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| IUTC 로고2APPLICATION FORM FOR ONline TRAINING  International Urban Training Center(IUTC)  UN-Habitat_logo_NEW_blueunder the support of  341-6 Saengtaegongwon-gil, Bukbang-myeon, Hongcheon-gun,  Gangwon Province, Republic of Korea 25113  [**Tel:**+82-33-248-6584](Tel:+82-33-248-6584) / **E-mail:**[bluesky1130@daum.net](mailto:bluesky1130@daum.net) / <http://iutc.gwd.go.kr>  **Note:** Please be sure to type in the form in English alphabets, not in hand-writing or in PDF format except page 4 scan. Double click () and select “checked” in order to choose your option. The words "NIL" or "N/A" should be used where applicable. Do not leave any space blank. | |  | | --- | | Attach your scanned photo here | |

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| TITLE OF Training COURSE: Local Economy Activation (LEA 2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. personal data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | **(Example)** Yeonghoon | | | | | | | | | | | | | | | | | | Middle name | | | | | | | |  | | | | | | | | Last name | | | | Kim | | | | | | | | |
| Date of Birth (yyyy.mm.dd) | | | | | | | | | | | | 2010.01.01 | | | | | | | | | | | | | Sex (M/F) | | | | | | | | M / F | | | | | | | | | | | | | | | | |
| Nationality | | | | | | Republic of Korea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Hongcheon | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | | | | | | 24431 | | | | | | Country | | | | ROK | | | | | |
| Phone | +82 | | | | | | | | | 33 | | | | | 2486584 | | | | | | | | | | Fax | | | | | | | | | Nil | | | | | | Nil | | | | | | | Nil | | |
| country code | | | | | | | | | area code | | | | | number | | | | | | | | | | country code | | | | | | area code | | | | | | | Number | | |
| Mobile | + | | | | | | | | |  | | | | |  | | | | | | | | | | E-mail Address | | | | | | | | |  | | | | | | | | | | | | | | | |
| SNS Account | | | | | | | Please check: Facebook ( ), Skype ( ), Whatsapp ( ), Line ( ), Others ( )  ID to contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| II. employment and Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present Position/Title | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department or Division | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | City | | |  | | | | | | | | | | | | Country | |  | | | | |
| Phone | | | | + | | | | | | | | |  | | | | | |  | | | | | | | | | | | | Fax | | | | | | | + | | | | |  | | |  | | | |
| country code | | | | | | | | | area code | | | | | | Number | | | | | | | | | | | | Country code | | | | | area code | | | Number | | | |
| Type of Organization | | | | | | | | | Governmental/Public | | | | | | | | | | | | | | UN Agency | | | | | | | International | | | | | | | | | Private | | | | | other | | |  | | |
| Term of Employment from (dd/mm/yyyy) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | to present | | | | | | | | | | | | | | | | | | | |
| Please describe your present designation/duties below *(Please describe in detail)* : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Career over the past 5 years** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization | | | | | | | | | | | | | | | | | | from | | | | | | to | | | | | | | Position/Responsibilities *(Please describe in detail)* | | | | | | | | | | | | | | | | | | |
| month/year | | | | | | month/year | | | | | | |
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| **Education and Training** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | | | | | | | | | | | | from | | | | | | to | | | | | | | Field of Study and Degree | | | | | | | | | | | | | | | | | | |
| month/year | | | | | | month/year | | | | | | |
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| **Application times you applied for IUTC courses : ( ) times** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **How many times you attended IUTC courses : ( ) times** | | | | | | | | | | | | | | | | | | |
| **Former Training Attendance in IUTC or KOREA (if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | | | |
| Program | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Period | | | | | Ex) 2015.1.2 ~1.10 | | | | | | | |  | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | yyyy.mm.dd | | | | | | | | yyyy.mm.dd | | | | | |
| \* Please introduce any activities or projects you implemented as a follow-up after training at the IUTC. This applies only to  the person who had previously attended the IUTC training course. If possible, please submit this in a separate file. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| III. LANGUAGE PROFICIENCY – ENGLISHDouble click () and select “checked” in order to choose your option. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Excellent | | | | | | Good | | | | | | Fair | | | | | | | Poor | | | | | Remarks | | | | | | | | | | | | | | | | | |
| Listening | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |
| Speaking | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |
| Writing | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |
| Reading | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |
| Mother Tongue | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Languages | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| In case you speak English as a foreign language, it is required for you to certify your English proficiency.  Please indicate any of your English Proficiency Tests if you have any: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOEFL | | |  | | | | | | | | | | | | | TOEIC | | | | | | | | | |  | | | | | | | | Others: | | | | | | | |  | | | | | | None | |
| Score | | | | | | | | | | | | | score | | | | | | | | score | | | | | |
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| IV. STATEMENT OF MOTIVATION AND WHAT YOU WANT TO GET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. State your motivation to participate in this training course *(Please describe in detail)* : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Describe what you expect from this course *(Please describe in detail)* : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| V. APPLICANT'S RESPONSIBILITIES | | | | | | | | | | | | | | | | |
| If accepted as a participant, I agree:  1) to follow the training program to the best of my ability and abide by the rules of the IUTC in which I undertake training;  2) to refrain from engaging in political activities, or any form of employment for profit or gain;  3) to carry out such instructions and abide by such conditions as may be stipulated by the IUTC in respect to my training program;  **I fully understand that my status as a participant may be terminated if I fail to make satisfactory progress, or for any other cause as determined by the IUTC.** | | | | | | | | | | | | | | | | |
| **Applicant's Name:** | | | |  | | | | | | | | | **Signature:** |  | | |
| The signature must be inserted this page. | | | | | | | | | | | | | | | | |
| VII. OFFICIAL NOMINATION | | | | | | | | | | | | | | | | |
| The |  | | | | | | | of | |  | | | | | | officially recommends |
| (Title of the Head) | | | | | | | (Name of Organization/Institute) | | | | | |
|  | | | | | | | | | | | for participation in | |  | | | |
| (Full Name of Applicant) | | | | | | | | | | | (Name of Training Course) | | | |
| Phone (Office) | | | + | |  | | | |  | | | | Phone (Office) | + |  |  |
| country code | | area code | | | | number | | | | country code | area code | Number |
| E-mail Address: | | | | | | | | | | | | | | | | |
| as organized by the IUTC and UN-HABITAT, and certifies that:  1) all information provided by the applicant is complete and correct;  2) the applicant has an adequate knowledge of and/ or expertise in the training field;  3) the applicant has a sufficient proficiency of spoken and written English to enable him/her to follow the training course. | | | | | | | | | | | | | | | | |
| Name of Organization: | | | | | |  | | | | | | | | | | |
| Position/Title: | | | | | |  | | | | | | | | | | |
| Name of Authorized Official: | | | | | |  | | | | | | | | | | |
| **Date:** | |  | | | | | **Signature:** | | | | |  | | | | |
| yyyy.mm.dd | | | | |
| The signature must be inserted this page. (Or you can send this page in a separate scanned file or PDF.) | | | | | | | | | | | | | | | | |
| Please send your application documents by email only, **to both email addresses below**.  Do not send them by fax or any other means. You are kindly advised to contact us to confirm the receipt of your application form:  **IUTC**  Mr. Yeonghoon Kim [bluesky1130@daum.net](mailto:bluesky1130@daum.net), bluesky11301@naver.com | | | | | | | | | | | | | | | | |