam & Daejeon, Republic of Korea

7. Implementing Agency: Korea Institute Food Safety Management Accreditation
   KIFSMA(http://www.haccpkorea.or.kr)

8. Accommodations: KOICA ICC & Hotel located in Daejeon
9. Qualifications of Applicants:

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Preferable</th>
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<tbody>
<tr>
<td>a) Be nominated by his/her government;</td>
<td>a) Be a government employee in a managerial position</td>
</tr>
<tr>
<td>b) Be in good health both physically and mentally, to undergo the course;</td>
<td>b) Sufficient proficiency in spoken English</td>
</tr>
<tr>
<td>c) Has not participated in the same KOICA fellowship program in the past 3 years - unless otherwise specified;</td>
<td>c) Working knowledge of computers and PowerPoint software</td>
</tr>
<tr>
<td>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;</td>
<td>d) Personnel who has experience in food industry or on-site experience</td>
</tr>
<tr>
<td>e) Minimum level of experience; in a managerial position with at least 5 years working experience in the field of food safety and hygiene</td>
<td></td>
</tr>
</tbody>
</table>

## PROGRAM CONTENTS

### 1. PROGRAM MODULE

<table>
<thead>
<tr>
<th>Module</th>
<th>Main Lectures &amp; Discussions</th>
<th>Study Visit</th>
</tr>
</thead>
</table>
| Module 1. Understanding of Laws and Organizations | ▶ Introduction of the Ministry of Food and Drug Safety (MFDS) activities  
▶ Korean food law and relevant organization  
▶ Plan for international cooperation in food safety | MFDS  
HACCP Accreditation Institute (KIFSMA) |
| Module 2. Overview of Korean Food Sanitation Management system | ▶ Food safety management system for domestic and imported food  
▶ Standards and specification of food  
▶ Management of the prerequisite system  
▶ Hygienic food storage management  
▶ Food Defense | HACCP Accreditation Institute (KIFSMA) |
| Module 3. Korean HACCP System and application status | ▶ HACCP system in Korea  
▶ Understanding of food safety and food industry  
▶ Visiting HACCP implemented companies | HACCP Accreditation Institute (KIFSMA)  
HACCP implemented company |
| Module 4. Sharing of Food Sanitary Control System | ▶ Sharing of the Country Report (participating countries)  
▶ Presentations and discussion of an action plan | HACCP Accreditation Institute (KIFSMA) |
| Cultural Experience | ▶ City Tour (Seoul, etc.) | |

- Participating countries of 2nd year program will be decided after 1st year program for its action plan and outcome of the participants
1. GUIDELINES FOR THE PREPARATION OF THE COUNTRY REPORT

Program participants are requested to prepare and submit their country report individually or as a group to the KIFSMA (Korea Institute for Food Safety Management Accreditation) Program Manager via e-mail at sym1226@haccpkorea.or.kr no later than Aug. 10, 2016.

Note. The KOICA's Fellowship Program includes a 'Country Report' session where participants have an opportunity to analyze each country’s current status and circumstances in the program subject and share it with other participants and Korean experts. It aims to provide appropriate solutions and insights to the identified problems and issues of their countries.

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 their 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 first 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 Food Sanitation Management System

Subject: Food Safety Management System and Food Safety Issues (in participating countries), including current status, problems and improvements

B. Details of Country Report Preparation

- Organization
  - Introduce your ‘national and local organization (Ministry/Department/Bureau)’ with their main roles in the area of food sanitation system, such as policies (or regulations) planning, inspection, etc. If possible, please show the organization chart including the number of workers engaged in each organization.

- Regulations and strategic policies
  - Describe the current state of HACCP implementation (or general food sanitation) in your country, including the number of food business, food types which are mandatorily HACCP implemented (or subject which general food sanitation must be managed mandatorily), and the consumer’s awareness on food sanitation.
  - Introduce national and local policies or guidelines for activating HACCP system (or general food sanitation) in your country (short-term and long-term plans: goals, priorities, strategies, etc.)
  - If possible, please indicate the source of the data.

- Data collection, reporting and monitoring system
  - What kinds of statistical data are collected, or what kinds of research are conducted for managing HACCP system (or general food sanitation)?
  - Describe major problems to improve the status of HACCP system (or general food sanitation) such as monitoring, data collection, etc.

- Statistical data on the following information (Please indicate the source of the data).
  - Statistical use, chart production
  - Thesis and presentation of symposium
1. GUIDELINES FOR PREPARATION OF THE ACTION PLAN

All participants are requested to prepare a presentation on their action plan individually or as a group at the end of the course. The action plan is to identify each country's current problems and propose appropriate solutions in order to solve these problems.

The participants are encouraged to make the most of their weekends and leisure time to further their knowledge acquired from the program and better prepare their presentation for the action plan.

2. TOPICS TO BE COVERED IN THE ACTION PLAN

a) Identify various problems related to the current situation of food safety.

b) Devise the best way to solve problems and make proposals.

c) Plan to improve the ability of food hygiene public officers

d) Plan to publicize and educate HACCP for food safety alertness
1. IMPLEMENTING AGENCY

Korea Institute for Food Safety Management Accreditation (KIFSMA)  
(http://www.haccp.korea.or.kr)

KIFSMA was established on January 1, 2014 to drive out adulterated foods from our society, which is one of the four major national agenda. KIFSMA's major mission is to accredit and support food suppliers to produce reliable and safe foods for public health and wellbeing. To meet the people's expectation for safe foods and to produce high quality, reliable foods, HACCP (Hazard Analysis and Critical Control Points) is essential. HACCP is a systematic preventive approach to food safety from various hazards at all stages of food production, such as agricultural and fishery products, preparation processes, packaging and distribution to final consumers. Since its first adoption in Korea in 1996, HACCP has contributed as an effective tool to prevent risks from contamination and maintain food safety.

KIFSMA is supporting food industries to apply HACCP effectively by providing science and information and at the same time guarantees safety of HACCP marked foods for the public to buy and consume. KIFSMA is performing an important role in establishing HACCP accreditation system and providing technical support, education and research. We also promote public relation activities and support Korean Ministry of Food and Drug Safety (MFDS) to set up and carry out food safety policy.

Our goal is to establish HACCP system in the Korean food industry for safe food to the public. To achieve that goal, we are trying to work effectively and creatively in a customer oriented manner for the health and wellbeing of the public.
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. Keonhee LEE
  • Phone: +82-31-740-0417
  • Fax: +82-31-740-0673
  • E-mail: Leon@koica.go.kr
  • Websites: http://www.koica.go.kr
    http://training.koica.go.kr
    http://www.facebook.com/koica.icc

• Program Coordinator: Ms. A young KIM
  • Phone: +82-31-8017-2685
  • Fax: +82-31-8017-2680
  • E-mail: ayoung33@global-inepa.org

• Korea Institute Food Safety Management Accreditation
  • Program Manager Ms. Yumi SHIM
  • Phone: +82-42-251-1121
  • Fax: +82-42-226-1102
  • E-mail: sym1226@haccpkorea.or.kr
  • Home page: http://www.haccpkorea.or.kr
Appendix 1.

Brand Name of the KOICA Fellowship Program

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 (씨앗)” with hopes to contributing in the capacity development of individual fellows as well as the organizations and countries to which they belong.

KOICA Fellowship Program
Appendix 2.

facebook.com/koica.icc

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.

twitter.com/koica.icc

Do you have a Twitter account? It seems everyone does these days. If you have a Twitter account, be sure to follow us @koica_icc
Appendix 3.

Map of Korea
Appendix 4.

HOW TO GET TO THE 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)
• KOICA Counter at Incheon airport

<table>
<thead>
<tr>
<th>Location</th>
<th>Next to Exit 1 on the 1st floor (No.9-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel.</td>
<td>82-32-743-5904</td>
</tr>
<tr>
<td>Mobile</td>
<td>82-(0)10-9925-5901</td>
</tr>
<tr>
<td>Contact</td>
<td>Ms. Jin-Young YOON</td>
</tr>
</tbody>
</table>

- 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 1st 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.
KOICA Counter at CALT airport

Location: Lounge on the 1st floor of CALT airport
Mobile: 82-(0)10-9925-5901

- If the limousine bus is not available due to your early or late arrival from 22:00 to 05:30.
- Please contact the KOICA ICC reception desk (Tel. 031-777-2600 / English announcement service is available 24 hours daily)
- The staff at the KOICA ICC reception desk will let you know how to use a taxi. The taxi fare from the airport to KOICA ICC is normally 90,000 Won.

※ KOICA won't reimburse the taxi fare if you use a taxi during the hours of 05:30 ~ 22:00.

From Incheon International Airport to the KOICA ICC through CALT

- Take a City Air limousine bus at bus stop No.4A on the 1st Floor. Buses run every 10~15 minutes between the hours of 5:30 and 22:00.
- Meet the KOICA staff at the lounge on the 1st Floor of CALT upon arrival.
- Take a car arranged by the KOICA staff to the KOICA ICC (Expected time: 20 minutes)
"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."
### PART. I. COMPLETED BY APPLICANT

#### I. TITLE OF COURSE

#### II. PERSONAL DATA

<table>
<thead>
<tr>
<th>Name (as in the passport)</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Sex</td>
<td>M</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passport Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airport of Departure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
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</tbody>
</table>

**Contact Information** *(including country code)*

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile</td>
<td>E-mail</td>
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</table>

**Emergency Contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>E-mail</th>
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</table>

#### III. EMPLOYMENT

<table>
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<tr>
<th>Name of Organization</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Present Position</td>
<td></td>
</tr>
<tr>
<td>Employment Duration</td>
<td>from ___ to present</td>
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</tbody>
</table>

**Telephone** *(including country code)*

<table>
<thead>
<tr>
<th>Fax</th>
<th>(including country code)</th>
</tr>
</thead>
</table>

**Type of Organization**

- Government *(c)Central, (c)Local*, Institution *(c)Public, (c)Private, (c)International, (c)NGO*
- Others *(c)Others(*)

**Job Description**

- What are your main tasks with your current employer?
- Which technical equipment or facilities do you work on your job with? *(if applicable)*
- Describe any themes, topics and places of interest you would like to see in the training course related to your tasks mentioned aforesaid.
### IV. OTHERS

**Restriction on Food/Behavior/Medication**  
Any restrictions on food, behavior or medication due to health or religious reasons?  
- Yes □  
- Beef □  
- Pork □  
- Fish □  
- Others(□) □ No

### V. CAREER

**Career over the past 5 years**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Department</th>
<th>Position/ Responsibilities</th>
<th>Period (dd/mm/yyyy)</th>
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<tbody>
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<td></td>
<td>From</td>
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<td>To</td>
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</tbody>
</table>

### Educational Background

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Field of Study and Degree</th>
<th>Location (City/ Country)</th>
<th>Period (dd/mm/yyyy)</th>
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<td>From</td>
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<td>To</td>
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</table>

### Previous Attendance

Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries?  
- Yes □  
- No □

If yes, please be specific as follows

<table>
<thead>
<tr>
<th>Education Institution</th>
<th>Field of Study / Diploma</th>
<th>Location (City/ Country)</th>
<th>Period (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
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<td>From</td>
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<td>To</td>
</tr>
</tbody>
</table>

### I. LANGUAGE PROFICIENCY

**English:**

<table>
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<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Basic</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>Listening</td>
<td></td>
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<tr>
<td>Speaking</td>
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<td>Writing</td>
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<tr>
<td>Reading</td>
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<td></td>
</tr>
</tbody>
</table>

Native Language: __________________________

Other Languages: __________________________

In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate your English Proficiency Test Scores:

- TOEFL: ______ □ TOEIC: ______ □ Others(□): ______
  - (□IBT, □CBT, □PBT) score ______ □ score ______
VII. TERMS AND CONDITIONS

Participants commit to read, abide by, and respect the following terms and conditions that KOICA endorses in implementing the training program:

1. Privacy and Copyright Policy
   a. Participants agree that KOICA is able to provide and disclose participant information, including the name, nationality, gender, contact information, organization and position of participants, to relevant entities within the limit provided by KOICA policy, regulations or thereof.
   b. Participants accept the KOICA’s right of using all the documents or products produced by participants for the purposes of the training program (e.g.: country report, action plan, etc.) including its duplication, translation, distribution, and/or posting to websites (KOICA training website and/or other Korean government websites related to Korean ODA).

2. Attendance and Punctuality Policy
   a. Participants should submit/present on-time reports that have been requested.
   b. Participants should be punctual for any occasion in KOICA training program.
   ※ The followings are all monitored and included within the evaluation of the program by KOICA: absence without prior notice, sufficient reason or proper explanation; and habitual tardiness.
   c. Participants must leave Korea upon the completion of the training 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.

3. Policy on Misconduct
   a. 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.
   b. Especially, 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.
   c. Any kind of disturbance to the efficient operation of the program, such as arbitrary action, including a breakaway from the training program, immoderate drinking, and any other kind of irresponsible behavior, will not be tolerated, and the offender may be asked to leave in accordance with KOICA policy.
   d. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to KOICA immediately.

4. Security and Well-being Policy
   a. Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly.
   b. Participants are served with the medical treatment covered by the travel insurance of KOICA for
accidents or diseases caused during the length of the participants' stay up to certain limits. Participants, however, should be solely responsible for the treatment that exceeds their medical coverage.

The cases of pregnancy or the treatment of any kind of chronic disease are excluded from the insurance coverage.

5. General Rules
a. Participants of the program should carry out instructions given to them and abide by the terms and conditions of both KOICA and the training institute, including any subsequent revisions which may be stipulated by KOICA and the training institute in regards to the training program.
b. Participants should not bring any family members (dependants) to Korea or the country of training.
c. Participants shall refrain from engaging in political activities and any form of employment for profit or gain during the length of stay in Korea.
d. Participants are liable for all liabilities, including claims, losses, demands, actions, suits, costs or expenses, arising in accordance with legal proceedings undertaken during the course of the training course, and of any damage whatsoever to any property that arises from the carelessness, negligence, omission or default of the participants during the training course.

___________________________, of __________________________ have read and fully agree to

the above Terms and Conditions set forth and declare that all the information given above is true and complete.

Date: ___________________ Applicant's Name: ___________________ Signature: __________
VIII. MEDICAL REPORT I (Completed by Applicant)

1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes &gt;&gt; Name of Medication ( ), Quantity ( )</th>
</tr>
</thead>
</table>

(b) Are you pregnant? (Female only)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes &gt;&gt; ( months )</th>
</tr>
</thead>
</table>

(C) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

Note: A disability does not lead to dismissal or exclusion from the program. However, upon the situation, you may be directly inquired by the KOICA official in charge for a more detailed account of your condition.

2. Medical History

(a) Have you had any significant or serious illnesses? (If hospitalized, give place & dates.)

<table>
<thead>
<tr>
<th>Past:</th>
<th>( ) No</th>
<th>( ) Yes &gt;&gt; Name of illness ( ), Place &amp; dates ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present:</td>
<td>( ) No</td>
<td>( ) Yes &gt;&gt; Present Condition ( )</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Past:</th>
<th>( ) No</th>
<th>( ) Yes &gt;&gt; Name of illness ( ), Place &amp; dates ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present:</td>
<td>( ) No</td>
<td>( ) Yes &gt;&gt; Present Condition ( )</td>
</tr>
</tbody>
</table>

(c) High blood pressure

<table>
<thead>
<tr>
<th>Past:</th>
<th>( ) No</th>
<th>( ) Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present:</td>
<td>( ) No</td>
<td>( ) Yes &gt;&gt; Present Condition ( ) mm/Hg to ( ) mm/Hg</td>
</tr>
</tbody>
</table>

(d) Diabetes (sugar in the urine)

<table>
<thead>
<tr>
<th>Past:</th>
<th>( ) No</th>
<th>( ) Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present:</td>
<td>( ) No</td>
<td>( ) Yes &gt;&gt; Present Condition ( )</td>
</tr>
<tr>
<td>Present:</td>
<td>( ) No</td>
<td>Are you taking any medicine or insulin? ( ) No ( ) Yes</td>
</tr>
</tbody>
</table>

(e-1) Past History: What illness(es) have you had previously?

<table>
<thead>
<tr>
<th></th>
<th>Stomach and Intestinal Disorder</th>
<th>Liver Disease</th>
<th>Heart Disease</th>
<th>Kidney Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tuberculosis</td>
<td>Asthma</td>
<td>Thyroid Problem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infectious Disease &gt;&gt;&gt; Specify name of illness ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other &gt;&gt;&gt; Specify ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e-2) Has this disease been cured?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>( ) No (Specify name of illness) :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Present Condition: ( )</td>
</tr>
</tbody>
</table>

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

Date: ___________________  Signature of Applicant: ___________________
## IX. MEDICAL REPORT 2 (Completed by Authorized Physician)

### Basic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Blood Type</th>
<th>Blood Pressure</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
</table>

### Test Result

<table>
<thead>
<tr>
<th>Name</th>
<th>Test Result</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Chest PA</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Urinalysis</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Endemic disease</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
<tr>
<td>Pregnancy test</td>
<td>☐Normal ☐Abnormal</td>
<td></td>
</tr>
</tbody>
</table>

1. How long have you known the applicant named above?
   - ☐ Less than 6 months  ☐ More than a year  ☐ More than 5 years  ☐ More than 10 years

2. Has this person received treatment for the last 5 years or does he/she have any conditions that will require frequent or long periods of absence, or would otherwise affect his/her ability to carry out role given to him/her in participating an intensive training course away from home?
   - ☐Yes ☐No  (If you answered yes, please provide details)

3. Is there anything in the person’s medical history that would make him/her unfit to participate in the training course?
   - ☐Yes ☐No  (If you answered yes, please provide details)

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

Date: ___________________________

Name of Clinic: __________________ Address of Clinic: __________________

Name of Physician: __________________ Signature: __________________
## I. Reasons for Applicant’s Selection

*Please, attach your organization chart with the appropriate marking of applicant’s position.*

- e.g.) relevance of course to applicant's job, employee retention, etc.

## II. Organizational Setback or Challenges that You Wish to Address through Training Program


## III. Plans to Apply the Lessons Learned from the Training to Your Organization

- e.g.) ways to share and apply the KOICA training experience of the applicant in your organization

## IV. OFFICIAL NOMINATION

The Government of [name of country] officially nominates [full name of applicant] for participation in [training course title] as organized by the Korean Government (KOICA). I, [authorized official], on behalf of the Government of [name of country], certify that

(a) All information including educational background and career quoted by the nominee in this form are 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 spoken and written English to enable him/her to undergo the training course.

**Name (Authorized Official):**

**Position/Title:**

**Organization:**

**Date:**

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

<table>
<thead>
<tr>
<th>Basic Information of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Birth Date (YY/MM/DD)</td>
</tr>
</tbody>
</table>

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

1) 2) 3)

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

- [ ] fever
- [ ] maculopapular rash
- [ ] joint pain
- [ ] muscle pain
- [ ] conjunctivitis (red eyes)
- [ ] headache

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: