

Application form for

『Understanding of Korean Healthcare System』

(June 22nd, 2020, The Division of Global Healthcare Education, KOHI)

	General Information	
1	Name	
2	Nationality	
3	Gender	
4	Date of Birth	
5	Cellphone number	
6	E - mail address	
7	Home address	
8	Major or Speciality	
9	Name of the affiliated hospital in Korea	
10	Name of the supervisor or director of the medical training in Korea	
11	Duration of the medical training in Korea (from ~ to)	

※ Please check only one: the date that you prefer to participate in

	First	July 6 th ~7 th , 2020
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II Consent to sign-up for a general membership

Consent to Collection and Use of Personal Information for sign-up

The Department of Health Industry Education of the Korea Human Resource Development Institute for Health & Welfare(KOHI) collects and uses personal information below for registering students to a course and membership management. Please read it carefully and decide whether you agree with it or not.

Items to be collected and used (Mandatory information)

Items of personal information to be collected and used	Purpose of collection and use of personal information	Period of use and retention of personal information
Full name, User ID, Password, Cellphone number, Email address, Date of birth, Citizen/Alien, Gender, Employment, Consortium Agreement Organization	For registering students to a course and membership management of the Department of Health Industry Education of the Korea Human Resource Development Institute for Health & Welfare(KOHI), Bio Health Net	<u>until member withdrawal</u>

※ You have the right to withhold consent to collection and use of personal information. In case of refusal, sign-up will be limited.

Do you agree to collect and use the (mandatory) personal information?

(I Agree I Do not Agree)

YYYY MM DD

Name :

(Signature)

Korea Human Resource Development Institute for Health & Welfare

III

Consent to Collection, Use and Provision of Pictures, Videos, and Personal information

Consent to Collection, Use and Provision of Pictures, Videos, and Personal information

The Korea Human Resource Development Institute for Health & Welfare(KOHI) collects and uses pictures, videos, and personal information produced during the course of Understanding of Korean Healthcare System for foreign medical providers as below. The main purpose of collecting them is to promote the training program of KOHI. Please read it carefully and decide whether you agree with it or not.

Items to be collected and used (Mandatory information)

Items	Purpose of Collection	Period of use and retention of the collected information
Group and individual pictures, videos, interviews, and personal information of all participants in lectures and ceremonies (orientation, completion ceremony, cultural experience, educational sites, all visiting sites, etc.) during the course of Understanding of Korean Healthcare System for foreign medical providers	Uploading collected pictures and videos to the KOHI websites, youtube, blog, production of promotional materials, and press release for promoting the training program of KOHI	Until member withdrawal (Until needed)

※ You have the right to refuse to consent to collection and use of personal information above.

Do you agree to collect and use personal information as above?

Agree		Disagree	
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YYYY MM DD

Name:

(Signature)

Korea Human Resource Development Institute for Health & Welfare