[Application Form No. 1]

**GPKOL Consultant Profile**

**1. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Picture** | *Attach here* |
| **Date of Birth** |  |
| **Nationality** |  |
| **Consulting Region** |  |
| **Contact** | Cell Phone |  |
| E-mail(Official) |  |
| E-mail(Personal) |  |
| **Address** |  |
| **Work Information** | Organization Name |  |
| Department |  | Position |  |

**2. Educational Backgrounds**

|  |
| --- |
| **Educational Backgrounds** |
| Period | University | Major | Degree | Graduation Status |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |
|  |  |  |  | Y/N |

**3. Working Experience**

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

**4. Consulting Field & Specialty**

|  |
| --- |
| **Major Field(Check√)** |
| Technical Marketing(BD) | RA | Clinical Trials | GMP | R&D Planning | PM |
|  |  |  |  |  |  |
| Details: |

**5. License & Achievements**

|  |
| --- |
| **License** |
| Date Issued | Name |
|  |  |
|  |  |
|  |  |
|  |  |
| **Work Achievements** |
| Period | Major Achievement |
|  |  |
|  |  |
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|  |  |

[Application Form No. 2]

**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 an expert 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 for the consulting support project utilizing GPKOL (Global Pharma Key Opinion Leader).
* I shall provide the best, specialized consulting services kindly to all Korean pharmaceutical companies when performing consulting.
* As a GPKOL (Global Pharma 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 pharmaceutical companies and proffer services to them.

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

[Application Form No. 3]

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

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| --- |
| **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/2022Name (Signature) |

[Application Form No. 4]

**Consent to Personal Information Checking**

|  |
| --- |
| I agree to the checks on the personal information written on my application form for 「GPKOL (Global Pharma 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 \_\_\_\_/\_\_\_\_/2022Name of GPKOL: \_\_\_\_\_\_\_\_\_\_ (signature: \_\_\_\_\_\_\_)**To: KHIDI** |