



Ministry of Gender Equality  
and Family

## Ministry of Gender Equality & Family

Homepage : <http://www.mogef.go.kr/eng>  
Address : 209 Sejong-daero, Jongno-gu, Seoul, Korea, 110-760

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(Size:  
3.5x4.5 cm)

### PART. I. COMPLETED BY APPLICANT

<b>I. TITLE OF COURSE : Vocational Development Program for Women</b>					
<b>II. PERSONAL DATA</b>					
<b>Name</b> (as appeared in the passport)	<b>First</b>		<b>Middle</b>		<b>Last</b>
<b>Date of Birth</b>	<b>Month</b>		<b>Day</b>		<b>Year</b>
<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F		<b>Marital Status</b>		
<b>Nationality</b>			<b>Religion</b>		
<b>Passport Number</b>			<b>Airport of Departure</b>		
<b>Home Address</b>					
<b>Contact Information</b> (Including country code)	<b>Telephone</b>			<b>Fax</b>	
	<b>Mobile</b>			<b>E-mail</b>	
<b>Emergency Contact</b>	<b>Name</b>			<b>Relation</b>	
	<b>Telephone</b>			<b>E-mail</b>	
<b>III. EMPLOYMENT</b>					
<b>Name of Organization</b>				<b>Address</b>	
<b>Department</b>				<b>Present Position</b>	
				<b>Employment Duration</b>	from _____ to present
<b>Office Telephone</b> (Including country code)				<b>Fax</b> (Including country code)	
<b>Type of Organization</b>	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( )				
<b>Job Description</b>	What are your main tasks with your current employer?				
	Describe any themes, topics and places of interest you would like to discuss or visit during the training course related to your tasks mentioned earlier.				

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#### IV. OTHERS

<b>Restriction on Food/Behavior/ Medication</b>	Please indicate if you have 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 restrictions

#### 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 similar workshops/training programs sponsored by the Korean or other foreign governments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please specify 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 provide certifications for English proficiency. Please indicate your English Proficiency Test Scores:

☐ TOEFL(☐BT, ☐CBT, ☐PBT): \_\_\_\_\_ ☐ TOEIC: \_\_\_\_\_ ☐ Others( ): \_\_\_\_\_  
score score score

**VII. TERMS AND CONDITIONS**

Participants commit to read, abide by, and respect the following terms and conditions that MOGEF endorses in implementing the training program:

**1. Privacy and Copyright Policy**

- a. Participants agree that MOGEF is able to provide and disclose participants' information, including the name, nationality, gender, contact information, organization and position of participants, to relevant entities within the limit provided by MOGEF policy, regulations or thereof.
- b. Participants accept the MOGEF'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.

**2. Attendance and Punctuality Policy**

- a. To facilitate efficient preparation of the program, participants should submit/present requested documents and reports by their respective due dates.
- b. Selected participants must join the training program. If a change of circumstances makes attendance difficult, MOGEF must be notified of the inability to attend, as well as the reason, at least 2 weeks prior to the program.

**\* Penalty:** In cases of inadequate grounds for absence, absence without notice, or notice past the required date, the country of the applying organization will be excluded from next year's training program invitation and will be required to bear the flight cancellation fee as well as any other expenses incurred from the absence.

- c. Participants must return to their country of residence at the completion of the training program unless they have obtained prior approval from MOGEF.
- d. Participants should participate in the entire program.

### **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 MOGEF policy.
- b. In particular, sexual harassment is 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, which 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 absence from the training program, immoderate drinking, and any other kind of irresponsible behavior, will not be tolerated, and the offender may be requested to leave the country in accordance with MOGEF policy.
- d. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to MOGEF 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 local travel insurance of MOGEF for accidents or diseases caused during the length of program implementation 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 MOGEF and the training institute, including any subsequent revisions which may be stipulated by MOGEF and the training institute with regards to the training program.
- b. Participants should not bring any family members (dependents) to Korea even if the expense is borne by the family member.

- 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 must return to their country of residence at the completion of the training program unless they have obtained prior approval from MOGEF.

I, \_\_\_\_\_, of \_\_\_\_\_ have read and fully agree to the above  
(name of applicant) (name of country)  
*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****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 MOGEF 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 ( )

**Basic Information**

<b>Basic Information</b>	<b>Name</b>			
	<b>Age</b>		<b>Blood Type</b>	
	<b>Sex</b>		<b>Blood Pressure</b>	/ mmHG
	<b>Height</b>	cm	<b>Weight</b>	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? (Completed by Physician)**

☐ 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 MOGEF training experience of the applicant in your organization*



#### IV. OFFICIAL NOMINATION

The Government of \_\_\_\_\_ officially nominates \_\_\_\_\_  
name of country full name of applicant

for participation in Vocational Development Program for Women organized by MOGEF  
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.

It is agreed that, if in the case of a selected participant fails to notify inability to attend either at all or within the designated time period (2 weeks prior at least), the country of the applying organization will be excluded from the next year's training program operated by MOGEF

Name(Authorized Official) : \_\_\_\_\_

Position/Title : \_\_\_\_\_

Organization : \_\_\_\_\_

Date:

Signature: