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| IUTC 로고2APPLICATION FORM FOR ONline TRAINING International Urban Training Center(IUTC)UN-Habitat_logo_NEW_blueunder the support of341-6 Saengtaegongwon-gil, Bukbang-myeon, Hongcheon-gun, Gangwon Province, Republic of Korea 25113**Tel:**+82-33-248-6584 / **E-mail:**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.   |

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| 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 ([x]  ), Whatsapp ( ), Line ( ), Others ( )ID to contact:  |
|  |
| 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)* : |
|  |
| **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 [x]  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 – ENGLISH Double click ([ ] ) and select “checked” in order to choose your option. |
|  | Excellent | Good | Fair | Poor | Remarks  |
| Listening  | [x]  | [ ]  | [ ]  | [ ]  |  |
| Speaking | [ ]  | [x]  | [ ]  | [ ]  |  |
| Writing | [ ]  | [x]  | [ ]  | [ ]  |  |
| 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 |
|  |
| 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, bluesky11301@naver.com  |