KOICA Korea International Cooperation Agency
CIAT KOICA Fellowship Program
Homepage : http://www.koica.go.kr/sites/ciat | Email : koica.sp@koworks.org
825 Daewangpangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, 13449, Korea

Application Guidelines

In completing the attached application form, please be advised to:

a. Carefully read your **Application Guideline(AG)** and **Program Information(PI)** prior to completing the application form;

b. Application should be typed, not handwritten, except for your signature; handwriting is not acceptable. Fill in the form in English;

c. Fill in the form in **English**;

d. Be sure to fill in **every part** of the form;

e. Send the completed form to the KOICA Office in your country or the Embassy of Korea (if the KOICA Office 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 (a) **Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information**, (b) **Consent to Provide Personal, Sensitive and Personally Identifiable Information to a Third Party** and (c) **Agreement on Use of Personal Information for Sending Promotional Materials**	5-9	
c. Thoroughly read **Scholarship Program Guideline** and **Code of Conduct**	9-13	
d. Signed the **declaration** for terms and conditions	13	
e. Signed and filled in every part of **Medical History Questionnaire**	14	
f. Had an authorized official from your government to complete and sign the **Nomination** form	15	
g. Have a **copy of passport** ready for submission	-	

This is to certify that I have completed every part of the application form to apply for the KOICA Scholarship Program.

Date: _____ **Applicant's Name:** _____ **Signature:** _____

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Application Form for the KOICA Scholarship Program

This form is to be used to apply for the Scholarship 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.

(Photo)

PART 1. APPLICANT INFORMATION (to be completed by the applicant)

I. PROGRAM OF APPLICATION (as in the Program Information)

Program Title	
Name of Degree	
Duration	from _____ to _____ *(DD-MM-YYYY)*

II. PERSONAL DATA

Name (as in the passport)	**First Name**					
	Middle Name					
	Family Name					
Date of Birth	Day		Month		Year	
Sex	□ **Male** □ **Female**			**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	□ Central □ Local	
	Institution	□ Public □ Private □ International □ NGO	
	Others	(Please specify)	
Job Description	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 Program related to your tasks mentioned aforesaid.
Elaborate on organizational setback or challenges that you wish to address through the Program.
Elaborate on your plans to apply the lessons learned from the Program to your organization.

VI. CAREER RECORD

Career Background (Past 5 Years)

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

Educational Background (Higher Education)

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?	
	□ NO	□ YES >> □ No Beef □ No Pork □ No Fish □ 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 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.
   - **Personal Information Collected** : name, date of birth, sex, nationality, home address, contact information, emergency information, employment information including organization/department/type of organization/employment status, career background, language proficiency
   - **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

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 (Official Development Assistance).

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 Program Information (PI).

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.

		Agree □	**Disagree** □
Date:	**Name:**	**Signature:**	

Consent to Provide Personal Information to a Third Party

According to Article 17 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of personal information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	checking personal information and qualifications for recruitment and selection, operation of training programs, records and performance management, management of participants including immigration and sojourn support, on/offline KOICA Club activities, database management, responding to audit, follow-up	name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, email, SNS/messenger ID	For 5 years from termination of work
		address, academic background, photos, bank account info/bankbook copy	destroyed upon termination of work
Training institute (university)[1]	operation of training programs, records management, on/offline KOICA Club activities, database management, follow-up, sojourn support	name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, academic background, photos, email	for 5 years from termination of work
		address, family information (parent info, etc.)	destroyed upon termination of work
Insurance Company[2] (Samsung Fire & Marine Insurance Co., Ltd. , DB Insurance Co.,Ltd.	(registration) insurance purchase and roster management (compensation) document screening and claims management	name, gender, date of birth, bank account info/bankbook copy, nationality, contact info(emergency contact info included), alien registration number	(registration) 3 years (compensation) 5 years
Travel Agency[3] (Hana Tour Travel Agency / HanaTour-Business Travel Agency /Hyundai Dream	flight reservations and ticketing, performance management, etc.	name, date of birth, gender, nationality, passport info	destroyed upon termination of work

[1] Cooperative partners of KOICA, on consignment for the Capacity Enhancement Training Programs (government agencies, public institutions, research institutes, universities, etc.)

[2] Insurance company is subject to change upon the contract termination

[3] Travel Agency is subject to change upon the contract termination

Tour Agency)			
Self-quarantine facility[4]	self-quarantine support	name, date of birth, gender, email, contact info (emergency contact included), nationality, passport info	destroyed upon termination of work
Soonchunhyang University Hospital	conducting medical check-ups for participants	name, date of birth, gender, nationality,	10 years

You have the right to disagree to the provision of the above personal information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.

Agree □ **Disagree** □

Consent to Provide Sensitive Information to a Third Party

According to Article 23 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of sensitive information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	checking personal information and qualifications for recruitment and selection, operation of training programs and performance management, management of participants including immigration and sojourn support	religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	destroyed upon termination of work
Training Institute (university)	operation of training and sojourn support	religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	destroyed upon termination of work
Insurance company (Samsung Fire & Marine Insurance Co., Ltd., DB Insurance	(registration) insurance purchase and roster management (compensation) document screening and claim payment management	treatment records (detailed statement of treatment, doctor's note, etc.)	(registration) 3 years (compensation) 5 years

[4] An accommodation facility where you will stay during the mandatory self-quarantine when you get into Republic of Korea

Co.,Ltd.)			
Soonchunhyang University Hospital	conducting medical check-ups for participants	health information (medical history, etc.)	10 years

You have the right to disagree to the provision of the above sensitive information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.

Agree □ **Disagree** □

Consent to Provide Personally Identifiable Information to a Third Party

According to Article 24 of the Personal Information Protection Act, KOICA would like to obtain your consent to the following on the provision of personally identifiable information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	Immigration and sojourn support such as flight arrangements and insurance claims	Passport number, alien registration number	destroyed upon termination of work
Training Institute (university)	Immigration and sojourn support, Data management and certificate issuance	Passport number, alien registration number	For 5 years from termination of work
Insurance company (Samsung Fire & Marine Insurance Co., Ltd., DB Insurance Co.,Ltd.)	(registration) insurance purchase and roster management (compensation) document screening and claim payment management	Passport number, alien registration number	(registration) 3 years (compensation) 5 years
Hana Tour Travel Agency / HanaTour-Business Travel Agency / Hyundai Dream Tour Agency	flight reservations and ticketing, performance management, etc.	Passport number	destroyed upon termination of work

You have the right to disagree to the provision of the above personally identifiable information. However, should you disagree, be informed that there may be restrictions to KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services; and to your participation in KOICA's training programs.

Agree □ **Disagree** □

Agreement on Use of Personal Information for Sending Promotional Materials

According to Article 15 of the Personal Information Protection Act, KOICA would like to obtain your consent on using your personal information as below for sending promotional materials relating to KOICA's services and activities.

Personal Information Used	Purpose of use	Term of retention and use
name, nationality, email address	Sending COVID-19 Information Hub Weekly Briefing	3 years

You have the right to disagree to the use of the above personal information if you do not wish to receive KOICA's promotional information.

Agree □	**Disagree** □	
Date:	**Name:**	**Signature:**

II. SCHOLARSHIP PROGRAM PARTICIPANT GUIDELINE

1. Purpose

This guideline aims to provide necessary guidance to help to create a sound environment for the study of participants under the KOICA scholarship program.

2. Definition of Terms

The terms used in this guideline are defined as follows.

2-1. "KOICA," a Korean organization dedicated to ODA, is in charge of the scholarship program, entrusting it to universities and providing funding.

2-2. "Scholarship program (SP)," one of the Fellowship programs provided by KOICA, refers to a masters degree program, aiming to nurture key leaders who can contribute to economic and social development of partner countries.

2-3. "University" refers to the university that is entrusted by KOICA to operate and be responsible for the SP.

2-4. "Participants" refer to individuals participating in the SP under the nomination of the governments of partner countries. Upon enrollment, the participants are entitled to be provided with adequate support as students of the university, and bear the corresponding responsibilities.

3. Entering and staying in Korea

3-1. In principle, participants are not allowed to accompany their family members. However, participants may invite their family members within the duration of one month.

3-2. It should be noted that only the person whose name appears in the invitation letter sent by KOICA is considered as a program participant. No others will be given any support and amenities when entering and staying in Korea

3-3. KOICA shall not be held responsible for any undertakings or consequences arising from the non-compliance of 3-1 and 3-2

4. Leaving the Korea

4-1. Participants shall leave Korea on the designated day for leaving the country

4-2. If a participant loses one's status as a KOICA participant pursuant to the guideline 5. "Dismissal of Participant Status", he or she shall leave Korea within 3 days from the date the dismissal is decided.

4-3. If a participant has to extend his or her stay in Korea, or leave for a third country other than his or her home country, due to inevitable circumstances, a written approval from the home government should be submitted to the KOICA head office through the Korean embassy in the home country.

4-4. Even in the case for the guideline 4-3, the relevant expenses shall be borne by the participant.

5. Dismissal of Participant Status

5-1. Participants will lose their status as SP participants if they commit any of the following acts or fall under any of the situations described below.

① Falsifying statements on any of their application documents or providing false information in their application documents.

②Receiving serious disciplinary actions, such as suspension or expulsion from the university

③ Violating the Korean law

④ Temporarily leaving Korea for more than once without permission

⑤ Involved in any political activities

⑥ Violation of the agreement with KOICA

⑦ Failure to follow the decisions made by KOICA regarding the program intentionally

⑧ Behaving disgracefully as a participant of a SP

⑨ Withdrawal from the program before completion

⑩ Failing to leave Korea within the given time frame as stated in this guideline 4 of this guideline Leaving the Korea

5-2. If a participant loses his or her status as a KOICA SP participant, KOICA will notify the head of the Korean diplomatic establishment abroad and the government of the participant's home country of the fact.

6. Leaving Korea During the Program

6-1. If a participant intends to return to one's home country during the course of the program, due to unavoidable reasons such as serious illness, domestic affairs, or an urgent summoning from the home government, he or she must acquire prior approval from the university with the following documents.

① A copy of the medical certificate (for sickness leave)

② Letter of explanation

① Any other documents required by the university

6-2. If a participant has to return to his or her home country due to his or her own fault, and not for any of the reasons listed in 6-1 of this guideline, KOICA will notify the participant's original place of employment and the home government of the fact. The participant may not re-apply for any KOICA training programs in the future.

7. Temporary Leave

7-1. If a participant intends to leave Korea temporarily during the vacation, he or she must obtain approval from the university with the following documents by the date set by the university.

①Letter of confirmation from the advisor

②A copy of a round trip air ticket

③A copy of traveler insurance (when traveling to a third country)

④Any other documents required by the university

7-2. Temporary leave during the semester (including during summer and winter schools and orientation programs) is not allowed. Exceptions will be made only for inevitable reasons, such as death of family member or a marriage of the participant. Even in these cases, a prior approval must be obtained from the university and KOICA.

7-3. For the days of the temporary leave, daily allowance will be deducted for each day of a leave (including days of departure and re-entry). And there will be no exception for deduction.

7-4. In case of death of an immediate family member (only for participants' own parents, spouse, and children), KOICA will support round-trip air-ticket for temporary leave.

8. Scholarship Payment and Receipt

8-1. The matters regarding the payment and receipt of scholarship shall be defined by KOICA.

8-2. Scholarship may not be given out under the following cases. However, if KOICA acknowledges the inevitable nature of the matter of the withdrawal from the SP, the participant may receive support for his or her return.

① Failure to leave Korea within the given time frame, for reasons other than inevitable reasons for departure stated in 4-3 of this guideline

② Dismissal of a KOICA participant status as stated in 5. Dismissal of Participant Status.

① Withdrawal and leaving Korea during the program for reasons other than stated in 6-1

9. Notification of Re-entry

If a participant re-enters Korea within the allowed period for a temporary leave, the participant shall report his or her re-entry to the person in charge at the university.

10. Notification of Changes in Contact Information

If there are any change to the contact information of a participant, the change must be reported immediately to the university

11. Internship

11-1. Participants must follow the regulations regarding internship, in order to guarantee full commitment to SP and create a "study-first" environment.

① Participants must give first priority to their studies over any other activity.

②Internship activities related to research and academic activities of a participant's area of studies, are allowed upon approval of the university.

11-2. If a participant earns more than KRW 20,000 a day from the internship, any exceeding amount will be deducted from one's daily allowance.

12. Applicable Provisions

For any other matters not stipulated in this guideline, the academic regulation of the participant's registered university shall be applied.

III. CODE OF CONDUCT

1. Purpose

The Code of Conduct for participants of the KOICA Scholarship Program (hereafter "Code of Conduct") aims to provide both ethical and behavioral standards for the participants to ensure the successful completion of the KOICA Scholarship Program (hearafter "SP").

2. Application and Compliance

This Code of Conduct applies to all participants of the KOICA SP.

3. Academic Performances

3-1. Participants follow the instructions and guidance provided by the professors and faculty of the university that they have enrolled in (hereafter "university") to facilitate their studies.

3-2. Participants faithfully attend their university classes and become fully involved in their studies in accordance with the regulation and guidelines of the universities.

3-3. In order to ensure appropriate academic achievement, temporary leave or travel to a third country during the course of the semester is, in principle, not allowed. For temporary leave or travel to a third country during the summer and winter vacations, a participant must gain approval from the university.

3-4. Participants shall not seek employment or commercial activities for personal gains, except for internship programs approved by the University.

4. Program Outcome

Participants shall return to their organization of origin upon the completion of SP and try to apply knowledge and skills they acquired from SP to contribute to the development and advancement of their home country.

5. Health Management

Participants are recommended to make efforts to stay healthy by working out regularly and seeking medical care if necessary. If and when Participants experience a deterioration in health that may require care from medical professionals, they must report such medical issue to the university to get necessary help.

6. Safety Measures

6-1. Participants must refrain from visiting places that may be dangerous, or getting involved in acts that may cause safety accidents. For any damages caused by voluntary actions that violate the code of conduct, the participant in question shall bear full responsibility.

6-2. If and when accidents or situations occur that may put participants at risk, SP participants shall immediately report the matter to the University to seek necessary help. However, if it is found and determined that SP participants are responsible for the occurrence of the reported accident or situation, whether intentionally or otherwise, the University may take disciplinary actions against SP Participants in accordance with their relevant regulations, after the resolution of such accident or situation.

7. Policy on Misconduct

7-1. Participants shall always behave, act and speak responsibly and honorably, recognizing that their words and actions represent the University and KOICA as well as the country of their origin.

7-2. Participants shall refrain from accessing inappropriate establishments that could impair their dignity.

8. Discriminatory Actions and Sexual harassment

8-1. Participants shall complete mandatory courses designed to prevent discrimination and sexual harassment provided by KOICA and the university and shall act accordingly.

8-2. Participants shall not engage in any aggressive or insulting behavior or use of words of discrimination against gender, religion, disabilities, age, nationality, physical appearance, marital status, family status, ethnicity, political opinion or sexual orientation.

8-3. Participants shall not engage in any sexual harassment including sexually oriented jokes or innuendos, unwelcome invitation for outings, unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

8-4. Participants shall be cognizant of the fact that sexual harassment herein is defined in accordance with international norms and standards. It is to be noted that sexual harassment shall be judged and determined on the basis of

claims and feelings of victims, not the intent of the behavior.

8-5. Participants shall also acknowledge that both discriminatory actions or sexual harassment shall not only be regarded as cause for disciplinary actions including dismissal from the SP, according to rules and regulations, but also be subject to legal actions under the Korean law.

8-6. It is strongly recommended that participants who fall victim of or witness to any act of discrimination or sexual harassment must immediately report the case to the university and seek assistance.

9. Prohibition of Political Activity

Participants shall not take part in any political activity, such as supporting a certain political group or getting involved in any political movements.

10. Compliance with the Regulations of the University and KOICA

10-1. Participants shall fully comply with the academic regulations of the university and guideline of KOICA.

10-2. If a participant violates any of the regulation of the university or KOICA, he or she shall be subject to disciplinary measures, as stipulated in such regulation, can be enforced.

IV. DECLARATION

I, _____, *of* _____
(name of applicant) *(name of country)*

certify that the statements I made in this form are ***true and correct*** *to the best of my knowledge.*

If accepted for the program, I agree to ***respect SP Participant Guideline*** *and* ***Code of Conduct*** *set forth above.*

If I fail to comply the terms and conditions of KOICA Scholarship Program,

I will ***accept any penalties and consequences*** *including dismissal from the Program*

and report to my government and/or employer.

Date: _____ **Applicant's Name:** _____ **Signature:**_____

PART 3. MEDICAL HISTORY QUESTIONAIRE

MEDICAL HISTORY QUESTIONAIRE (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)

□ No	□ Yes >> Name of Medication ( ), Quantity ( )

b. Are you pregnant? (female only)

□ No	□ Yes >> (months)

c. Please indicate any needs arising from disabilities that may require additional support or facilities.

( )

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.)

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 • Are you taking any medicine? □ No □ Yes

d. Diabetes (sugar in the urine)

Past:	□ No	□ Yes
Present:	□ No	□ Yes >> • Present condition ( ) • Are you taking any medicine or insulin? □ No □ Yes

e. What illness(es) have you had previously?

□ Thyroid Problem	□ Liver Disease	□ Heart Disease	□ Kidney Disease
□ Tuberculosis	□ Asthma	□ Stomach and Intestinal Disorder	
□ Infectious Disease >> Specify the name of illness ( )			
□ Others >> Specify ( )			

f. Has the above illness(es) been cured?

□ Yes	□ No - Specify the name of illness ( ) - Present condition ( )

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825 Daewangpangyo-ro, Sujeong-gu, Seongnam-si, Gyeonggi-do, 13449, Korea

I certify that I have answered all questions truthfully and completely to the best of my knowledge.

Date: _____ **Applicant's Name:** _____ **Signature:** _____