**RCA Regional Office Innovative Technology Center for Radiation Safety  
 Daejeon, Republic of Korea Seoul, Republic of Korea**

**NOMINATION FORM**

**2018 RCA/iTRS Radiation Safety Training Course**

A photograph taken

within 6 month

**20 August to 24 August 2018**

*\* Note: Please answer each question clearly and completely.*

*TYPE OR PRINT IN INK. Read carefully and follow all directions.*

*\* Personal information (name, date of birth, nationality etc.) must be exactly*

*same as they appear in your most recent passport.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMINEE PERSONAL INFORMATION** | | | | | | | | |
| **Given (First) Name(s)** | |  | | **Surname (Last) Name(s)** | | | |  |
| **Nationality** | |  | | Gender □ Female □ Male | | | | |
| **Date of Birth** | |  | | | | | | |
| **Passport No.** | |  | | Valid until | | | |  |
| Place of Issue | |  | | Date of Issue | | | |  |
| **Departure City/Airport** | |  | | | | | | |
| Title of Position | |  | | | | | | |
| Department/ Division | |  | | | | | | |
| Organization | |  | | | | | | |
| Type of Organization □Private □ Governmental/ Public □ Academic □ NGO □ Other ( ) | | | | | | | | |
| Description of Work  *(in no more than 350 letters)* | |  | | | | | | |
| Business Phone: | | | | | Fax: | | | |
| Mobile: | | | | | Home Phone: | | | |
| Work E-mail | | |  | | Personal E-mail | |  | |
| Mailing Address | | | Street: | | | | | |
| P.O. Box: | | | | Postal Code: | |
| Town/City: | | | | | |
| Region/District: | | | | | |
| Country: | | | | | |
| Food Preference | | | □ Muslim □ Vegetarian □ Other ( ) | | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | | |
| Name |  | | | | Relationship |  | | |
| Mobile: | | | | | Home Phone: | | | |

**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

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

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

🞟 Are you covered under a radiation surveillance programme in your country? □ Yes □ No

**Education/ Training**

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

**Overseas Training Received in the Last 5 Years** *(List all RCA Training Course 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 organization? *(in no more than 500 letters)*

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**MEDICAL REPORT**

🞟 If you have any history of illness or other disorders during the last five years, please describe treatment and present status.

|  |
| --- |
|  |

🞟 Do you have any medical condition which might require treatment during your period of stay?

|  |
| --- |
|  |

🞟 I declare that I am in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from home. □ Yes □ No

**TERMS AND CONDITIONS**

A qualified nominee must agree to the terms and conditions to participate in the RCA Training Program:

1. Follow the training course 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 training course;
4. Refrain from extending the time of stay for personal convenience, and accept that RCA 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 program;
6. Accept that RCA is NOT liable to any damages or losses of personal property;
7. Accept that RCA 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;
8. Submit assignments requested by RCA, specifically country reports, in a complete and timely manner; and
9. Carry out such instructions and abide by such conditions as may be stipulated by RCA in respect of the training course.

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**

I, as a National Representative, hereby duly confirm and endorse this applicant for participation in Radiation Safety and to be held on 20 August to 24 August 2018 *in Hanyang University, Seoul, Republic of Korea* as organized by the Regional Cooperative Agreement, 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 program field; and
3. the applicant has a sufficient proficiency of spoken and written English to enable him/her to follow the training course.

Name:

Organization:

Position/ Title:

**Date: Signature:**