**2021 Clinical Training Program on Rehabilitation Medicine**

Application Form

**Note: Please type in English.**

**1. Name in full:**

(Vernacular)

 (Last Name) (First Name) (Middle Name) (Title)

(English) Mr./Ms.

 (Last Name) (First Name) (Middle Name)

(Gender) Male ( ) Female ( )

|  |
| --- |
| **Photo****(6㎝ × 4㎝)** |

(Marital Status) Single ( ) Married ( ) Others(Specify)

**2. Nationality:**

**3. Passport Number /Country of Issuance:**

**4. Date of Birth:**

**5. Place of Birth:**

**6. Permanent Address:**

**7. Email Address:**

**8. Home Telephone:** Fax :

**9. Present Affiliation:**

**10. Education: (Please specify dates & universities)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates(from...to...) | Name of School | Required Yearsof Study | Major | Diplomaor Degree |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**11. Medical License**

|  |  |
| --- | --- |
| License Number | Specialty |
|  |  |
| Date of First Issuance | License Expires | Issuing entity |
|  |  |

**12. Professional Experience: (Please list chronologically)**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates(from...to...) | Name of Organization | Position | Type of Work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**13. Proficiency in Foreign Languages:**

 Languages Excellent Good Fair Poor

 English

 Others ( *ex. Russian* )

**14. Person to be notified in the applicant's home country in case of emergency:**

A. Name in Full :

B. Address :

C. Telephone : Fax :

**15. Future Position:**

Enclose a letter certifying that a position will be available to you on your return to your country. Give name and address of institution where you will work after the termination of this fellowship in the letter. The letter must be in English, on official stationery, and signed by an official of the institution

**16. Study Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name |  | Age |  |
| **Major Goal and Purpose** |
| 1. Please specify your desiring training period
2. Please write your general Goal and purpose
 |
| **Study Plan in detail** |
| **Your information will be used to arrange the clinical curriculum with teaching hospital.** **List up all new knowledge relevant to your specialization you want to learn in detail****List up all new Skills relevant to your specialization you want to learn in detail****1-**  |

Date of application:

Name of applicant:

Signature of applicant:

|  |
| --- |
| **Submission & Contact**Send Via E-mail: fever0825@naver.com (KNUH) kmkim@kf.or.kr (KF, Korea-Central Asia Cooperation Forum Secretariat)\* Along with the following required documents ;1. Application
2. Letter of recommendation
3. Copy of diploma certificate of a medical college
4. Copy of certificates of employment and career details
5. Medical check-up report (including proof of Coronavirus-19 vaccination certificate)
 |

Participant’s Responsibilities

|  |
| --- |
| **Commitment** |
| If accepted as a KNUCH trainee, I agree1) to follow the International fellowship program to the best of my ability and abide by the rules of the program.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 fellowship program and to resume work inmy country 4) not to bring any family members (dependents) to Korea during the stay for fellowship program 5) to accept that the KNUCH is not liable for any damage or loss of my personal property 6) to accept that the KNUCH will not assume any responsibility for illness, injury, or death arising from private extra curricula activities, willful misconduct; and 7) to carry out such instructions and abide by such conditions as may be stipulated by the KNUCH in respect of my clinical training program. **8) All trainees must participate in a joint rehabilitation study and submit a report on the obtained results.** **Also, not only in Korea but also in Kazakhstan, they must continue participating in the Korea-Kazakh joint study.****( Участники проекта обязаны принять участие в совместном реабилитационном****Исследовании и сдать отчет по полученным результатам. Также не только в Корее, но в Казахстане обязательно нужно продолжить участие в Корейско-Казахском совместном исследовании.)**I fully understand that my status may be terminated for any other cause as determined by KNUCHName of participant :   Position/ Title:  **Date: (mm / dd / yy ) Signature:**   |