**「2020 Korean Educators Abroad International Conference」** Application Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name(s)** | (English name as printed in your passport) | | | | | Photo |
| (Local language) | | | | |
| **Country of Residence** |  | | **Date of birth** |  | |
| **Nationality** |  | | **Gender** | **Female □ Male □** | |
| **Language** | **Korean □** (high □ medium □ low □) **English □ Local Language □** | | | | | |
| **Contact** | Address  (home) |  | | | | |
| E-mail | ※Required Fields | | | | |
| Mobile | ※including National Code | | | | |
| **Affiliated institutions** | Name of the institution | (English) | | | (Local language) | |
| Tel | ※including National Code | | | | |
| Address |  | | | | |
| Position |  | | | Period of Working | Years |
| **Interest** | **Lecture □** (Hangul □ Culture □ Education □ Politics □ Economics □ Others □)    **Experience □** (Traditional plays □ Making Korea food □ Making crafts □ Others □) | | | | | |
| I verify the information above.  2020. . .   Applicant: (Signature)  **Ministry of Education** | | | | | | |

**Question & Wish list**

|  |
| --- |
| If you have any questions or anything you want to do, please write in the space below. |
| **(Questions related to Korean language education)** |
| **(Want to do through this conference)** |

**Agreement on the Collection and Use of Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I agree to provide personal information related to Application of **「2020 Korean Educators abroad international conference」**according to Personal Information Protection Law, article 15-22.  In addition, I agree to use of the applicant’s pictures, videos, voice recordings and their publishing.  **■ Personal Information Collection & Usage**   |  |  |  |  | | --- | --- | --- | --- | | **Collection & Usage** | **Purpose** | | **Period**  **of Use** | | Name, Gender, Date of Birth, Country of Residence, Nationality, Address | To use for procedures of personal identification | Management of the conference and post management | 5 Years | | Phone number, E-mail | To provide information updates | | Name of the affiliated institution, Academic degree, Major | For reference |   I have reviewed carefully and agreed the terms and conditions of the Agreement on the collection and use of personal information.  2020. . .   Applicant: (Signature)  **Ministry of Education** |