

Course Information

2017

Building Government Capacity for the Support of Harmonious Industrial Relations

September 3 (Sun.) - September 23 (Sat.), 2017

Seoul & Seongnam, Republic of Korea



Korea International Cooperation Agency



Korea Labor Foundation

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1. TITLE: Building Government Capacity for the Support of Harmonious Industrial Relations

2. DURATION: September 3 (Sun.) - September 23 (Sat.), 2017

3. GOAL

To compare and understand employment and labor policies/systems and tripartite decision-making and implementation processes for socio-economic development

4. OBJECTIVES

- a) To understand international labor standards as well as labor history and industrial relations development in Korea.
- b) To recognize the importance of labor-management harmonization through understanding of labor market and industrial relations.
- c) To share experiences and institutions of labor-management harmonization.
- d) To build relationships between participating countries and Korea for industrial relations development.

5. NUMBER OF PARTICIPANTS

20 participants from 9 countries:

Nigeria(2), Dominican Republic(2), Burundi(2), Kyrgyzstan(3), Panama(2), Philippines(2), Sri Lanka(3), Lao P.D.R(2), Vietnam(2)

6. LANGUAGE OF INSTRUCTION: English

7. VENUE: Seoul & Seongnam, Republic of Korea

8. TRAINING INSTITUTE: Korea Labor Foundation (<http://www.nosa.or.kr>)

9. ACCOMMODATIONS: KOICA ICC

10. QUALIFICATIONS OF APPLICANTS:

- (KOICA requirements)

1. Be recommended by local governments and approved for participation in the KOICA training program
2. Be able to contribute to capability enhancement of respective government for harmonious industrial relations after the participation in the program
3. Be physically and mentally capable of completing this course
4. Has not participated in the KOICA training program or spent three years after participating in the program

- (KLF requirements)

1. Junior-level government employees who are in charge of employment and labor and labor relations related policies (five or more years of work experience)
2. Be fluent in English (capable of participating in classes in English)
3. Be able to continuously perform the concerned job responsibilities

11. CLOSING DATE FOR APPLICATION: August 18, 2017

PART II**COURSE MODULE****1. COURSE MODULE**

MODULE	MAIN LECTURES & DISCUSSIONS	STUDY VISIT
Module I Legislation of the global labor standards and related tasks	<ul style="list-style-type: none"> ○ The international labor standards and conditions (stronger labor rights and more job opportunities for the vulnerable groups (women, children, and the disabled people) ○ Labor market changes in each country ○ Cases of implementation to improve the international labor standards (gender equality) 	
Module II The current state and future prospects of employment and labor policies in Korea	<ul style="list-style-type: none"> ○ The current state and issues of the labor market in Korea ○ Employment and labor policy responses to industrial changes ○ Focus Issue: social safety net to protect socially vulnerable groups 	<ul style="list-style-type: none"> - Korea Employment Agency for the Disabled - Korea Labor Foundation
Module III Survey and supervision system for the labor standards	<ul style="list-style-type: none"> ○ Institutional framework for compliance with the labor standards ○ Workplace labor survey and inspection to implement the labor standards ○ Capacity building for labor inspectors 	<ul style="list-style-type: none"> - Korea Employers Federation - Federation of Korean Trade Unions - Economic and Social Development Commission
Module IV Employment and labor policy decision mechanism and social dialogue in Korea	<ul style="list-style-type: none"> ○ Social dialogue structure and roles of the tripartite parties in Korea ○ Social dialogue structure in other countries ○ Limitations and necessary improvements of social dialogue 	
Module V Settlement of labor disputes	<ul style="list-style-type: none"> ○ The kinds and causes of labor disputes ○ Institutional framework to settle labor disputes ○ Effective labor disputes negotiation and mediation techniques 	<ul style="list-style-type: none"> - National Labor Relations Commission
EXTRACURRICULAR ACTIVITIES	▷ Seoul City Tour (www.visitseoul.net)	

1. GUIDELINES FOR THE PREPARATION FOR THE COUNTRY REPORT

A Country Report is an in-depth report that contains an analysis of the current development issues facing your countries in your fields of expertise. The KOICA's Fellowship Program includes a Country Report session where participants have an opportunity to share these issues with other participants and Korean experts. Throughout the course, you engage in debates and discussions to resolve them.

A Country Report is directly connected to an Action Plan. Based on what you present and discuss throughout the course, you are requested to present an Action Plan on the last day to develop practical measures to apply the knowledge, technology and experience to your worksite.

Program participants are requested to prepare and submit your Country Report individually or as a group to the KLF (Korea Labor Foundation) Program Manager via e-mail at chuxj@nosa.or.kr or choice90210@nosa.or.kr by **August 24, 2017**. The Country Report should be in MS PowerPoint or Word format. The length of the report should not exceed twenty A4-sized pages. The report should be written in English and double-spaced.

All participants are required to give a 15-minute presentation on the second day of the program on your Country Report individually or as a group. For more effective presentations, a projector, slide projector, overhead projector, and multimedia TV will be available (PowerPoint presentations are preferred).

2. TOPICS TO BE COVERED IN THE COUNTRY REPORT

On the first day of the program, all participants will make an individual or group presentation titled "Country Report" following the guidelines below:

Based on what you have presented and discussed throughout the courses, you are requested to present an action plan on the last day of the workshop.

A. Programs to improve the knowledge in labor market, policy (including global standards/ILO) and industrial relations.

Possible subject 1: Legal or regulation base for labor standards, trade union and industrial relation and etc.

the responsibilities of the Ministry of Employment and Labor and subordinate agencies and the current state of labor laws in each nation based on the global labor standards recommendations

Possible subject 2: Experience in other capability building programs for arbitrating in industrial relations: best or worst cases; the current state of wages and job creation policies, and social safety net for the vulnerable groups of each country

Possible subject 3: Short and long term plan for labor policy for preventing and arbitrating in labor dispute and harmonizing labor-management relationship

Possible subject 4: Current state of Free Trade Agreement (FTA) and social dialogue structure of each nation

B. Details of Country Report Preparation

●National level service structure

- Introduce your organization including personnel and main roles.
- Introduce your Ministry/Department/Bureau of Employment and Labor, describe the authorities responsible for the planning and implementation of labor surveying, and attach the Ministry/Department/Bureau's structure chart including the number of workers engaged in labor surveying.

- **Strategic policies**

- Describe government policies or guidelines on the above subjects. (short-term or long-term plans: goals, priorities, strategies, etc.)
- What are the major issues of employment, labor and industrial relations?

- **Data collection, reporting and monitoring system**

- What kinds of statistical data relating with employment, labor and industrial relations are collected?
- Describe major problems with the current data collection, reporting and monitoring system.

- **Statistical data on the following information (Please indicate the source of the data).**

- Status of ratification of ILO core Conventions
- Labor categories in Labor Law
- Labor dispute and work day lost
- Procedure resolving dispute
- Social dialogue mechanisms
- Minimum wage, living wage, the number of full-time and temporary (informal) workers, the number of labor unions and union workers.
- Official Development Assistance (ODA) statistics of Employment and Labor sector

1. GUIDELINES FOR PREPARATION OF THE ACTION PLAN

An Action Plan is a specific plan created by participants on how you can apply your learning to your worksite. Action Planning is a process which will help you to identify your objectives and decide what steps you need to take to achieve your goals. Establishing and implementing your Action Plan will not only contribute to your professional development but also to positive organizational change.

A good Action Plan entails who will do what, when, and how in detail. Please keep in mind that meeting the financing requirement including budget and time line is crucial to make your action plan feasible and applicable to your worksite.

All participants are requested to prepare a presentation on your Action Plan individually or as a group at the end of the course. You are encouraged to make the most of your weekends and leisure time to further your knowledge acquired from the course and better prepare your presentation for the Action Plan.

Participants receive feedback from Korean experts who can share their insight and help further improvement of the Action Plan. After returning to your own countries, KOICA will continually follow up with participants to learn what kind of progress is being made in the implementation of your Action Plan. KOICA expect all participants to achieve your desired outcome.

2. TOPICS TO BE COVERED IN THE ACTION PLAN

- a) Identify various problems related to each country's current situation of conflicts in labor market.
- b) Analyze causes and devise the best way to solve problems and make proposals.
- c) Consider how it will affect the current problems and the advantages it will bring in the future.
- d) Discuss how it can be applied to your current work including a budget and a financing plan.
- e) Expected Results and Impact

3. STEPS FOR THE ACTION PLAN

- **[Step 1] Present Country Report**

- On the 1st day of the course, participants are to share their current situation and issues of their interests through Country Report presentation
- KDIS will provide an orientation for writing an Action Plan

- **[Step 2] Lecture on Methodology / Grouping**

- Lecture on Action Plan methodology
- Form Action Plan working groups

- **[Step 3] Group Discussions / workshops**

- Brainstorm and discuss in groups for developing an Action Plan
- consult with experts and receive feedbacks

- **[Step 4] Complete Action Plan**

- Establish an Action Plan for new development/upgraded policies or programs
- Presentation on the final Action Plan and feedback

1. TRAINING INSTITUTE**Korea Labor Foundation (<http://www.koilaf.org>, <http://www.nosa.or.kr>)**

Korea Labor Foundation, which was founded in April 2007 under the tripartite consensus on the importance of social partners' autonomous contribution to a more stable and advanced labor relations, is one and the only public institution that is engaged in the programs and activities to promote the labor relations in Korea.

The programs and activities of the Foundation, which are all designed to help and guide social partners to work together with responsibility and for their common benefits, include: program for labor-management co-existent cooperation and solution of labor-management conflicts, leadership program for labor-management; education for expansion of one family two gains and region, occupation-specific education; workplace innovation consulting to increase competitiveness at workplace; employment generation, by creating selective worktime jobs, improving the long work practice and promoting flexible work schemes; outplacement services for retirees in their 40's or older; counseling and education to prevent and remedy unreasonable discrimination in employment; and international exchanges in the field of labor relations.

The international labor cooperation programs of the Foundation are intended to increase other nations' understanding Korea's employment and labor development in Korea and to support for labor-management harmonization through sharing experiences. To this end, the International Labor Cooperation Division will do its utmost to serve as a bridge between Korea and the rest of the world, by promoting international exchange and cooperation, especially at non-governmental level(Official Development Assistance/ODA), assisting multinational companies in their effort to stabilize and advance labor relations and providing support for foreign workers' rights and interests and their social integration surveys according to the International Labor Organization (ILO) standards..

2. CONTACT INFORMATION

- **Korea International Cooperation Agency (KOICA)**

- **Program Manager: Ms. Jinmin LEE**
- Phone: +82-31-740-0586
- Fax: +82-31-740-0595
- E-mail: jinmin.lee@koica.go.kr
- Websites: <http://www.koica.go.kr>
<http://training.koica.go.kr>
<http://www.facebook.com/koica.icc>

- **Program Coordinator: Mr. Sangjun HAN**

- Phone: +82-31-777-2644
- Fax: +82-31-777-0996
- E-mail: korea139@global-inepa.org

- **Korea Labor Foundation**

- **Program Manager: Mr. Han-uk CHO**
- Phone: +82-2-6021-1074
- Fax: +82-2-6021-1483
- E-mail: chuxj@nosa.or.kr
- Home page: <http://www.nosa.or.kr>

Appendix 1.

INTRODUCTION OF KOICA

KOICA
Korea International
Cooperation Agency

is a development cooperation agency of the Republic of Korea which was established in 1991. KOICA's mission is to reduce poverty, promote living standards and help realize sustainable, equitable and inclusive development in developing countries. To accomplish its mission, KOICA has been actively involved in enhancing developing countries' socio-economic infrastructure and institutions, providing the people of the developing world with opportunities for better lives and improving their well-being.

KOICA Fellowship Program

Human Resource Development (HRD) has been one of the most important factors in Korea's escape from the vicious cycle of poverty and underdevelopment which had existed for many decades. With scarce natural resources, HRD played a vital role in Korea's development; thus, Korea has emerged as an exemplary showcase of national development powered by HRD. From its own experience Korea came to fully recognize the significance of HRD. With extensive experience and know-how in HRD, Korea contributes greatly to the international community by sharing its unique development experience with other countries.

The KOICA Fellowship Program is one of KOICA's main projects to support partner countries secure human resources for their development. The primary objective of the Fellowship Program is to share important technical skills and knowledge as well as to build capacities for sustainable socio-economic development. The program is composed of a wide range of topics, including public administration, economic development, science and technology, agriculture and health, etc. In order to meet the changing needs of partner countries, KOICA always strives to renovate and improve its Fellowship Programs.

Appendix 2.

KOICA FELLOWSHIP PROGRAM (CIAT)

KOICA has launched a brand-new name for the KOICA Fellowship Program in order to more effectively raise awareness about the program among the public and its partner countries.



In English, CIAT stands for Capacity Improvement and Advancement for Tomorrow and in Korean it means “seed (씨앗)” with hopes to contributing in the capacity development of individual fellows as well as the organizations and countries to which they belong.

The CIAT Program provides participants with opportunities to gain first-hand knowledge of Korea's development experience. The programs are designed to enable participants to apply what they have learned for the development of their home countries. Since 1991, KOICA has offered about 4,255 courses to more than 69,981 participants from 172 countries.

Appendix 3.

KOICA FELLOWSHIP COMMUNITY

The Fellows' Facebook is a place for fellows to ask questions and write comments on KOICA fellowship programs. So, if you have questions regarding our program, please feel free to join our Facebook community.



facebook.com/koica.icc

Appendix 4.

MAP AND VENUE INFORMATION



Appendix 5.

INFORMATION ON DIRECTION TO KOICA ICC

- **Route:** Incheon International Airport → Korea City Airport, Logis & Terminal(CALT) → KOICA International Cooperation Center (ICC)
- **Arrival at Incheon International Airport** (<http://www.airport.kr>)

Flow:

- ▶ Fill out Arrival Card (or Immigration Card), Customs Declaration Form, Quarantine Questionnaire (on board)
- ▶ Quarantine including animals and plants (on 2nd Floor)
- ▶ Present your Arrival Card, Passport and other necessary document to Passport Control
- ▶ Claim baggage on 1st Floor
- ▶ Customs Clearance
- ▶ Pass an Arrival Gate
- ▶ Go to the KOICA Counter, which is located between Exit 1~2

• **KOICA Counter at Incheon International Airport**



Location : Next to Exit 1 on the 1st floor (No.9-10)
Tel. : 82-32-743-5904
Mobile : 82-(0)10-9925-5901
Contact : **Ms. Jin-Young YOON**

- After passing through Customs Declaration, please go to the KOICA Counter (located between exit 1~2) at Incheon Airport. At the KOICA Counter, you can get detailed information about how to get to KOICA International Cooperation Center (ICC) and purchase limousine bus ticket for City Airport, Logis & Travel (CALT).
- All the KOICA staff at the Incheon Airport wears nametags or has signs for indication. If you cannot meet the KOICA staff at the counter, please purchase a limousine bus ticket from the bus ticket counter (located on the 1st Floor), and go to CALT Bus Stop No. 4A (or 10B). Please find the bus number 6103 and present your ticket to the bus driver. From Incheon Airport to CALT, the approximate time for travel will be between 70 to 90 minutes. When you arrive at CALT, you will find another KOICA staff who will help you reach the KOICA ICC. KOICA will reimburse the limousine bus fare when you arrive at KOICA ICC. Also, please be aware that there may be illegal taxis at the airport. Even if they approach you first, please do not take illegal taxis and check to see if they are KOICA staff.

"Please remember to read the Fellows' Guidebook. It is available from the Korean Embassy or KOICA Overseas Office in your country and provides valuable information regarding KOICA programs, allowances, expenses, regulations, preparations for departure and etc."

Application Guidelines

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

- a. Carefully read your Course Information (CI) prior to completing the application form;
- b. Use a personal computer in completing the form, or handwrite in **block letters**;
- c. Fill in the form in **English**;
- d. Be sure to fill in **every part** of the form;
- e. Send the completed form to your country's KOICA Office - or the Embassy of Korea stationed in your nearest country if the former 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

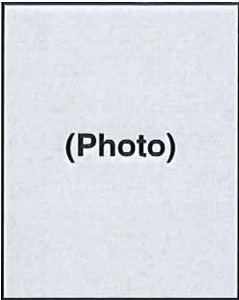
Items	Page No.	Check(√) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information	5-6	
c. Ticked agree/disagree box for Agreement on Sexual Harassment Policy	7	
d. Signed the declaration for terms and conditions	8	
e. Signed and filled in every part of Medical Report 1	9	
f. Had an authorized physician to complete and sign Medical Report 2	10	
g. Had an authorized official from your government to complete and sign the Nomination form	11-12	
h. 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 Fellowship Program.

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

Application Form for the KOICA Fellowship Program

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



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

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

Program Title	
Course Title	
Course Duration	from _____ to _____ (DD-MM-YYYY)

II. PERSONAL DATA

Name (as in the passport)	First Name																								
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Date of Birth	Day		Month		Year																				
Sex	<input type="checkbox"/> M <input type="checkbox"/> F		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	<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			
	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 Course related to your tasks mentioned aforesaid.
	Elaborate on organizational setback or challenges that you wish to address through the Course.
	Elaborate on your plans to apply the lessons learned from the Course to your organization.

VI. CAREER RECORD

Career Background (Past 5 Years)

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

Educational Background (Higher Education)

Name of Institution	City / Country	Field of Study and Degree	Period (MM-YYYY)	
			From	To

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 /or 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.
- 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).
- 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 Course Information (CI), or send an email to ciat@koica.go.kr.
- 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.

Agreement on Collection and Use of Personal Information

- ① KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
 - **Personal Information Collected** : name, date of birth, sex, nationality, contact information, employment status, career and educational record
 - **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
- ② If you do not approve our collection and use of your personal information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, KOICA Club activities, insurance and medical service.

Agree Disagree

Agreement on Collection and Use of Sensitive Information

- ① KOICA collects and uses the participants' Sensitive Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Sensitive Information Collected** : religion, medical information
 - **Purpose** : implementation and organization of the KOICA Fellowship Program in consideration of participants' religious characteristics, screening of participants' health condition to participate in KOICA Fellowship Program, insurance and medical service
 - **Retention Period** : 3 years for hard copy / permanent preservation for soft copy
- ② If you do not approve our collection and use of your sensitive information, you may also refuse to agree. However, you may have limited support from KOICA regarding your religious activities and requirements, insurance and medical service.

Agree **Disagree**

Agreement on Collection and Use of Unique Identifying Information

- ① KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Unique Identifying Information Collected** : passport number, alien registration number
 - **Purpose** : visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service
 - **Retention Period** : 5 days after the accomplishment of the purpose specified above
- ② If you do not approve our collection and use of your unique identifying information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service.

Agree **Disagree**

II. POLICY ON SEXUAL HARASSMENT

- a. Sexual harassment, 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, is regarded as a serious misconduct and will be dealt with accordingly.
- b. Once a sexual harassment case is filed, it is proceeded either to a review with the Program Manager, or to a review by KOICA Advisory Board. Sexual harassment cases may result in serious repercussions including 1) dismissal from the Program, 2) report to the pertinent embassy and/or government, 3) civil and criminal lawsuits and penalties.
- c. Participants are encouraged to file a complaint in accordance with KOICA's complaint procedure, when they feel that they are sexually harassed.

Agreement on Sexual Harassment Policy

- ① I fully understand and agree to abide by KOICA's policy on sexual harassment.
- ② I understand the definition of sexual harassment as clarified above, and will not engage in any behavior that may be regarded as sexual harassment.
- ③ I understand that there are serious repercussions to engagement in sexual harassment cases.
- ④ I understand that I can file a complaint in accordance with KOICA's complaint procedure when I feel that I am sexually harassed.
- ⑤ I agree that when I am involved in civil and/or criminal lawsuits for my misconduct during the course period, KOICA has the right to acquire any information regarding the case.

Agree **Disagree**

III. GENERAL TERMS & CONDITIONS

a. Attendance & Punctuality

- ① Participants should be on-time and professional when submitting/presenting any reports and documents requested for the KOICA Fellowship Program.
- ② Participants should be punctual and devoted to following the schedule of the KOICA Fellowship Program. Participants are monitored and evaluated on their professional behavior while participating in the Program. KOICA may report the monitoring and evaluation results to Participants' government and/or employer when necessary. Absence without prior notice or acceptable reasons, and habitual tardiness are subject to evaluation, and may cause disadvantages.
- ③ Participants must leave Korea upon the completion of the Fellowship Program within three calendar days (seven calendar days for the Scholarship Program) unless they have obtained prior approval from KOICA and the government of their country of residence.

b. Misconduct

- ① 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 KOICA policy.
- ② Any kind of disturbance to the efficient implementation of the Fellowship Program, including a breakaway from the Program, immoderate drinking, and other arbitrary and irresponsible behavior, will not be tolerated.
- ③ Participants are obliged to report immediately to KOICA of any damage incurred as a result of, or in connection with their act.

c. Security & Well-being

- ① Participants are responsible for their own personal belongings, safety, health and well-being.
- ② KOICA supports participants' medical expenses for accidents or diseases up to a limit covered by the insurance.

- ③ Participants, however, should pay for deductibles; and are solely responsible for the expenses exceeding the insurance coverage.

※ *Pregnancy or treatment for any kind of chronic disease is excluded from the insurance coverage.*

d. General Rules

- ① Participants should abide by the terms and conditions of both KOICA and the training institute with regards to the Fellowship Program.
- ② Participants should not bring any family members (dependants) to Korea or the country of training.
- ③ Participants should refrain from engaging in political activities and any form of employment for profit or gain during the course period.
- ④ Participants are solely responsible for any claims, losses, damages, demands, actions, suits, and costs for legal proceedings that arise from their fault, misconduct, negligence, and/or failure to abide by the terms and conditions aforesaid during the course period.

IV. DECLARATION

I, _____, of _____ have read and fully agree to
(name of applicant) (name of country)

the terms and conditions set forth above and declare that all the information given above is true and complete.

I will accept any penalties and consequences for failure to abide by the above terms and conditions, including dismissal from the Program and report to my government and/or employer.

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

PART. 3. MEDICAL REPORTS

I. MEDICAL REPORT 1 (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)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication (_____), Quantity (_____)
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b. Are you pregnant? (female only)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> (_____ months)
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c. Please indicate any needs arising from disabilities that may require additional support or facilities.

(_____)
<i>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.</i>

2. Medical History

a. Have you had any significant or serious illnesses? (If hospitalized, give place & dates.)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition (_____)

b. Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition (_____)

c. High blood pressure

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Present condition (_____) mm/Hg to (_____) mm/Hg

d. Diabetes (sugar in the urine)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Present condition (_____) - Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

<input type="checkbox"/> Thyroid Problem	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Stomach and Intestinal Disorder	
<input type="checkbox"/> Infectious Disease >> Specify the name of illness (_____)			
<input type="checkbox"/> Others >> Specify (_____)			

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Specify the name of illness (_____)	
- Present condition (_____)	

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

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

II. MEDICAL REPORT 2 (to be completed by an authorized physician)

1. Basic Health Information

Name					
Age		Blood Type		Height	cm
Sex		Blood Pressure	/ mmHG	Weight	kg

2. Health Examination Result

Name	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	

3. How long have you known the person named above?

- Less than 6 months More than a year More than 5 years More than 10 years

4. Has this person received any medical treatment for the last 5 years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Specify ()	
- Present condition ()	

5. Does he/she have any conditions, whether in the past or present, that requires special care/attention or possibly disturb his/her participation to an intensive training course away from home?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Specify ()	
- Present condition ()	

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

Date : _____ Contact Information of Clinic : _____

Name of Clinic : _____ Address of Clinic : _____

Name of Physician : _____ Signature : _____

PART. 4. NOMINATION (to be completed by nominating government / organization)

I. Reasons for Nomination

e.g.) relevance of the Course to the applicant's duties; applicant's capabilities of developing the institutional capacity of the organization, etc.

II. Please attach ORGANIZATION CHART with an appropriate marking of the nominee's position

III. OFFICAL NOMINATION

The Government of _____ officially nominates _____
(Name of Country) (Full Name of Nominee)

to participate in _____ as organized by the Korean Government(KOICA)
(Title of Course)

and I, _____, on behalf of the Government of _____, certify that
(Name of Authorized Official) (Name of Country)

- (a) All information including career and educational background quoted by the nominee in this form is 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 the language required, both spoken and written, to undergo the Course.
- (c) On behalf of the organization I agree to the terms and conditions of KOICA.
- (d) My organization shall be responsible for dealing with claims by KOICA and third parties where the loss or damage to their property, or death or personal injury was caused by gross negligence or willful misconduct of the Nominee during the participation to the KOICA Fellowship Program.
- (e) Nominee's unsatisfactory performance or failure to conform to the code of conduct may lead to limited opportunities for the organization's nomination to the KOICA Fellowship Program.

Name(Authorized Official) : _____

Position/Title: _____ Organization: _____

Telephone: _____ Email: _____

Date: _____ Signature: _____

Health Questionnaire /Medical Report 3 (Completed by Authorized Physician)

Basic Information of Applicant	Name
	Nationality
	Birth Date(YY/MM/DD)

Please list the countries where this person has stayed during the past 10 days.

1)	2)	3)
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Please check a mark "v", if the person has or has had any of the following symptoms during the past 10 days.

<input type="checkbox"/> Fever	<input type="checkbox"/> Maculopapular rash	<input type="checkbox"/> Joint pain
<input type="checkbox"/> muscle pain	<input type="checkbox"/> conjunctivitis (red eyes)	<input type="checkbox"/> headache

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

Name of Clinic :

Address of Clinic :

Name of Physician :

Date :

Signature :