**Application Form**

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| **Please answer each question clearly and completely.** | | | | | | | | | | | | | | | | | | |
| 1. Surname / Given Name | | | | | | | | | | | 2. Nationality | | | | | | | |
| 3. Date of Birth (yy/mm/dd) | | | | | | | | | | | 4. Gender □ Male □ Female | | | | | | | |
| 5. Address | | | | | | | | | | | | | | | | | | |
| 6. Phone Number | | | | | | | | | | | 7. E-mail | | | | | | | |
| 8. Type of Visa | | | | | | | | | | | 9. Visa Expired Date (yy/mm/dd) | | | | | | | |
| 10. How long have you stayed in Korea?  □ 1~2 years □ 3~4 years □ 5~6 years □ more than 7 years | | | | | | | | | | | | | | | | | | |
| 11. Do you have any experience in residency programs or fellowship programs?  □ Yes □ No (If Yes, give the following information) | | | | | | | | | | | | | | | | | | |
| 11-1. Name | |  | | | | | | | | | | | | | | | | |
| 11-2. Duration | |  | | | | | | | | | | | | | | | | |
| 12. Have you received grants or other type of supports from foreign governments or foundations?  □ Yes □ No (If Yes, give the following information) | | | | | | | | | | | | | | | | | | |
| 12-1. Name | | |  | | | | | | | | | | | | | | | |
| 12-2. Duration | | |  | | | | | | | | | | | | | | | |
| 13. Do you have any co-work experience with other foreign governments or foundations?  □ Yes □ No (If Yes, give the following information) | | | | | | | | | | | | | | | | | | |
| 13-1. Name of organisation | | | | | |  | | | | | | | | | | | | |
| 13-2. Description of work | | | | | |  | | | | | | | | | | | | |
| 14. Language skills | | | | | | | | | | | | | | | | | | |
| Languages | Reading | | | | | | Writing | | | | | Speaking | | | | Understanding | | |
| Inter-  mediate | | | | advanced | | Inter-  mediate | | advanced | | | Inter-  mediate | | advanced | | Inter-  mediate | | advanced |
| English |  | | | |  | |  | |  | | |  | |  | |  | |  |
| Korean |  | | | |  | |  | |  | | |  | |  | |  | |  |
| Others  ( ) |  | | | |  | |  | |  | | |  | |  | |  | |  |
| 15. Education  Give full details. (Please give exact titles of degrees in both original language and English. Please do not translate or equate to other degrees.) | | | | | | | | | | | | | | | | | | |
| Name, City, Country | | | | Period of Education | | | | | | | | | Degrees and  Academic Achievements | | | | Major | |
| From (yy/mm) | | | | To (yy/mm) | | | | |
|  | | | |  | | | |  | | | | |  | | | |  | |
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| 16. Employment and Research activities  Employment record or special activities or publications related to your profession | | | | | | | | | | | | | | | | | | |
| Exact Title of Your Post | | | | | | | | | | Period of Employment | | | | | | | | |
| From (yy/mm) | | | | | To (yy/mm) | | | |
|  | | | | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | |  | | | | |  | | | |
| Name of Employer | | | | | | | | | | Type of Business | | | | | | | | |
| Address of Employer | | | | | | | | | | | | | | | | | | |
| Work Descriptions | | | | | | | | | | | | | | | | | | |
| Related activities or research activities | | | | | | | | | | | | | | | | | | |
| 17. I certify that the statements in all the documents, which I submit, are true, complete, and correct to the best of my knowledge and belief. Also, I agree that any misrepresentation or material omission in any of the required documents can render termination or dismissal before the expiration. Furthermore, I agree with the personal information collection and usage. (ICHCAP will eliminate of your personal information after final candidate is selected)  Date (yy/mm/dd)  Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |