

Comayagüela, M.D.C. 8 de Agosto, 2016

Señores (as)
**JEFES DE DEPARTAMENTOS
COORDINADORES DE UNIDADES
DIRECTORES DE PROGRAMAS Y PROYECTOS
DIRECTORES DEPARTAMENTALES DE EDUCACIÓN
DIRECTORES DISTRITALES Y MUNICIPALES DE EDUCACIÓN
DIRECTORES DE CENTROS EDUCATIVOS DE TODO EL PAIS**
Presente

Estimados (as) Señores (as):

Tengo a bien dirigirme, muy respetuosamente, a Ustedes, a fin de hacer de su conocimiento y para fines de socialización consiguientes, la **CONVOCATORIA** para atender INVITACION de la República de Corea, a través de la Oficina Metropolitana de Educación de Daegu, a un Programa de Entrenamiento en el marco del Plan de Apoyo de Informatización Educativa para la República de Honduras 2016.

Se realizará del 10 al 21 de Octubre del 2016, en el Instituto de Investigación e Información de Daegu, Corea

Es importante señalar que el cupo es limitado y la fecha límite de presentación de los documentos es el 10 de agosto del año en curso. La invitación cubre los siguientes gastos:

- Pasaje aéreo
- Hotel
- Transporte Interno
- Alimentación
- Costo de la Capacitación

Requisitos:

- a. Llenar Formulario de aplicación
- b. Poseer Pasaporte Vigente (Fotocopia)
- c. Dominio del Idioma Ingles
- d. Hoja de Antecedentes Penales (Vigente)
- e. Permiso Autorizado por el Director (a) Departamental de Educación, según su jurisdicción

La documentación deberá de ser presentada en la Unidad de Cooperación Externa de la Secretaría General de la Secretaría de Educación. Para mayor información llamar a la Embajada de la República de Corea al Teléfono No.2235-5561 / 2235-5563.

Atentamente,



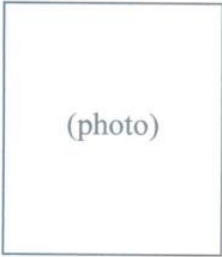
ABOG. JENY EUNICE MALDONADO
Secretaria General por Ley

APPLICATION FOR INVITATIONAL TRAINING



Daegu Metropolitan Office of Education

Address : 11 76gil, Susung-ro, Susung-gu, Daegu, The Republic of Korea
 Tel : +82-53-231-0421, 0424
 Fax : +82-53-757-8220
 Homepage : <http://www.dge.go.kr> (E-mail : happimjy@korea.kr)



| | | | | | | | | | |
|---|-----|------|---|--------------------------|----------|--|-------------|--|--|
| I. TITLE OF COURSE : The 2016 Invitational ICT Training for Bangladesh Teachers | | | | | | | | | |
| II. PERSONAL DATA | | | | | | | | | |
| Full Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last (Surname) </div> | | | | | | | | | |
| Date of Birth | | | Gender | | Religion | | Nationality | | |
| Month | Day | Year | | | | | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| Passport Number | | | | Expiry Dates of Passport | | | | | |
| Home Address : _____ Tel No : _____ - _____ - _____ Cell phone No : _____ - _____ - _____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> country code area code number country code area code number </div> Emergency Contact: Name: _____ Tel No: _____ | | | | | | | | | |
| III. EMPLOYMENT and EDUCATION | | | | | | | | | |
| Present Position/ Title: _____ Department or Division: _____ Name of Organization: _____ Address: _____ Tel No: _____ - _____ - _____ Fax No : _____ - _____ - _____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> country code area code number country code area code number </div> E-mail Address: _____ Type of Organization: <input type="checkbox"/> Elementary(Primary) school, <input type="checkbox"/> Middle(Secondary) school, <div style="display: flex; justify-content: space-around; font-size: x-small;"> <input type="checkbox"/> High school, <input type="checkbox"/> Educational administration </div> Term of Employment: from _____ to present Describe your present duties: _____ _____ _____ | | | | | | | | | |

Note: Please do not leave any space blank.

Career over past 5 years

| Name of Organization | From | To | Position/ Responsibilities |
|----------------------|------------|------------|----------------------------|
| | month/year | month/year | |
| | / | / | |
| | / | / | |
| | / | / | |
| | / | / | |

Education and Training

| Name of Institution | From | To | Field of Study and Degree |
|---------------------|------------|------------|---------------------------|
| | month/year | month/year | |
| | / | / | |
| | / | / | |
| | / | / | |
| | / | / | |

Former Training in Korea : Yes No
 Program: _____ Period: _____ - _____
month/year month/year

IV. LANGUAGE PROFICIENCY

English:

| | Excellent | Good | Fair | Poor | Remarks |
|-----------|-----------|------|------|------|---------|
| Listening | | | | | |
| Speaking | | | | | |
| Writing | | | | | |
| Reading | | | | | |

Mother Tongue: _____

Other Languages: _____

Please indicate any of your English Proficiency Tests:

TOEIC: _____ score TOEFL: _____ score Others: _____ score

V. ICT PROFICIENCY

| | Excellent | Good | Fair | Poor | Remarks |
|-----------------|-----------|------|------|------|---------|
| ICT proficiency | | | | | |

VI. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant: _____

| | | | |
|------------|------------|------------------|------------------|
| Age: _____ | Sex: _____ | Height: _____ cm | Weight: _____ kg |
|------------|------------|------------------|------------------|

Blood Group: A B AB O Other ()

Blood Pressure: _____

1. If the applicant has a history of illness or disorders during the last 5 years, please describe the treatment and present status.

2. List any abnormalities indicated in the chest X-ray.

3. Is the applicant free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, etc.)?

4. What opinions do you have about the overall health condition of the applicant to carry out an intensive training course away from his/her home?

Name of Clinic: _____

Address of Clinic: _____

Name of Physician: _____

Date: _____ Signature of Physician: _____

VII. APPLICANT'S RESPONSIBILITIES

If accepted as a participant, I agree:

- 1) to follow the training program to the best of my ability and abide by the rules of the training institution, university, or college in which I undertake the training;
- 2) to refrain from engaging in political activities, or employment for profit or gain;
- 3) to return to my home country upon completion of my training program and to resume work in my country;
- 4) not to extend the length of my training or my stay for personal conveniences;
- 5) not to bring any family members (dependents) to Korea or country of training;
- 6) to accept that the Korean Government is not liable for any damage or loss of my personal property
- 7) to accept that the Korean Government will not assume any responsibility for illness, injury, or death arising from extracurricular activities, willful misconduct, or undisclosed pre-existing medical conditions
- 8) I recognize that the meal which will be provided to me during the course of my training will be Korean food;
- 9) to carry out such instructions and abide by such conditions as may be stipulated by the Korean Government in respect of my training program.

I fully understand that my status as a participant may be terminated if I fail to make satisfactory progress, or for any other cause as determined by the Government and Daegu Metropolitan Office of Education of the Republic of Korea.

Applicant's Name: _____ **Signature:** _____

OFFICIAL NOMINATION

The Government of _____ officially nominates
(Name of Country)

_____ for participation in _____
(Full Name of Applicant) (Name of Training Course)

as organized, and certifies that:

- 1) all information supplied by the applicant is complete and correct;
- 2) the applicant has an adequate knowledge of and/ or expertise in the training field; and
- 3) the applicant has a sufficient proficiency of spoken and written English to enable him/her to follow the training course.
- 4) I assume all responsibility if the applicant does not return to his or her country after the training period.

Name of Organization: _____

Position/ Title: _____

Name of Authorized Official: _____

Date: _____ **Signature:** _____