**APPLICATION FORM**

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| **Application**  **Field** | Department :  Program : |

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| **Personal Information** | | | | |
| Picture | **Name** |  | | |
| **Address** |  | | |
| **Passport No.** |  | **Country of issue** |  |
| **E-mail** |  |
| **Phone** |  | **Nationality** |  |
| **Mobile** |  | **Gender** |  |
| **Religion** |  | **Date of Birth** |  |

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| --- | --- | --- | --- |
| **Academic Profile** | | | |
| **Specialty** |  | **Doctor’s Liscence number** |  |
| **Name of**  **University(B.A.)** |  | | |
| **Name of**  **University(M.A.)** |  | | |
| **Name of**  **University(Ph.D.)** |  | | |

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| **Previous Attendance in Korea** | | | | |
| **Education Institution** | **Field of Study** | **Locatiom** | **Period** | |
| **From** | **To** |
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| **Career Profile** |
| **◩ Present Status**   1. **Name Of organization:** 2. **Work Address:** 3. **Department:** 4. **Job Title:** 5. **Describe your present Duties:** 6. **Gown Size** |

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| **Language Proficiency** |
| Native Language:  Other Language:  English   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Excellence | Good | Fair | Poor | | Listening |  |  |  |  | | Speaking |  |  |  |  | | Writing |  |  |  |  | | Reading |  |  |  |  | |

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| **Self-Introduction** |
| **◩About your job**  **◩About your Hospital** |
| **Statement of Purpose (Describe your study plan)** |
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신청인 확인을 위해 아래 개인정보 수집∙이용에 동의 후 신청하여 주십시오.

**For verifying applicant, please consent to collection and use of personal information**

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| **개인정보 수집 및 이용에 대한 동의**  **Consent to collection and use of personal information** |
| 1. 개인정보는 본인 확인의 목적을 위해 수집∙이용됩니다.  1. The purpose of personal information collection and use is verifying person.  2. **수집되는 개인정보 항목 : 성명, 성별, 생년월일, 국적, 언어, 주소, 연락처, 이메일, 여권번호, 여권만료일**  2. Items of personal information to be collected: Name, Gender, Date of Birth, Nationality, Language, Address, Phone number, E-mail address, Passport number, Expiry date of passport  3. 개인정보 보유기간 및 이용기간 : 2년  3. Retention and usage period of personal information: 2 years  4. 수집된 개인정보는 의료법 시행규칙 15조에 준하여 보유합니다.  4. Collected personal information is protected in accordance with act 15 of the enforcement regulation of the medical service act  5. 수집된 개인정보는 연수신청 목적 외에 다른 용도로 사용되지 않습니다.  5. Collected personal information will be used only for training application  ※귀하는 개인정보 수집 및 이용에 대하여 동의를 거부할 권리가 있습니다, 다만 동의하지 않으실 경우 본 연수 프로그램에 신청할 수 없음을 양지하여 주시기 바랍니다.  ※ You are able to refuse to personal information collection and use. But please be aware that you can’t apply training program in case you refuse to it. |
| 개인정보보호를 위한 위 내용을 확인하였으며 이에 동의하십니까?  I verify above information about personal information protection and consent to it  ◙동의함 ⃞동의하지 않음  ◙Agree ⃞Disagree  20 . . .  작성자 성명 :(인)  Applicant name : (Signature) |

신청서, 개인정보 수집∙이용 동의서, 여권 사본을 **globalknuh@hanmail.net**으로 보내주십시오,

Please send your application, consent form for personal information collection and use, and copy of passport to **globalknuh@hanmail.net**