**Application Form: 2022 Korean Homeland Education (K-HED)**

 ※ How to fill out: □ Indicate your choice with a check (∨) mark.

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| --- | --- | --- | --- | --- | --- |
| Name | Korean |  | Date of Birth | yyyy / mm / dd | Photo3.5 × 4.5 ㎝ |
| English(as shown in your passport) |  | Sex | □ Male | □ Female |
| Telephone Number(Include Country Code) |  |
| Country of Birth |  | Mobile phone Number |  |
| Nationality |  | Passport Number |  |
| Application for National Scholarship | □ Apply □ Do not apply | Address |  |
| E-mail |   | Korean Language Fluency | □  Advanced | □ Intermediate | □  Beginner |
| Type of Course | Invitation | □ University Preparation Course(Admission Focus Class) | □ Spring (blending): 4. 1 ~ 8. 25. 2022 (5 months)□ Fall: 9. 1. 2022 ~ 1. 26. 2023 (5 months) |
| □ University Preparation Course(Korean Language Focus Class) | □ Spring (blending): 4. 1 ~ 8. 25. 2022 (5 months)□ Fall: 9. 1. 2022 ~ 1. 26. 2023 (5 months) |
| □ Understanding Korea Course | □ Spring: 5. 3 ~ 6. 27. 2022 (2 months) |
| □ Summer: 7. 1 ~ 8. 25. 2022 (2 months) |
| □ Fall: 9. 1 ~ 10. 31. 2022 (2 months) |
| □ Winter: 12. 1. 2022 ~ 1. 26. 2023 (2 months) |
| Online | □ Online Course | □ Spring: 4. 1 ~ 4. 29. 2022 (4 weeks) |
| □ Summer: 7. 1 ~ 7. 29. 2022 (4 weeks) |
| □ Fall: 9. 1 ~ 9. 29. 2022 (4 weeks) |
| □ Winter: 12. 1 ~ 12. 29. 2022 (4 weeks) |
| AcademicRecord | Duration | Name of School |
|  yyyy / mm | ~ |  yyyy / mm | Elementary School |
|  yyyy / mm | ~ |  yyyy / mm | Middle School |
|  yyyy / mm | ~ |  yyyy / mm | High School |
|  yyyy / mm | ~ |  yyyy / mm | University |
|  yyyy / mm | ~ |  yyyy / mm | Graduate School |
| Contact Person in Korea | Name | Relationship | Telephone No. | Descendant of Independence Patriot (If Applicable) | Name of Patriot | Relationship |
|  |  |  |  |  |
| I apply for the 2022 K-HED program with my legal guardian's signature, and I certify that the information contained in this application form is complete and accurate.2022. . .year Month DayApplicant's Name SignatureGuardian's Name Signature |
| I recommend the above person to be admitted in the educational program of your institute.Official Stamp2022. . .Year Month DayKorean Ambassador / Consul-GeneralFor the president of the National Institute for International Education |

※ This application form may be photocopied and used in multiple copies.

※ If above mentioned information is not accurate, it may be sufficient cause for terminating your enrollment.

※ When applying for Online education, please leave the diplomatic office’s recommendation field empty.

**Study Plan for 2022 Korean Homeland Education (K-HED)**

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| --- | --- | --- | --- |
| **Name** |  | **Nationality** |  |
| **Country of Residence** |  | **Date of Birth** |  |
| **Course(s) Applied For** | **[Invitation Education]**□University Preparation Course: Admission Focus Class (□ Spring, □ Fall) / Korean Language Focus Class (□ Spring, □ Fall) □Understanding Korea Course (□ Spring, □ Summer, □ Fall, □ Winter) |
| **[Online Education]**□Online Education Course (□ Spring, □ Summer, □ Fall, □ Winter) |
| **Others** | University (desired) and major (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_ University \_\_\_\_\_\_\_\_\_\_\_ Major※ This information is required for applicants of the University Preparation Course (Admission Focus Class). |
|  **① Motive and study plan** : Describe your understanding of Korea and motive for learning. |
|  |
| **② Plans after completion of program** : Describe your plans for university or graduate school, job-seeking, contribution to society of overseas Koreans, and improvement of the relationship between Korea and the country of residence. |
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※ The Study Plan should be written in **Korean or English**.

※ This Study Plan will be used to select students and scholarship recipients. Attach any evidential documents to support your plan.

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| **Consent to Collection and Use of Personal information for KOREAN HOMELAND EDUCATION** |
| The NIIED intends to collect and use your personal information according to the Personal Information Protection Act regulation for the application and selection for the Korean Homeland Education. Collected personal information will not be used for purposes other than the designated purpose. If the purpose of the collection(etc.) is changed, we will notify the user in advance and obtain consent. Please peruse the content below and decide whether to consent or not.**□ Details of personal information to be collected and used**

|  |  |  |
| --- | --- | --- |
| Items | Purpose of collection | Holding period |
| 1. Students name, D.O.B., sex, resident country, nationality, address, photo, contact information (email, mobile phone, etc.)2. Name of institution or school, last education, other information, etc. turned in by the student for participating in the education | - Selection of students and scholarship beneficiaries for Korean Homeland Education- Provision of information on Korean Homeland Education and record-keeping of the course completion | **Will be destroyed without delay once the purpose is accomplished.**(However, those information such as name, D.O.B., sex, resident country, contact information, etc. are kept as permanent as needed for post -management of the Korean Homeland Education (such as student statistics, issuance of certificates of education completion, etc.) |

※ You have the right to refuse to consent to collecting and using the personal information as above.However, such rejection may result in a restriction on the Korean Homeland Education.

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| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

**☞ Do you agree to the collection and use of personal information as above?** **□ Details of sensitive information to be collected and used**

|  |  |  |
| --- | --- | --- |
| **Items** | **Purpose of collection** | **Holding period** |
| **Health information** **(Name of disease,** **the period of infection, a path of infection)** | Health control of students | **Will be destroyed without delay once education purpose and situation are****accomplished and settled** |

※ You have the right to refuse to consent to collecting and using sensitive information as above.However, such rejection may result in a restriction on the Korean Homeland Education.**☞ Do you agree to the collection and use of personal information as above?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

**□ Unique Identification Information (passport number) to be collected and used**

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| --- | --- | --- |
| **Items** | **Purpose of collection** | **Holding period** |
| **Passport Number** | - Selection of students for Korean Homeland Education and scholarship student - Support of ticketing for the flights, etc. | **Will be destroyed without delay once the purpose is accomplished.** |

※ You have the right to refuse to consent to collecting and using the personal information as above.However, such rejection may result in a restriction on the Korean Homeland Education.

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| Yes |  |  | No |  |

**☞ Do you agree to the collection and use of Unique Identification Information as above?** **□ Details of personal information to be provided to a third party**

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| --- | --- | --- | --- |
| **Institution to be provided with the information** | **Purpose of the provision** | **Items provided** | **Holding period** |
| **Overseas embassies and****consulates and other related institutions**(Contact: ) | - Selection of students for Korean Homeland Education- Support of ticketing for the flights, etc. | - Students name, D.O.B., sex, resident country, nationality, address, photo, contact information (email, mobile phone, etc.), passport number | **Until the completion of****the concerned businesses** |

※ You have the right to refuse to consent to collecting and using sensitive information as above.However, such rejection may result in a restriction on the Korean Homeland Education.**☞ Do you agree to the provision of personal information to a third party as above?**

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| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

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| ※ Do you agree to the provision of the above personal information in a case where the person concerned with the information is a child under 14?

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| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Year Month DayApplicant’s Name (Signature)Legal guardian’s Name (Signature) |

To the President of NIIED |