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| APPLICATION FORM FOR IUTC TRAINING  IUTC 로고2International Urban Training Center under the support of  **UN-Habitat_logo_NEW_blue**  341-6 Saengtaegongwon-gil, Bukbang-myeon, Hongcheon-gun,  Gangwon Province 250884, Republic of Korea  [**Tel:**+82-33-248-6584](Tel:+82-33-248-6584) / **E-mail:**[bluesky11301@naver.com](mailto:bluesky11301@naver.com) / **Homepage:**<http://iutc.gwd.go.kr>  **Note:** Please be sure to type in the form in English alphabets, not in hand-writing as this will not be accepted. 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 COURSE – Localizing the Sustainable Development Goal 11 in Asian Cities:Planning and Implementation of Housing and Slum Upgrading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. personal data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Middle name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Last name | | | | | |  | | | | | | | | | |
| Date of Birth (dd/mm/yyyy) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Sex (M/F) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Marital Status | | | | | | | | | | | |  | | | | | | | | | | | | Religion | | | | | |  | | | | | | | | | |
| Passport Number | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Airport of Departure | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Passport Issuance Date (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Passport Expiration Date (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Home Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | |  | | | | | | | | | | Country | | | | |  | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | Fax | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | |
| country code | | | | | | | | | | | | area code | | | | | | number | | | | | | | | | | | | | | | country code | | | | | | | | | | area code | | | | | | | | | | | | | Number | | |
| Mobile | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | E-mail Address | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | |
| Full name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | country code | | | | | | | | | | area code | | | | | | | | | | | | | Number | | |
| Special diet: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dish: I like very much | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | I don’t like/eat | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| VISA: I need an invitation letter to apply for entry visa issuance**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | |
| If yes, I plan to apply at the Korean (Embassy/Consulate) in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | Country | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | Private | | | | | | | | International | | | | | | | | | | | | | | | | | other | | | | | |  | | | | | | | | | | | |
| Term of Employment from (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | to present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your present 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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| **Former Training in IUTC or KOREA (if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | |
| Program: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Period: | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| Organization: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | month/year | | | | | | | | | | | | | | | month/year | | | | | | | |
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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 | | | | | | | | | | | |
| IV. FINANCING THE COURSE Double click () and select “checked” in order to choose one or more possible funding measures you can accept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Paid | | | | | | | | | | My organization/I will cover the costs for international transport and home country transport, accommodation and meals. **(OECD)**  \* Instead, I request for waiver of fee for accommodation and meals. **(Non-OECD)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Partial Fellowship | | | | | | | | | | I apply for a partial fellowship for accommodation and meals.  (My organization/I will cover all costs of international and home country transports instead.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Full Fellowship | | | | | | | | | | I apply for a full fellowship for international roundtrip airfare, accommodation and meals.  (\* IUTC is not responsible for home country transport and DSA.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| V. 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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| VI. 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 return to my home country upon completion of my training program and to resume work in my country;  4) not to shorten or extend the length of my training or my stay for personal conveniences;  5) not to bring any family members (dependents) to Korea;  6) to accept that the IUTC is not liable for any damage or loss of my personal property;  7) to accept that the IUTC will not assume any responsibility for illness, injury, or death arising from extracurricular activities, willful misconduct, or undisclosed pre-existing medical conditions; however, IUTC will insure against each trainee’s safety/accident during the training period;  8) to carry out such instructions and abide by such conditions as may be stipulated by the IUTC in respect to my training program;  9) to pay all cancellation charge or full round trip airfare, depending upon the amount requested by travel agency, in case I make cancellation of course participation after the flight ticket has been issued (This applies only to full fellowship applicants.);  **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 should 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dd/mm/yyyy | | | | | | | | | | | | | | | | |
| The signature should be inserted this page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please send your application documents by email only, **to ALL 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 [bluesky11301@naver.com](mailto:bluesky11301@naver.com)  **UN-HABITAT**  Ms. Trang Nguyen [Trang.Nguyen@unhabitat.org](mailto:Trang.Nguyen@unhabitat.org)  Ms. Chanya Wang [unhabitat.intern822@unhabitat.org](mailto:unhabitat.intern822@unhabitat.org)  **Training Venue**  International Urban Training Center (IUTC)  341-6 Saengtaegongwon-gil, Bukbang-myeon, Hongcheon-gun,  Gangwon Province 250-884, Republic of Korea  **Tel.** +82-33-248-6584  **Homepage:** <http://iutc.gwd.go.kr> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |