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| **I. Title of Program** | | | | | |
| Capacity Building Programme for Next Generation Leaders in Water Security | | | | | |
| **II. Personal Information** | | | | | |
| **Country** |  | | | | (Identification Photo) |
| **Name**  as in the passport. | First Name:  Middle Name:  Last Name: | | | |
| **Gender** |  | | | |
| **Date of Birth** | (dd/mm/yyyy) | | | |
| **Passport No.** |  | | **Expiration Date** | |  |
| **Religion** |  | | | | |
| **Address** | **Address**  **(in Korea)** |  | | | |
| **Postal Code** |  | | | |
| **Contact**  **Information** | **Mobile** | 010- | | **E-mail** | @ |
| **III. Employment (in home country)** | | | | | |
| **Organization** | |  | | | |
| **Department** | |  | | | |
| **Present Position** | |  | | **Employment Duration** | From to present (mm-yy) |
| **Type of Organization** | | ( ) | | | |
| **Describe your recent duties** | |  | | | |
| **IV. Career Record** | | | | | |
| **◈ I have NOT participated in any type of educational programme offered by i-WSSM.**    **1. Major Career related to the program theme (From Present to past)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Organization** | **Department** | **Position/ Responsibilities** | **Period (Month/Year)** | | | from | to | |  |  |  | / | / | |  |  |  | / | / | |  |  |  | / | / |   **2. Professional experiences in the water management field**    **3. Educational background (From Present to past)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Institution** | **Country** | **Major** | **Degree** | **Period** (Month/Year) | | | from | to | |  |  |  |  | / | / | |  |  |  |  | / | / | |  |  |  |  | / | / | | | | | | |
| **V. Others** | | | | | |
| **1. Former experiences in Korea**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Program** | **Hosting Organization** | **From** | **To** | **Content** | | Month/Year | Month/Year | |  |  | / | / |  | |  |  | / | / |  | |  |  | / | / |  |   **2. Language Proficiency**  The training program will take place in **English** as standard. Please indicate your ability to communicate in English   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Excellent** | **Good** | **Fair** | **Poor** | **Remarks** | | **Listening** |  |  |  |  |  | | **Speaking** |  |  |  |  |  | | **Writing** |  |  |  |  |  | | **Reading** |  |  |  |  |  |   **3. Food Preference**  **Q. Please indicate any dietary restrictions (which you CANNOT eat)**    ( )  \* Please note that during the program, we will all be using cafeterias and restaurants, and therefore the menu could not be tailored to each special need.  **4. Visa and insurance**  **Q. What type of visa do you hold and is it currently valid?**   |  |  |  |  | | --- | --- | --- | --- | | **Type of visa** |  | **Sponsored by** |  | | **Current validity** |  | | | | **Expiration date**  **(Month/Year)** |  | | |   **Q. Are you covered by health insurance?** | | | | | |

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| **VI. Medical Report** (to be completed by an applicant) |
| *＊ Questions below contain sensitive personal information. You have the right not to answer, and refusal to respond is regarded as not applying to the programme. Note that i-WSSM is not responsible for any kind of accidents caused by not notifying in advance.*  **1. Present Status**   1. **Did you get vaccinated against COVID-19?**  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | | | | |  | Dose |  | Latest date and the Name of vaccination | Date: (Month/Year)  Name: | |  | | | Date of positive test  (dd/mm/yyyy) |  |  1. **Do you currently use any drugs for the treatment of a medical condition?**   **(Please provide the name of drug and dosage)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | | | | |  | Name of Medication |  | Quantity |  |  1. **Are you pregnant? (Female only)**  |  |  |  |  | | --- | --- | --- | --- | |  |  |  | ( ) Months |  1. **Please indicate any needs arising from disabilities that might necessitate additional support or facilities.**  |  | | --- | |  |  * *Note: Disability does not lead to dismissal or exclusion from the programme. However, upon the situation, you may be directly inquired by the i-WSSM official for more detailed account of your condition.*   **2. Medical History**   1. **Have you had any significant or serious illnesses?** (If hospitalized, please provide place and date)  |  |  |  | | --- | --- | --- | | **Past** |  | → Name of illness (          ),  Place & dates (        ) | | **Present** |  | → Present Condition (         ) |   **b. Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?**   |  |  |  | | --- | --- | --- | | **Past** |  | → Name of illness (          ),  Place & dates (         ) | | **Present** |  | → Present Condition (         ) |   **c. High or low blood pressure**   |  |  |  | | --- | --- | --- | | **Past** |  |  | | **Present** |  | → Present Condition (  ) mm/Hg to ( ) mm/Hg |   **d. Diabetes (sugar in the urine)**   |  |  |  | | --- | --- | --- | | **Past** |  |  | | **Present** |  | → Present Condition (  )  Are you taking any medicine or insulin? □ No □ Yes |   **e. What illness(es) have you had previously?**   |  |  |  |  | | --- | --- | --- | --- | |  | |  |  | |  |  |  |  | | (                       ) | | | | | (                                          ) | | | |   **f. Has the above illness(es) been cured?**   |  |  | | --- | --- | |  | → Specify name of illness ( )  Present Condition (  ) |   **.** |

**STATE of MOTIVATION**

**1. Describe your expectation from this training program.**

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**2. Describe your motivation to attend the program and how the program matches your works and professional development needs.**

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**3. Describe how you will disseminate the new knowledge, skills and network you have acquired through this program to your colleagues, organization and society.**

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**Terms and Conditions**

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| 1. Participants agree that i-WSSM is able to provide and disclose participant information, including the name, nationality, gender, contact information, organization, position of participants, and photography to relevant entities within the limit provided by i-WSSM policy and regulations and related domestic laws. 2. Participants accept i-WSSM’s right of using all the documents or products produced by participants for the purposes of the training program (e.g.: country report, etc.) including its duplication, translation, distribution, and/or posting to websites. 3. Participants should be on-time and professional when submitting any documents requested for the training programme. 4. Participants are responsible to obtain their entry visa to Korea. 5. Participants should pay the cancellation charge in case participants would like to change the itinerary or make the cancellation of participation once the flight ticket has been issued. 6. Participants should not bring any family members (dependents) to accompany the i-WSSM program.   7) Participants should refrain from engaging in political activities, or any form of employment for profit or gain during the programme.   1. Participants should be punctual for any occasion in i-WSSM training program.   9 ) Participants are served with the medical treatment covered by the travel insurance of i-WSSM for accidents or diseases caused during the length of the participants’ stay up to certain limits. Participants, however, should be solely responsible for the treatment that exceeds the medical coverage. (Pre-existing illness, pregnancy, dental treatment and chronic disease are excluded from the insurance coverage.)  10) Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly.  11) Participants should follow the training program to the best of their ability, carry out instructions and abide by the terms and conditions of i-WSSM. |

*I have read and fully agree to the above Terms and Conditions set forth above and*

*declare that all the information given above is true and complete.*

**Applicant's Name:**  **Signature:**