[Application Form A]

**Consultant Application Form**

**1. Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth**(dd/mm/yyyy) |  / / | **Passport No.** |  | **Nationality** |  |
| **Address** | Office |  | Tel. |  |
| Fax |  |
| Home |  | Tel. |  |
| Fax |  |
| E-mail |  |
| **Work Information** | Organization Name |  |
| Department |  | Position |  |
| **Highest achieved education** |  | School Name / Graduation Year |  |
| **Awards** | Year & Date Awarded | Award Name | Organization Name | School Name |
|  |  |  |  |

**2. Consulting Fields**

**\* Mark your major field (Marking on 2 major fields is acceptable.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| R&D Planning | Clinical Trial | GMP | RA | Technical Marketing | PM |
|  |  |  |  |  |  |

**3. Remuneration**

|  |  |
| --- | --- |
| Desired Period of Stay | 2019. . . ~ 201 . . |
| Average Incomein Recent 3 Months | US$ |  |
| Home Country Currency |  |
| Desired Annual Income | US$ |  |
| Home Country Currency |  |

**4. Other information** (if applicable)

|  |  |
| --- | --- |
| ※ The Number of Patents Acquired |  |
| ※ SCI Journal / Published Papers |  |
| ※ Drug Developing Projects Involved (specify your role in the project) |  |
| ※ Approvals by Regulatory authorities (NDA, IND, etc.)(specify your role to acquire the approvals) |  |
| ※ Business Deals Made(specify your role for the deals) |  |
| Others |  |

\* **Attach references to prove your annual salary, SCI journal-published papers, etc**.

[Application Form B]

**Consultant Code of Ethics Declaration Form**

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| I vow to act according to my knowledge and conscience as an expert and observe the following code of ethics sincerely as a consultant participating in the government project, fully understanding the mission for the growth of the Korean pharmaceutical industry:□ I shall perform my job sincerely and fairly as a consultant for the training and consulting service program using overseas pharmaceutical experts.□ I shall provide the best, specialized consulting services kindly to all Korean pharmaceutical companies in performing training and consulting. □ As a consultant, I shall maintain honor, dignity, and integrity and endeavor for the improvement and update of expertise and technology consistently.□ I shall not take any action in violation of the laws and ethics for the public position using information obtained in the course of performance of the job. □ I shall make utmost efforts for the growth of the general Korean pharmaceutical industry and proffer services to every single Korean pharmaceutical company as the target of the government project.\_\_\_\_\_/\_\_\_\_/2019Name of Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_ signature:\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To: KHIDI** |

[Application Form C]

**Personal Information Collection.Use.Provision Consent Form**

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| **The Korea Health Industry Development Institute ("KHIDI") would like to ask for your consent to the collection, use, and provision to a third party of your personal information as stated below in accordance with Item 1, Clause 1, Article 15, Item 1, Clause 1 Article 17, and Item 1, Clause 1, Article 24 of the 「Personal Information Protection Law」.** |

**1. Collection and Use-Related Matters**

**□ Purpose of Collection and Use**

○ Collection of Information for the Selection of Global Pharmaceutical Experts

**□ Items to be Collected and Used**

|  |  |  |
| --- | --- | --- |
|  |  | **Items** |
| **Application** | **Personal Details** | Name, Date of Birth, Passport Number, Nationality, Address(office, Home, Tel No. Fax No., E-mail), Work Information(Organization name, Department, Position), Highest achieved education(School Name / Graduation Year), Awards(Year & Date Awarded, Award Name, Organization Name, School Name) |
| **Remuneration** | Desired Period of Stay, Average Income in Recent 3 Months(US$, Home Country Currency), Desired Annual Income(Average Income in Recent 3 Months(US$, Home Country Currency) |
| **Other information** | The Number of Patents Acquired, SCI Journal / Published Papers, Drug Developing Projects Involved(specify your role in the project), Approvals by Regulatory authorities((NDA, IND, etc.), (specify your role to acquire the approvals)), Business Deals Made(specify your role to acquire the approvals), Others |

○ No Selective Information

**□ Collection Method: Online (Email)**

**□ Legal Grounds**

○ Articles 145 and 164 of the 「Income Law」and Article 193 and 213 of its Enforcement Ordinance

○ Consent of Information Subject

**□ Retention and Use Period: 5 Years**

**○** The information is destroyed without any delay if the purpose of information retention is achieved from the day consent to collection and use is provided or if the information subject asks for the deletion of personal information.

**○** Note, however, that the period for retention and use of information to conduct financial incident investigation, conflict resolution, private complaint resolution, legal responsibility, and income tax duties is 5 years.

**□ Right to Refuse to Provide Consent and Disadvantages of Refusing to Provide Consent**

**○** Since consent to the collection and use of personal information is essential for the evaluation of the project, the following steps can be taken with your consent (you may refuse to provide consent to the collection and use of the selected items, but in such case, please note that proper evaluation cannot be done for your application):

**□ Do you consent to the collection and use of your personal (credit) information as follows?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Application** | **Personal Details** | Name, Date of Birth, Passport Number, Nationality, Address(office, Home, Tel No. Fax No., E-mail), Work Information(Organization name, Department, Position), Highest achieved education(School Name / Graduation Year), Awards(Year & Date Awarded, Award Name, Organization Name, School Name) | (□ Yes □ No) |
| **Remuneration** | Desired Period of Stay, Average Income in Recent 3 Months(US$, Home Country Currency), Desired Annual Income(Average Income in Recent 3 Months(US$, Home Country Currency) | (□ Yes □ No) |
| **Other information** | The Number of Patents Acquired, SCI Journal / Published Papers, Drug Developing Projects Involved(specify your role in the project), Approvals by Regulatory authorities((NDA, IND, etc.), (specify your role to acquire the approvals)), Business Deals Made(specify your role to acquire the approvals), Others | (□ Yes □ No) |

**2. Matters on Provision to a Third Party**

**□** KHIDI provides personal information to the organizations indicated below for the related purposes above, and the provided organizations neither use the information for other purposes nor provide such to other third parties.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Managing Department | Person Provided with Personal Information | Purpose of Personal Information Use of Recipient | Providing Personal Information Items | Personal Information Retention and Use Period of Recipient | Guide to Disadvantages with Refusal to Provide Consent | Whether Provided |
| Not Applicable |

○ Note, however, that the following cases are exceptions:

1. If consented to separately by the information subject

2. If stipulated specially by law

3. If the information subject or the legal proxy is in a state wherein he or she cannot express his/her own will, or prior consent cannot be obtained because the address is unknown, etc., and if deemed obviously necessary for urgent interests of life, body, or property of the information subject or third party

4. If necessary for purposes such as statistics production, academic research, etc., and if personal information is provided in the form wherein a specific person cannot be identified

5. If related jobs stipulated by other laws cannot be conducted without using personal information for purposes other than the indicated purposes above or without providing to a third party, and if personal information has gone through review and resolution of the Personal Information Protection Committee

6. If required for provision to foreign intelligence or international institutions to fulfill a treaty or other international agreements

7. If required for the investigation of crimes and to prosecute or for retention of prosecution

8. If required for the implementation of trial of courts

9. If required for the execution of sentence, superintendence, or protective disposition

**3. Follow-up Measures after the Personal Information Retention Period**

**□** In principle, after the purposes of personal information collection and use are achieved, the information is destroyed without any delay.

**4. Personal Information Destruction Procedure and Method**

□ Destruction Process

○ Unnecessary personal information and personal information files are handled as follows under the responsibility of the person in charge of personal information protection according to internal policies:

○ Destruction of Personal Information: Personal information whose retention period has passed is destroyed without any delay from the termination date.

○ Destruction of Personal Information Files: When the personal information file becomes unnecessary due to the achievement of purpose of the personal information file, abolition of service, termination of the project, etc., the file is destroyed from the date of recognizing that processing of the file is unnecessary.

□ Destruction Method

○ For the destruction of personal information, one of the methods below will be used.

1. Perfect Destruction (Incineration, Shredding, etc.)

2. Deletion Using Dedicated Degaussing Equipment

3. Initializing or Overlapping to Prevent Recovery of Data

○ In case only part of the personal information is destroyed, and destruction by the 2nd method above is difficult, the following measures will be taken:

1. Electronic Files: Supervision and Management to prevent Regeneration after Deletion of Personal Information

2. Prints, Archives, Written Documents, or Recording Medium Other than Electronic Files: Deletion of Applied Parts by Masking or Perforating

○ Contents related to the deletion of personal information are recorded and managed, with the deletion results checked after the destruction of the personal information.

○ Personal information printed in paper is shredded by a paper shredder or destroyed by incineration.

○ Personal information stored as electronic files is deleted by technical methods that prevent regenerating the records.

**5. Personal Information Protection Handler and Person in Charge**

□ KHIDI retains a dedicated department as well as personnel to protect personal information and handles complaints related to personal information through the following personnel:

○ Manager of Personal Information Protection: Cho-il Kim, ☎ 82-43-713-8401

○ Person in Charge of Personal Information Protection: Kim, Su-Young, ☎ 82-43-713-8321

○ Personal Information Protection Handler: Kwak, Su-Jin ☎ 82-43-713-8631

 \_\_\_\_/\_\_\_\_/2019

|  |  |  |  |
| --- | --- | --- | --- |
| Field Applied for | Name | Passport No. | Signature |
|  |  |  |  |

**To: KHIDI**

[Application Form D]

**Consent to Personal Information Checking**

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| --- |
| I agree to the checks on the personal information written on my application form for 「Recruiting of Overseas Pharmaceutical Experts and Utilization」in accordance with Clause 2, Article 32 of the Law on the Use and Protection of Credit Information.※The signed consent is effective until the end of recruiting process from the moment of submission \_\_\_\_/\_\_\_\_/2019Name of Consultant:\_\_\_\_\_\_\_\_\_\_\_\_ signature:\_\_\_\_\_\_\_\_\_\_\_**To: KHIDI** |