**NOMINATION FORM**

**※ Course Title**

**: RCARO/KAERI Workshop on Radiation Application Technology**

photo

**※ Duration: October 8-19, 2012**

*\* Note: Please* ***TYPE IN BLUE*** *or PRINT clearly* ***in CAPITAL LETTERS****, and do not leave any space blank (write “N/A” to questions not applicable to you.)*

*\* Personal information (name, date of birth, nationality etc.) must be exactly same as they appear in your most recent passport.*

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| **NOMINEE PERSONAL INFORMATION** |
| Given (First) Name(s) |  | Surname (Last) Name(s) |  |
| Nationality |  | National ID No. |
| Date of Birth |  | Gender □ Female □ Male | Marital Status □ Single □ Married |
| Passport No. |  | Expiration Date | / / |
| Place of Issue |  | Departure City/Airport |  |
| Job Title |  |
| Position Level |  | No. of unit(s) directly supervised by you |  |
| Department/ Division |  |
| Organization |  |
| Type of Organization □Private □ Governmental/ Public □ Academic □ NGO □ Other ( ) |
| Duties/ Responsibilities*(in no more than 350 letters)* |  |
| Business Phone: | Fax: |
|  | *(Country Code) City Code-Number* |  | *(Country Code) City Code-Number* |
| Mobile: | Home Phone: |
|  | *(Country Code) City Code-Number* |  | *(Country Code) City Code-Number* |
| Work E-mail |  | Personal E-mail |  |
| Mailing Address | □ Business □ Home □ Other ( ) |
|  |
| Food Preference | □ Muslim □ Vegetarian □ Other ( ) |
| Accommodation Preference | □ Smoking □ Non-Smoking □ Other ( ) |
| **EMERGENCY CONTACT INFORMATION** |
| Name |  | Relationship |  |
| Mobile: | Home Phone: |
|  | *(Country Code) City Code-Number* |  | *(Country Code) City Code-Number* |

**QUALIFICATION**

**English Proficiency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | Remarks |
| Listening |  |  |  |  |  |
| Speaking |  |  |  |  |  |
| Writing |  |  |  |  |  |
| Reading |  |  |  |  |  |

|  |  |
| --- | --- |
| Native Language: |  |
| Other Languages: |  |

Will you be able to deliver a presentation during the course? □ Yes □ No

Have you ever chaired a seminar or any other formal discussion in English? □ Yes □ No

*English is the official language for training and lack of the language proficiency can result in declining the nomination. Individual phone interviews might be scheduled to evaluate the language proficiency as well as other qualifications.*

**Professional/ Career** *(Over the past 5 years)*

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | From | To | Position/ Responsibilities |
| month/year | month/year |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |

**Education/ Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution/ Organization | From | To | Major Topics |
| month/year | month/year |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |

**Overseas Training Received in the Last 5 Years** *(List all RCARO/KAERI workshops taken, if any)*

|  |  |  |  |
| --- | --- | --- | --- |
| Host Organization/Country | From | To | Major Topics |
| month/year | month/year |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |
|  | / | / |  |

Please state your training goals. How will your participation benefit your career and/or your company/ organization? *(in no more than 500 letters)*

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State any other relevant facts that may further explain the importance of this training workshop. *(in no more than 500 letters)*

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**TERMS AND CONDITIONS**

A qualified nominee must agree to the terms and conditions to participate in the RCARO/KAERI Workshop Program:

1. Follow the workshop program to the best of my ability and abide by the rules of the training organization;
2. Refrain from engaging in political activities, or any form of employment for profit or gain;
3. Return to my home country upon completion of the workshop program;
4. Refrain from extending the time of stay for personal convenience, and accept that RCARO/KAERI does NOT assume any responsibility for the extended stay in Korea of any kind prior and after the program;
5. Refrain from brining any family members and/or any other dependents to Korea during the time of the workshop;
6. Accept that RCARO/KAERI is NOT liable to any damages or losses of personal property;
7. Accept that RCARO/KAERI will not assume any responsibility to illness, injury, or death arising from extracurricular activities, willful misconduct, or undisclosed pre-existing medical conditions of the participant; and
8. Carry out such instructions and abide by such conditions as may be stipulated by RCARO/KAERI in respect of the workshop program.

I have read and agree to fully comply with the above terms and conditions, and certify that all personal information stated above is true and complete to the best of my knowledge.

**Date: Signature:**

**OFFICIAL NOMINATION**

The Organization of officially nominates

 (Name of Country)

 for participation in

 (Full Name of Applicant) (Name of Training Course/Workshop)

 as organized by the Regional Cooperative Agreement Regional Office, 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 workshop field; and
3. the applicant has a sufficient proficiency of spoken and written English to enable him/her to follow the workshop course.

Name of Organization:

Position/ Title:

Name of Authorized Official:

**Date: Signature:**

**MEDICAL REPORT**

*This form should be completed by a physician who has known the applicant for at least 18 months prior to filling out this form. If any changes take place in the applicant’s condition within the last 10 days before departure for training, the applicants must submit a full explanatory medical letter, detailing diagnosis, prognosis, and treatment.*

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| **MEDICAL HISTORY** |
| Diagnosis | Current Medications-Dosages-Times |
|  |  |
| Prescribed | Allergies or Reaction to: |
|  | Medication: |
| Food, Plants or Insect Bites: |
| Treatments (Please explain if any) |
|  |
| Hospitalizations: Date-Hospital-Reason |
|  |
| Eyeglasses | Yes/ No | Dentures | Yes/ No | Wheelchair | Yes/ No | Urinary | Yes/ No |
| Cataracts | Yes/ No | Walker | Yes/ No | Prosthesis | Yes/ No | Drainage | Yes/ No |
| Contacts | Yes/ No | Cane | Yes/ No | Colostomy | Yes/ No | Oxygen | Yes/ No |
| Can applicant participate in a geriatric exercise program? | Level of orientation and management: |
| Yes/ No(Please state limitations: ) |  |
| MD’s Name | MD’s Signature |
|  |  |
| Address | Telephone and Fax Numbers |
|  |  |

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| **PHYSICAL EXAMINATION** |
| Weight |  | Height |  | Blood Type |  | Blood Pressure |  |
| Pulse |  | Resp. |  | Hearing |  | Vision |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Condition | Normal | Explain Any Abnormalities |
| Skin | No pressure areas, rash, or jaundice | □ |  |
| Mouth | No sores, masses, or dentures | □ |  |
| Breast | No masses | □ |  |
| Lungs | Clear to percussion; Breath sound present and normal; No rales or wheezes | □ |  |
| Heart | Regular rhythm; No murmurs, gallops, peripheral edema, or jugular venous distention | □ |  |
| Abdomen | Bowel sound present; No masses, hepatomegaly, spenomegaly, or tenderness | □ |  |
| Rectal Exam | No masses; Prostate not enlarged or nodular | □ |  |
| External Genitalia | No sores, lesions, or masses | □ |  |
| Musculoskeletal System | No joint abnormality | □ |  |
| Neurological Exam | Gag reflex intact; DTRs normal; No speech defect, weaknesses, rigidity, gait abnormality, or Babinski’s reflex | □ |  |
| Vision Exam | No vision impairment | □ |  |
| Hearing Exam | No hearing impairment | □ |  |
| Mental Status | Oriented to time, person, place; Not markedly depressed | □ |  |

Explain any other abnormalities and certain restrictions.

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PROGNOSIS

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**NOMINEE STATEMENT**

I understand that, if any information I have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any activity.

**Date: Signature:**