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| **APPLICATION FORM** |

All application documents must be written in English. Please fill out this application form and submit it, along with your resume, via email (stp@innopolis.or.kr) no later than September 15, 2023.

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| **PERSONAL INFORMATION** \*Please complete this section exactly as it appears on your passport. | | | | |
| Full Name | (First Name/Given Name) (Last Name/Surname) | | | |
| Nationality |  | Date of Birth | | *DD/MM/YYYY* |
| Gender | □ Male | | □ Female | |
| Mobile Number |  | E-mail | |  |
| LinkedIn Address | (If any) | | | |

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| **EDUCATIONAL / PROFESSIONAL QUALIFICATION** | | | | | | | | | | |
| Degree/Diploma/Certificates | | | Year of Acquisition | | | | | Name of Educational Institute | | |
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| **ENGLISH LANGUAGE PROFICIENCY (You may be asked to participate in a face-to-face interview in English for the final selection.)** | | | | | | | | | | |
| Spoken | □ Fluent | | | □ Good | | □ Basic | | | | □ None |
| Written | □ Fluent | | | □ Good | | □ Basic | | | | □ None |
| **ORGANIZATION TYPE** | | | | | | | | | | |
| □ Government □ Research Institute □ University □ STP □ Other(*public, private entity, etc.*) | | | | | | | | | | |
| Organization Name | | (In English)  (In local language) | | | | | | | | |
| Country | |  | | | Website | |  | | | |
| Address | | *\*Where your organization is based* | | | | | | | | |
| Establishment Year | |  | | | Mother Organization  (If any) | | | |  | |
| Telephone | |  | | | E-mail | | | |  | |
| ♦ Does your organization operate a science and technology park (STP) with tenant companies or Institutions?  □ Yes (\*Number of Tenants: / Total Area *m2*)  □ No  ♦ Please briefly describe the main missions/activities of your organization related to STP development and operations. (Up to 100 words). | | | | | | | | | | |

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| **Applicant Qualification** |
| ♦ What is your position (job title) at your home organization?  ♦ Please provide a brief explanation of your current roles and/or responsibilities at work, particularly in relation to STP development and operations. (Up to 200 words) |

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| **Reference Check** |
| ♦ Please kindly provide contact information for reference checks (preferably individuals associated with the international cooperation office of your home organization.)  - **Referee**   |  |  |  |  | | --- | --- | --- | --- | | First Name/Given Name |  | Last Name/Surname |  | | Job Title |  | | | | Organization Name |  | | |   **- Referee Contact**   |  |  |  |  | | --- | --- | --- | --- | | E-mail |  | Telephone |  | |

**I hereby certify that the information provided in this application form are accurate, complete and true to the best of my knowledge, and I am submitting it in good faith.**

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| Date (DD/MM/YYYY) | | Applicant’s Signature | |
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| **PRE-PARTICIPATION SURVEY** |

We are conducting a brief pre-participation survey to adequately prepare for the K-STP Training Program. Your responses will greatly assist us in enhancing the quality of the training program.

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| A. How did you learn about this program?  □ Through the organization you currently work for  □ Via the embassy or consular office  □ Via recommendations from K-STP Alumni or other acquaintances  □ From the Korea Innovation Foundation (INNOPOLIS) Website  □ Other (\* Please specify: )  B. Have you previously visited Korea?  □ Yes □ No  \* (For those who answered “Yes”) If you have visited Korea before, have you been to Daedeok Innopolis?  □ Yes □ No  C. Have you previously participated in this program?  □ Yes (\*Please specify the year: ) □ No |

**PERSONAL INFORMATION COLLECTION and USAGE AGREEMENT**

The Korea Innovation Foundation places great importance on safeguarding and respecting the privacy of the applicant's personal information in compliance with relevant laws, including the Personal Information Protection Act. The Korea Innovation Foundation collects and utilizes the personal information you provide solely for the purpose of running the 25th K-STP Training Program. Your personal information will be held in strict confidentiality.

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| **Purpose of Collection/Usage** |
| To select participants for the25th Korea-Science and Technology Park Training Program and to operate the program |
| **Information to be Collected/Used** |
| Name, gender, job title, organization name, mobile phone number, address, email, and any other related information provided |
| **Retention/Use Period** |
| The aforementioned personal information will be retained and used by the Korea Innovation Foundation for the stated purpose from the date the applicant agrees to its collection/usage **until December 31, 2023**.  \* You have the option to decline the collection and usage of your personal information. However, in such cases, you will not be eligible to participate in the 25th K-STP Training Program. |
| **Agreement on Personal Information Collection/Usage** |
| **□ Agree □ Disagree** |

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| Date (DD/MM/YYYY) | | Applicant’s Signature | |