**ASEAN-Korea Political-Security Forum**

**[Sectoral Forum of the 9th ASEAN-Korea Frontier Forum]**

**APPLICATION FORM FOR SECRETARIAT**

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| **Photo****(3cm x 4cm)** | **Nationality** |  | **Applying for** | **□ Chair □ Liaison □ Media** |
| **Name** | **First name** | **Last name** |
| **Date of Birth****(dd/mm/yy)** |  | **Gender** | **□ Male □ Female** |
| **Address** |  |
| **Contact No.** | Mobile.Home. | **E-mail** |  |
| **University** |  | **Major** |  |
| **Any Experience relevant to MUN or international forum** | **Title** | **Period** | **Main activities** |
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| **English Proficiency** | **□ Beginner □ Elementary □ Intermediate □ Advanced**  |
| **Official test score :** **(Certificates such as TOEIC, TOEFL, IELTS, etc.)**  |
| **T-shirts Size** | **□ S □ M □ L □ XL □ XXL □ 3XL****(Size is based on Standard Asia Size which is smaller than U.S. Size)** |
| **Do you have your own laptop?** | **□ YES □ NO****(If yes, please bring it to the event)** |
| **Do you have any dietary restrictions?****(vegetarian, halal, etc.)** | (If N/A, you may leave this space blank) |
| **\*Emergency Contact Information** |
| **Name** |  | **Relationship** |  | **Contact No.** |  |

**Health Information**

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| **Please list your health status. (surgery experiences, chronic diseases, disabilities, etc.)** |
| (If N/A, you may leave this space blank) |

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| **Please list any allergies you may have.** |
| (If N/A, you may leave this space blank) |

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| **Please list all medications taken on a regular basis.**  |
| (If N/A, you may leave this space blank) |

**Essays**

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| **State your motivation to participate in ‘ASEAN-Korea Political-Security Forum’.(over 300 words)** |
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| **State a topic that you are interested in regarding the political-security issues of ASEAN member states and Korea. Suggest an agenda for ASEAN-Korea cooperation related to the issue.(over 400 words)** |
| **(NOTE: This essay will be evaluated when assigning your committee)** |

**Privacy Waiver**

I have read the information below, and I consent to give full permission to the Asia Exchange Association to utilize (collect, use, disclose) my personal information as specified below. The information will only be accessed by the Asia Exchange Association staff. I understand my data will be held securely and will not be distributed to third parties. I have a right to change or access my information. I understand that when this information is no longer required for this purpose, official procedure will be followed to dispose of my data.

**□ Collection and Usage of Personal Information**

|  |  |
| --- | --- |
| Items of Personal Information to be Processed | Name, Resident Registration Number (Date of Birth), Address, School Information, Email, Mobile Phone Number, SNS Account, Emergency Contact, Visa and Passport Information, etc.  |
| Purpose of Processing Personal Information | Your information will be processed to keep record of activity, deliver various announcements and notifications, etc. |
| Personal Information Processing and Retention Period | 3 years |
| Refusal Rights and Disadvantages of Exercising Your Right to Privacy | You may exercise your right to privacy and refuse to give permission to the Asia Exchange Association to utilize your personal information. However, if you disagree, there may be limitations when you receive announcements and notifications, certifications, awards, etc. from the Association. |

**□** Agree □ Disagree

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)