

Name of Organization		Address	
Department		Present Position	
		Employment Duration	from _____ to present
Telephone (including country code)		Fax (Including country code)	
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) <input type="checkbox"/> 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?
	<input type="checkbox"/> Yes >> <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Others()/ <input type="checkbox"/> No

V. CAREER

Career over the past 5 years

Organization	Department	Position/ Responsibilities	Period(dd/mm/yy)	
			From	To

Educational Background

Educational Institution	Field of Study and Degree	Location (City/ Country)	Period(dd/mm/yy)	
			From	To

Previous Attendance

Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please be specific as follows	

Education Institution	Field of Study / Diploma	Location (City/ Country)	Period(dd/mm/yy)	
			From	To

VI. LANGUAGE PROFICIENCY

English:

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

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 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.

I, _____ of _____ have read and fully agree to
(name of applicant) (name of country)
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 1 (Completed by Applicant)**1. Present Status**

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

() No

() Yes >> Name of Medication (), Quantity ()

(b) Are you pregnant? (Female only)

() No

() Yes >> (months)

(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.)

Past: () No () Yes >> Name of illness (), Place & dates ()

Present: () No () Yes >> Present Condition ()

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

Past: () No () Yes >> Name of illness (), Place & dates ()

Present: () No () Yes >> Present Condition ()

(c) High blood pressure

Past: () No () Yes

Present: () No () Yes >> Present Condition () mm/Hg to () mm/Hg

(d) Diabetes (sugar in the urine)

Past: () No () Yes

Present: () No () Yes >> Present Condition ()

Present: () No Are you taking any medicine or insulin? () No () Yes

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

() Stomach and Intestinal Disorder () Liver Disease () Heart Disease () Kidney Disease

() Tuberculosis () Asthma () Thyroid Problem

() Infectious Disease >>> Specify name of illness ()

() Other >>> Specify ()

(e-2) Has this disease been cured?

() Yes () No (Specify name of illness) :

() Yes Present Condition: ()

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**

Basic Information	Name			
	Age		Blood Type	
	Sex		Blood Pressure	/ mmHG
	Height	cm	Weight	Kg

Test Result

Name	Test 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	

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 : _____

PART. II. COMPLETED BY NOMINATING GOVERNMENT/APPLYING ORGANIZATION

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. OFFICAL NOMINATION

The Government of _____ officially nominates _____
name of country *full name of applicant*

for participation in _____ as organized by the Korean Government(KOICA)
training course title

and I, _____, on behalf of the Government of _____, certify that
authorized official

(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: _____

[FORM 1. JOINT EXTERNAL EVALUATION SUMMARY]

Element	Indicator	Score
National Legislation, Policy and Financing	P.1.1 Legislation, laws, regulation, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR	
	P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangement to enable compliance with IHR (2005)	
IHR Coordination, Communication and Advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation IHR	
Antimicrobial Resistance	P.3.1 Antimicrobial resistance (AMR) detection	
	P.3.2 Surveillance of infections caused by AMR pathogens	
	P.3.3 Healthcare associated infection (HCAI) prevention and control programs	
	P.3.4 Antimicrobial stewardship activities	
Zoonotic Disease	P.4.1 Surveillance systems in place for priority zoonotic diseases / pathogens	
	P.4.2 Veterinary or Animal Health Workforce	
	P.4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional	
Food Safety	P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	
Biosafety and Biosecurity	P.6.1 Whole-of-government animal biosafety and biosecurity system is in place for human, animal, and agriculture facilities	
	P.6.2 Biosafety and biosecurity training and practices	
Immunization	P.7.1 Vaccine coverage (measles) as part of national program	
	P.7.2 National vaccine access and delivery	
National Laboratory System	D.1.1 Laboratory testing for detection of priority diseases	
	D.1.2 Specimen referral and transport system	
	D.1.3 Effective modern point of care and laboratory based diagnostics	
	D.1.4 Laboratory quality system	
Real-Time Surveillance	D.2.1 Indicator and event based surveillance systems	
	D.2.2 Inter-operable, interconnected, electronic real-time reporting system	
	D.2.3 Analysis of surveillance data	
	D.2.4 Syndromic surveillance systems	
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE	
	D.3.2 Reporting network and protocols in country	
Workforce Development	D.4.1 Human resources are available to implement IHR core capacity requirements	
	D.4.2 Applied epidemiology training program in place such as FETP	
	D.4.3 Workforce strategy	
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response is developed and implemented	
	R.1.2 Priority public health risks and resources are mapped and utilized	

Element	Indicator	Score
Emergency Response Operations	R.2.1 Capacity to activate emergency operations	
	R.2.2 Emergency Operations Center operating procedures and plans	
	R.2.3 Emergency Operations Program	
	R.2.4 Case management procedures are implemented for IHR relevant hazards	
Linking Public Health and Authorities Security	R.3.1 Public health and security authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event	
Countermeasures Personnel Medical and Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency	
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency	
Risk Communication	R.5.1 Risk Communication Systems (plans, mechanisms, etc.)	
	R.5.2 Internal and Partner Communication and Coordination	
	R.5.3 Public Communication	
	R.5.4 Communication Engagement with Affected Communities	
	R.5.5 Dynamic Listening and Rumour Management	
Points of Entry (PoEs)	PoE.1 Routine capacities are established at PoE	
	PoE.2 Effective Public Health Response at Points of Entry	
Chemical Events	CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies	
	CE.2 Enabling environment is in place for management of chemical events	
Emergencies Radiation	RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies	
	RE.2 Enabling environment is in place for management of Radiation Emergencies	

* Please mark the score for each element in a scale of 5, based on your own assessment.

* Level of scores: 1 – no capacity, 2 – limited capacity, 3 – developed capacity,
4 – demonstrated capacity, 5 – sustainable capacity

* Each participant must complete this form individually.

[FORM 2. INTERNATIONAL HEALTH REGULATION ASSESSMENT]

National laws relevant to IHR (2005)			
Questions	Y	N	Explanatory Note
1. Does your country have law(s) relating to the designation or establishment of a National IHR Focal Point? (See Article 4)			
2. Does your country have law(s) relating to the designation of the authorities responsible for public health risks and public health emergencies of international concern? (See Article 4)			
3. Does your country have law(s) relating to the capacities for surveillance and notification of public health risks and public health emergencies of international concern? (See Articles 5-10, Annex 1)			
4. Does your country have law(s) relating to the capacities for public health response to public health risks and public health emergencies of international concern? (See Article 13, Annex 1)			
5. Does your country have law(s) relating to the capacities for public health response at designated points of entry, including airports, ports, and ground crossings? (See Articles 19-22, Annex 1)			
6. Does your country have law(s) relating to health measures for travelers? (See Articles 23, 30-32, 35, 42-43)			
7. Does your country have law(s) relating to certificates of vaccination or other prophylaxis for travelers? (See Article 36)			
8. Does your country have law(s) relating to charges for health measures regarding travelers? (See Article 40)			
9. Does your country have law(s) relating to health measures for baggage, cargo, containers, conveyances, goods, postal parcels, and/or human remains? (See Articles 23, 33, 35, 43)			
10. Does your country have law(s) relating to charges for health measures regarding baggage, cargo, containers, conveyances, goods, postal parcels, and / or human remains? (See Article 41)			
11. Does your country have law(s) relating to the application of health measures on containers and / or container loading areas? (See Article 34)			
12. Does your country have law(s) relating to the responsibilities of conveyance operators with respect to health measures? (See Articles 23, 24, 35, 42-43)			
13. Does your country have law(s) relating to health measures for conveyances in transit? (See Articles 23, 25-26, 27, 42-43)			

National laws relevant to IHR (2005)

Questions	Y	N	Explanatory Note
14. Does your country have law(s) relating to health measures for conveyances at points of entry? (See Articles 23, 27, 28-29, 35, 37-39, 42-43)			
15. Does your country have law(s) relating to health documents for conveyances? (See Articles 37-39)			
16. Does your country have law(s) relating to collaboration and assistance with other States Parties and / or WHO with regard to public health risks and public health emergencies of international concern? (See Article 44)			
17. Does your country have law(s) relating to the treatment of personal data received from another State Party and / or WHO with regard to public health risks and public health emergencies of international concern? (See Article 45)			
18. Does your country have law(s) relating to biological substances, reagents, and materials for diagnostic purposes with regard to public health risks and public health emergencies of international concern? (See Article 46)			

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)
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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.

<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 :