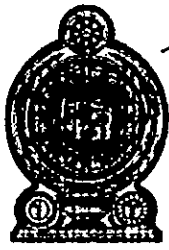


**Capacity Development Program for food Hygiene Public Officers for Asia**  
**- From 02<sup>nd</sup> November 2017 to 18<sup>th</sup> November 2017 in Korea**

The Korea International Cooperation Agency (KOICA) invites nominations from suitable officers for the Master's degree programmes in the attachment.

Those who are willing to apply follow the instructions and submit their duly filled applications with other relevant documents to the International Health Unit (3 copies including one copy to the International Health Unit) on or before 11<sup>th</sup> September 2017 in order to sent to the relevant authorities.

*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*



*D. Aranda*  
*KOICA. Scholarship*  
*Adventure*

විදේශ සම්පත් දෙපාර්තමේන්තුව  
 வெளிநாட்டு வளங்கள் திணைக்களம்  
 Department of External Resources

5858

රාජ්‍ය ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය  
 මහලේකම් කාර්යාලය (3 වැනි මහල), තැ.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව  
 தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவலகம் அமைச்சு,  
 செயலகம் (3 ஆம் மாடி), த.பெ. 277, கொழும்பு 00100, இலங்கை  
 Ministry of National Policies and Economic Affairs  
 The Secretariat (3<sup>rd</sup> Floor), P.O. Box 277, Colombo 00100, Sri Lanka

Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය  
 எனது இல.  
 My No

TA&UN/KOICA/S/321

මගේ අංකය  
 உமது இல  
 Your No..



16.08.2017

Secretary to the President, Presidential secretariat

Secretary, Ministry of Health, Nutrition & Indigenous Medicine

Attn: Officer in-charge of Foreign training

Dear Sir

Capacity Development Program for food Hygiene Public Officers (foe Asia)

- From 02<sup>nd</sup> November to 18<sup>th</sup> November 2017, in Korea

The Korea International Cooperation Agency (KOICA) has invited nominations from eligible government officials for the above Programme. The KOICA Application form, programme details and the ERD Form 2 are enclosed.

You are kindly requested to submit one (01) nomination with the following documents on or before 18<sup>th</sup> September 2017.

1. Duly filled KOICA 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 colour copy of the Passport

Applicants preferably be under 45 years old.

Your early response in this regard is highly appreciated.

Yours faithfully,

*Noor Rizna Anees*  
 Noor Rizna Anees  
 Addl. Director General  
 for Director General

අධ්‍යක්ෂ ජනරාල්  
 பணிப்பாளர் நாயகம்  
 Director General

94-11-2484693  
 94-11-2434876

කාර්යාලය  
 அலுவலகம்  
 Office

94-11-2484500  
 94-11-2484600  
 94-11-2484724

ෆැක්ස් අංකය  
 தொலை நகல்  
 Fax

94-11-2447633

Course Information

2017

# Capacity Development Program for Food Hygiene Public Officers (for Asia)

November 2 (Thu.) – November 18 (Sat.), 2017

Seongnam & Daejeon, Republic of Korea

**KOICA** **CIAT**  
KOICA Partnership Program

Korea International Cooperation Agency

**HACCP** 한국식품안전관리인증원  
Korea Agency of HACCP Accreditation and Services

Korea Agency of HACCP Accreditation and Services

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**1. TITLE:** Capacity Development Program for Food Hygiene Public Officers (for Asia)

**2. DURATION:** November 2 (Thu.) – November 18 (Sat.), 2017

**3. GOAL**

To reinforce capability of food safety management in participating countries and strengthen international cooperation with them

**4. OBJECTIVES**

- a) To build a better understanding of Korean policies and systems on safety of food industries;
- b) To strengthen capacity and the level of competency of officials in line with food safety issues;
- c) To promote future relationship and cooperation with participating countries

**5. NUMBER OF PARTICIPANTS**

20 participants from 8 countries:

Bangladesh (3), Cambodia (3), Laos (2), Nepal (3), Maldives (2), Mongolia (2), Sri Lanka (2), Timor-Leste (3)

**6. LANGUAGE OF INSTRUCTION:** English

**7. VENUE:** Seongnam & Daejeon, Republic of Korea

**8. TRAINING INSTITUTE:** Korea Agency of HACCP Accreditation and Services  
(KAHAS) (<https://www.ihaccp.or.kr>)

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**9. ACCOMMODATIONS:** KOICA ICC & Hotel in Daejeon

## 10. QUALIFICATIONS OF APPLICANTS:

- This training is a three-year course to strengthen capacity and the level of competency of officials who work at organizations directly related to food safety. It is aimed at middle manager-level officials of the central government who can establish and implement policies related to food safety based on knowledge and experience obtained throughout this course.

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 attend the course;</li><li>c) Have not participated in the same KOICA fellowship program in the past 3 years - unless otherwise specified;</li><li>d) Be an official in a managerial position with at least 5 years of working experience in the field of food safety and hygiene;</li><li>e) Be an official working at the national organizations directly related to food safety;</li><li>f) Have sufficient proficiency in written and spoken English to actively participate in discussions and write an Action Plan;</li><li>g) Show a high level of participation and commitment throughout the course and promote capacity building in his/her organization after the completion of the course</li></ul>
Preferable	<ul style="list-style-type: none"><li>a) Have working knowledge of computers and PowerPoint software[OR]programs</li></ul>

**11. CLOSING-DATE FOR APPLICATION: October 2, 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> Food Safety Management System	<ul style="list-style-type: none"> <li>▷ Food safety management system in Korea</li> <li>▷ Current status of international food safety and HACCP management</li> <li>▷ Korean food law and relevant organization</li> <li>▷ Imported food safety management regulation and system</li> </ul>	- Ministry of Food and Drug Safety
<b>Module 2.</b> Food Hygiene Management	<ul style="list-style-type: none"> <li>▷ GAP application</li> <li>▷ Sanitary management of the working sites</li> <li>▷ Storage and preservation of food</li> <li>▷ Water safety management and standards</li> </ul>	<ul style="list-style-type: none"> <li>- HACCP Public Relations Center</li> <li>- Jukjeon Expressway Service Area</li> <li>- Ttukdo Water Purification Plant</li> <li>- Waterworks Museum</li> </ul>
<b>Module 3.</b> Hazard Analysis and Critical Control Point (HACCP)	<ul style="list-style-type: none"> <li>▷ HACCP of food</li> <li>▷ HACCP of livestock</li> <li>▷ HACCP application in an expressway service area</li> </ul>	<ul style="list-style-type: none"> <li>- Food HACCP accreditation holder</li> <li>- Livestock HACCP accreditation holder</li> </ul>
<b>Module 4.</b> Country Report and Action Plan	<ul style="list-style-type: none"> <li>▷ Sharing of the Country Report (participating countries)</li> <li>▷ Presentations and discussion on Action Plan</li> </ul>	
<b>EXTRACURRICULAR ACTIVITIES</b>	<ul style="list-style-type: none"> <li>▷ Korean cultural experience (Seoul)</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 faced by 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 to the KAHAS (Korea Agency of HACCP Accreditation and Services) Program Manager via e-mail at [hkson@haccp.or.kr](mailto:hkson@haccp.or.kr) and [esun@haccp.or.kr](mailto:esun@haccp.or.kr) until **October 19, 2017**. The Country Report should be in MS PowerPoint or Word format. The length of this 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 fifth day of the program (November 6) 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

### A. Programs to improve food safety system

Possible subject 1: Food safety/HACCP control situation, related policies, and food safety management system including food safety management organizations, related laws, etc. (must include problems and issues related to subject)

Possible subject 2: the level of awareness of food safety among citizens, , and the government efforts to improve the level of food safety awareness (must include problems and issues related to subject)

### B. Details of Country Report Preparation

#### • National level service structure

- Introduce the main roles of the national organization (ministry/ department/ bureau) of food safety and HACCP and their organization chart.

#### • Strategic policies

- Describe government policies or guidelines on the above subjects (short-term or long-term plans: goals, priorities, strategies, etc.)

#### • Recognition of problem

- Describe major problems related to subject
- Design a solution and describe the limitations

(These contents will be discussed in Country Report presentation)

#### • Other relevant information

- Statistical data related to above subjects and HACCP
- Describe a program that is currently taking place in relation to the above subjects and HACCP

**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 developing your professional skills but also bring about positive changes to your organization.

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 timeline 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 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 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 problems related to each country's current situation of food safety.
- b) Analyze causes and devise the best way to solve problems and make proposals.
- c) Consider how it will affect the current problems and what advantages it will bring in the future.
- d) Discuss how it can be applied to your current work including a budget and a financing plan.
- e) Describe expected results and impact.
- f) Establish a concrete Action Plan that can be applied yearly (Completed Action Plan could be implemented to each country's work site).

### **3. STEPS FOR THE ACTION PLAN**

- **[Step 1] Present Country Report**

- On the 5<sup>th</sup> day of the course, participants are to share their current situation and issues of their interests through Country Report presentation

- **[Step 2] Lecture on Methodology**

- Lecture on Action Plan methodology
- Set up Action Plan working groups

- **[Step 3] Group Discussion**

- Brainstorm and discuss in groups for developing an Action Plan
- Establish an Action Plan for development and improvement of policies or programs

- **[Step 4] Complete Action Plan**

- Give presentation on the final Action Plan and feedback

- **[Step 5] Apply Action Plan**

- Apply the final Action Plan to working places in phases

**1. TRAINING INSTITUTE**

**Korea Agency of HACCP Accreditation and Services (KAHAS)**

(<https://www.ihaccp.or.kr>)

KAHAS was established on February 13, 2017 to drive out adulterated foods from our society, which is one of the four major national tasks. KIFSMA's major mission is to accredit and support food suppliers to produce reliable and safe foods for public health and wellbeing of Koreans. To meet the people's expectation for safe foods and to produce high quality, reliable foods, Hazard Analysis and Critical Control Points(HACCP) is essential. HACCP is a systematic and preventive approach to food safety from various hazards at all stages of food production, such as agricultural, livestock, 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 preventing risks from food contamination and maintaining food safety.

KAHAS is supporting food industries to apply HACCP effectively by providing a useful information about food safety, and at the same time, guarantees safety of HACCP-marked foods for the public to buy and consume. KAHAS 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 the public to consume safe food. To achieve that goal, we work effectively and creatively in a customer-oriented manner for the health and wellbeing of the public.

## 2. CONTACT INFORMATION

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

- **Program Manager: Mr. Keonhee LEE**
- Phone: +82-31-740-0588
- Fax: +82-31-740-0684
- 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. Ayoung KIM**

- Phone: +82-31-8017-2675
- Fax: +82-31-777-2680
- E-mail: ayong33@global-inepa.org

- **Korea Agency of HACCP Accreditation and Services (KAHAS)**

- **Program Manager: Mr. Son Hyun KEE**

- Phone: +82-43-928-0172
- Fax: +82-43-928-0019
- E-mail: hkson@haccp.or.kr
- Home page: <http://www.ihaccp.or.kr>

- **Program Manager: Ms. Seonyeong CHOI**

- Phone: +82-43-928-0174
- Fax: +82-43-928-0019
- E-mail: ssun@haccp.or.kr
- Home page: <http://www.ihaccp.or.kr>

## Appendix 1.

### 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 (씨앗)" 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.

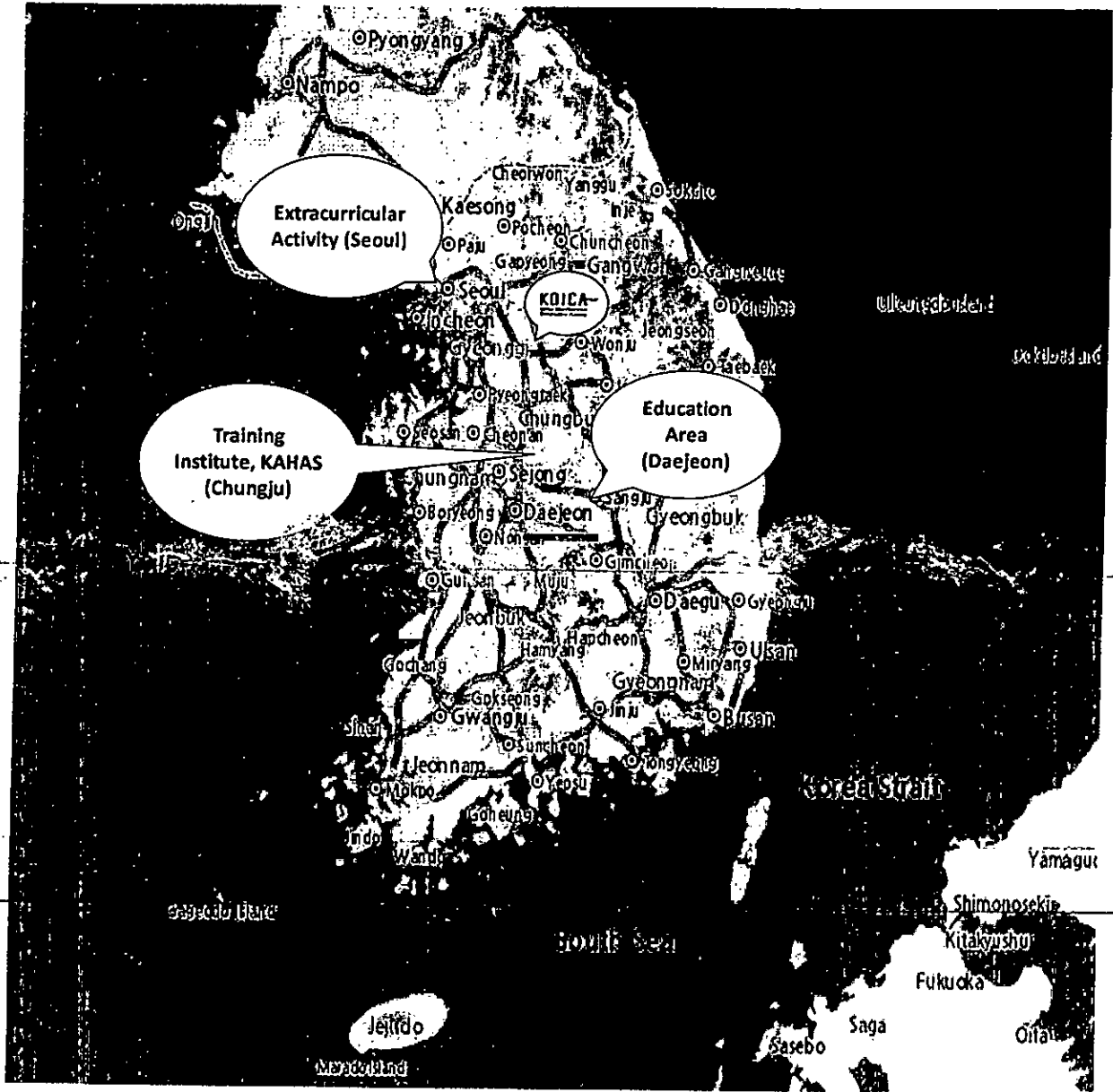


facebook.com/koica.icc



Appendix 4.

## MAP AND VENUE INFORMATION



Appendix 5.

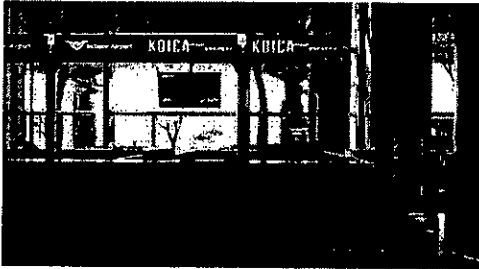
## INFORMATION ON DIRECTION TO KOICA ICC

- 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  
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."**

## 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

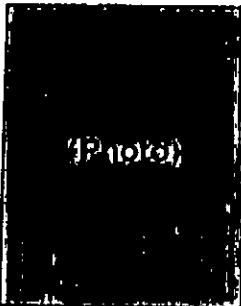
Items	Page No.	Check (✓) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for <b>Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information</b>	5-6	
c. Ticked agree/disagree box for <b>Agreement on Sexual Harassment Policy</b>	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 form</b>	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)**

Program Title	
Course Title	
Course Duration	from _____ to _____ (DD-MM-YYYY)

**II. PERSONAL DATA**

Name (as in the passport)	First Name					
	[Grid for First Name]					
	Middle Name					
	[Grid for Middle Name]					
	Family Name					
	[Grid for Family Name]					
Date of Birth	Day		Month		Year	
Sex	<input type="checkbox"/> M <input type="checkbox"/> F			Airport of Departure		
Nationality				Religion		
Home Address						
Contact Information (Including Country Code)	Telephone				Fax	
	Mobile				E-mail	
Emergency Contact	Name			Relation		
	Telephone			E-mail		
Emergency Contact (2)	Name			Relation		
	Telephone			E-mail		

**III. CURRENT EMPLOYMENT**

Organization			
Department			
Present Position	Employment Duration from _____ to present (MM-YYYY)		
Type of Organization	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**

**Career Background (Past 5 Years)**

Organization	Department	Position / Responsibilities	Period (MM-YYYY)	
			From	To

**Educational Background (Higher Education)**

Name of Institution	City / Country	Field of Study and Degree	Period (MM-YYYY)	
			From	To

**Previous Attendance to Training Program in Foreign Countries**

Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries?  Yes  No  
 If yes, please specify as below

Training Institute	City / Country	Course Title	Period (MM-YYYY)	
			From	To

**V. LANGUAGE PROFICIENCY**

Native Language : \_\_\_\_\_

**English**

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Other Languages (please specify) : \_\_\_\_\_

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

1. Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
2. Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.
3. Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.
4. Basic: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

**IV. OTHERS**

Restriction on Food/Behavior/ Medication	Any restrictions on food, behavior or medication due to health or religious reasons?			
	<input type="checkbox"/> NO	<input type="checkbox"/> YES >>	<input type="checkbox"/> No Beef	<input type="checkbox"/> No Pork <input type="checkbox"/> No Fish <input type="checkbox"/> Others( )

## 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 [clat@koica.go.kr](mailto:clat@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

- 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
- 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**

- 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
- 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**

- 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
- 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**

<input type="checkbox"/> I fully understand and agree to abide by KOICA's policy on sexual harassment. <input type="checkbox"/> I understand the definition of sexual harassment as clarified above, and will not engage in any behavior that may be regarded as sexual harassment. <input type="checkbox"/> I understand that there are serious repercussions to engagement in sexual harassment cases. <input type="checkbox"/> I understand that I can file a complaint in accordance with KOICA's complaint procedure when I feel that I am sexually harassed. <input type="checkbox"/> 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.
<input type="checkbox"/> <b>Agree</b> <input type="checkbox"/> <b>Disagree</b>

**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**

- Participants are responsible for their own personal belongings, safety, health and well-being.
- KOICA supports participants' medical expenses for accidents or diseases up to a limit covered by the insurance.
- 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**

- Participants should abide by the terms and conditions of both KOICA and the training institute with regards to the Fellowship Program.
- Participants should not bring any family members (dependants) to Korea or the country of training.
- Participants should refrain from engaging in political activities and any form of employment for profit or gain during the course period.
- 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 ( _____ )
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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.

( _____ )
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*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. OFFICIAL 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)**

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

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.

<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

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 :

