[Application Form No. 1]

GMKOL Application Form

1. Personal Details

Name		Passport No.			
		Date of Birth (dd/mm/yyyy)			
Employer Organization		Position		Field	
Address	Home			Tel.	
				Fax	
	Work			Tel.	
				Fax	
	E-mail				
Bank Information	Please specify whether you use Korean bank account / overseas bank account				

2. Description on field of expertise

Major Fields	Details

※ Major fields include R&D Planning, Clinical Trial, Good Manufacturing Practice (GMP), Regulatory Affairs (RA), Technical & Marketing, and Project Management (PM).

3. Education and Working Experiences
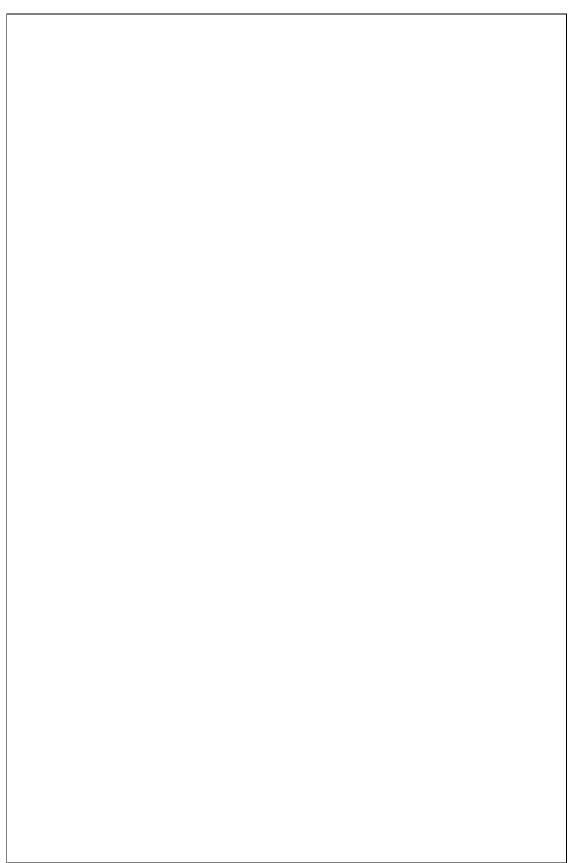
※ List from the latest educational attainment.

Education	Period	University	Major	Degree	Dissertation

Working Experiences	Period	Organization	Department	Position	Main Duty

4. Qualification/License

Qualification & License	Name	Date Issued	No.	Issued by

Cover letter (Free Form)

Code of Ethics Declaration Form

I vow to act according to my knowledge and conscience as an expert and observe the following code of ethics sincerely as an expert participating in the government project, fully understanding the mission for the growth of the Korean medicaldevice industry:

- ☐ I shall perform my job sincerely and fairly for the consulting support project utilizing GMKOL (Global Medicaldevice Key Opinion Leader).

- ☐ I shall provide the best, specialized consulting services kindly to all Korean medicaldevice companies when performing consulting.

- ☐ As a GMKOL (Global Medicaldevice Key Opinion Leader), I shall maintain honor, dignity, and integrity and endeavor for the improvement of expertise consistently.

- ☐ I shall not take any action in violation of laws and social ethics using information obtained in the course of performance of the job.

- ☐ I shall make utmost efforts for the profits of Korean medicaldevice companies and proffer services to them.

_____/____/2021

Name of Consultant:_____ (signature:_____)

To: KHIDI

[Application Form No. 4]

Personal Information Collection.Use.Provision Consent Form

Personal Information Collection Use Consent Form

The Korea Health Industry Development Institute（"KHIDI"）would like to ask for your consent to the collection and use 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」.

Items	Purpose of Collection and Use	Retention and Use Period
Name, Organization, **Date of Birth**, Address, Name of Bank, Account number, Contact number	To provide Evaluation Allowance	**5 years**

※ You have right to refuse to provide consent to the collection and use of the selected items.
But in such case, please note that evaluation allowance cannot be provided.

☐ Items to be Collected and Used

Personal Information	Organization		Contact number	
	Address			
	Name of Bank		Account number	
Identification information	Resident Number			

〈Other Notice〉
In accordance with Article 23, Article 24, and Item 2, Article 24 of the Personal Information Protection Law, personal information shall be collected and used without the consent of the information subject.

Reason for processing	Item of Personal information	Collection basis
Tax Returns	**Resident registration number**	In accordance with Articles 145, and 164 of the 「Income Tax Act」, Articles 193 and 213 of the Enforcement Decree of the same act, registration numbers shall be collected

DD/MM/2021
Name   (Signature)

[Application Form No. 5]

Consent to Personal Information Checking

I agree to the checks on the personal information written on my application form for 「GMKOL (Global Medicaldevice Key Opinion Leader) Invitation Program」 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

_____/_____/2021

Name of GMKOL:_____ (signature:_____)

To: KHIDI