|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Training Course**  **on Social Health Insurance 2017 in Korea** | | | | | | | | | | | | | Photo  (mandatory) |
| National Health Insurance Service (NHIS)  32, Geongang-ro, Wonju-si,  Gangwon-do, 26464 Korea  Tel : 82 33 736 2921  http://www.nhis.or.kr/eng | | | Health Insurance Review & Assessment Service (HIRA)  60, Hyeoksin-ro, Wonju-si,  Gangwon-do, 26465 Korea  Tel : 82 33 739 1707  http://www.hira.or.kr/eng | | | | | | | | | |
| **Ⅰ. Selection of Training Course(Please check V according to your preference)** | | | | | | | | | | | | | |
| **NHIS Course (July 11th-July 20th)** | | | **HIRA Course (July 24th -July 28th)** | | | | | | | | **Both** | | |
|  | | |  | | | | | | | |  | | |
| **Ⅰ. Personal Data** | | | | | | | | | | | | | |
| Full Name: | First | | | Middle | | | | Last (Surname) | | | | | |
|  | | |  | | | |  | | | | | |
| Date of Birth | | | | Sex | | | | Nationality | | | | | |
| Month | Day | Year | | Male | | | Female |  | | | | | |
|  |  |  | |  | | |  |
| Religion | Dietary Requirements | | | | | | Passport No. | | | Cellular Phone No. for Emergency | | | |
|  | ⬜ Muslim Meal(HALAL Food)  ⬜ Vegetarian Meal  ⬜ Hindu Meal(No Beef) | | | | | |  | | |  | | | |
| Address(home) |  | | | | | | | | | | | | |
| Tel No. (home) |  | | | | | | E-mail | |  | | | | |
| Emergency Contact | | Name: | | | | | | | Tel No.: | | | | |
| **Ⅱ. Employment and Education** | | | | | | | | | | | | | |
| Present Position / Title | |  | | | | | | | | | | | |
| Department / Division | |  | | | | | | | | | | | |
| Name of Organization | |  | | | | | | | | | | | |
| Mailing Address | |  | | | | | | | | | | | |
| Office Tel No. | |  | | | | Office Fax No. | | | | | |  | |
| Type of Organization | | ⬜ Government/Public ⬜ Private ⬜ International ⬜ Other( ) | | | | | | | | | | | |
| Term of Employment | | From to present | | |  | | | | | | |  | |
| Describe your present duties: | |  | | | | | | | | | | | |

**Note: Please TYPE or PRINT clearly for our recognition on this application.**

The words “NIL” or “N/A” should be used where applicable. Please, do not leave any space blank.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Career over the recent 5 years** | | | | | | | |
| Name of Organization | From | | To | | | Position / Responsibilities | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
| **Education and Training** | | | | | | | |
| Name of Institution | From | | To | | | Field of Study and Degree | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
| Former Training on any field of social security or social health insurance (if any) ⬜ Yes ⬜ No  Program: Period: -  month / year month / year | | | | | | | |
| **Ⅲ. Language Proficiency**  English: | | | | | | | |
|  | Excellent | Good | | Fair | Poor | | Remarks |
| Listening |  |  | |  |  | |  |
| Speaking |  |  | |  |  | |  |
| Writing |  |  | |  |  | |  |
| Reading |  |  | |  |  | |  |
| Mother Tongue |  | | | | | | |
| Other Languages |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ⅳ. Medical Report (to be completed by an authorized physician)** | | | | |
| Name of Applicant | |  | | |
| Age |  | Sex | (Male, Female) |  |
| Blood Group | | ⬜ A ⬜ B ⬜ AB ⬜O Other( ) | | |
| Blood Pressure | |  | | |
| 1. If the applicant has a history of illness of disorders during the last 5 years, please describe the treatments and present status. | | | | |
| 2. Is the applicant free of infectious diseases (AIDS, tuberculosis, trachoma, skin disease, etc.) ? | | | | |
| 3. What opinions do you have about the overall health condition of the applicant to carry out an intensive training course away from his/her home?  Name of Clinic:  Address of Clinic:  Name of Physician:  Date : Signature of Physician: | | | | |

|  |
| --- |
| **ⅴ. Applicant’s Responsibilities** |
| *As a participant in the training course, I agree*   1. *to complete the entire training program to the best of my ability and abide by the rules of the training course*   *2) to refrain from engaging in political activities, or any form of employment for profit or gain;*  *3) to return to my home country upon completion of my training program and to resume work in my country;*  *4) not to bring any family members (dependents) to Korea*  *5) to accept that the NHIS and HIRA are not liable for any damage or loss of my personal property;*  *6) to accept that the NHIS and HIRA will not assume any responsibility for illness, injury or death arising from extracurricular*  *activities, willful misconduct, or undisclosed pre-existing medical conditions; and*  *7) to carry out such instructions and abide by such conditions as may be stipulated by the NHIS and HIRA in respect of my*  *training program*  I fully understand that my status as a participant may be terminated for any other cause as determined by NHIS, Korea  **Applicant's Name:**   **Signature:** |
| **VI. Official Nomination** |
| The Government of officially nominates for participation in the  Training Course on Social Health Insurance in Korea as organized by NHIS, HIRA, MOHW, WHO and UNESCAP,  and certifies that :  *1) all information supplied by the applicant is complete and correct;*  *2) the applicant has an adequate knowledge of and/ or expertise in the training field; and*  *3) the applicant has a sufficient proficiency of spoken and written English to enable him/her to attend the training course.*  Name of Organization:    Position/ Title:    Name of Authorized Official:  **Date**: **Signature:** |

**Please submit a copy of your completed application form (Photo should be attached) to the NHIS or HIRA by 12 May through using Email and also bring the original one with you at the Training Course.**

**E-mail:** [**intl@nhis.or.kr**](mailto:intl@nhis.or.kr%20/) **/** [**globalmaster@hiramail.net**](mailto:globalmaster@hiramail.net) **(for HIRA Course only)**