Appendix #1

**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 | | |  | |
| **Awards** | Year & Date Awarded | | | Award Name | | Organization Name | | | School Name | |
|  | | |  | |  | | |  | |

**2. Description on Consulting Fields**

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

|  |  |  |
| --- | --- | --- |
| **Major Fields** | **Check(√)** | **Details** |
| R&D Planning |  |  |
| Clinical Trial |  |  |
| GMP |  |  |
| RA |  |  |
| Technical Marketing |  |  |
| PM |  |  |

**3. Education and Working Experiences**

• List from the latest educational attainment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | **Period** | **University** | **Major** | **Degree** | **Dissertation** |
|  |  |  |  |  |
|  |  |  |  |  |

• List from the latest working experiences

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Working**  **Experiences** | **Period** | **Organization** | **Department** | **Position** | **Main Duty** |
|  |  |  |  |  |
|  |  |  |  |  |

**4. Qualification/License**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification**  **& License** | **Name** | **Date Issued** | **No.** | **Issued by** |
|  |  |  |  |
|  |  |  |  |

**5. 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 |  |

**6. Remuneration(Consultant Needed)**

|  |  |  |
| --- | --- | --- |
| Desired Period of Stay | 2022. . . ~ 2022 . . | |
| Average Income  in Recent 3 Months | US$ |  |
| Home Country Currency |  |
| Desired Annual Income | US$ |  |
| Home Country Currency |  |

**7. Required Documents**

① Cover letter (1~2 pages, include purpose of application)

② Consultant Application Form A~D

③ CV

④ Certificate of degree

⑤ Proof documents of employment

⑥ Proof document of payment(Pay slips) for recent 3 months

⑦ Other supporting documents

* Awards in relevant field, if applicable
* Any proof including above stated documents that demonstrates the contents in the application form are true.

Appendix #2

**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.  \_\_\_\_\_/\_\_\_\_/2022  Name of Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_ signature:\_\_\_\_\_\_\_\_\_\_\_  **To: KHIDI** |

Appendix #3

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| **Privacy Policy Agreement** |
| **The Korea Health Industry Development Institute (KHIDI), following the applicable legislation including the Personal Information Protection Act, ensures information providers are aware of the following ahead of collection of personal information. Please thoroughly read the following before giving your consent.**  **1. Purpose of Collection and Use of Personal Information**  - Execution and management of hiring procedures (such as to review and verify eligibility).   1. Settlement and maintenance of an employment agreement with hired employees; the issue of work history certificates; maintenance and improvement of efficiency in personnel management (personnel pool management, work allocation, personnel welfare management, etc.).   **2. Items of Personal Information Collected**   |  |  |  | | --- | --- | --- | | **Classification** | **Item** | **Purpose** | | Essential | Name, address | Applicants’ identification | | Mobile phone number, email address | Announcements and communication regarding applications | | Optional | Items for verification of eligibility  - Student records, graduation certificates, etc | Verification of eligivaility | | Items for special consideration   * Work history, qualifications, other achievements, etc. | Verification of items for special consideration | | Self-introduction | Referenced in the first and second screenings |   **3. Period of Personal Information Storage and Use**   |  |  | | --- | --- | | Hired applicant | All other applicants | | Until required for personnel management following the applicable regulations after the termination of the employment contract | Disposed of as required by law |   **4. Right to Withhold Consent and its Consequences**   1. Applicants have the right to refuse to consent to the collection of personal information described herein. 2. Your application may not progress further if you do not consent to the collection of personal information.   **※ Collected personal information will not be used for any purpose other than what is specified above.**  DD/MM/2022  Name (Signature)  \* Your name typed in suffices as your signature.  **President of the Korea Health Industry Development Institute** |

Appendix #4

**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  \_\_\_\_/\_\_\_\_/2022  Name of Consultant:\_\_\_\_\_\_\_\_\_\_\_\_ signature:\_\_\_\_\_\_\_\_\_\_\_  **To: KHIDI** |