[Application Form No. 1]

**GPKOL Application Form**

**1. Personal Details**

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| **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**

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| **Major Fields** | **Details** |
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* 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.

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| **Education** | **Period** | **University** | **Major** | **Degree** | **Dissertation** |
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| **Working**  **Experiences** | **Period** | **Organization** | **Department** | **Position** | **Main Duty** |
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**4. Qualification/License**

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| **Qualification**  **& License** | **Name** | **Date Issued** | **No.** | **Issued by** |
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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.   \_\_\_\_\_/\_\_\_\_/2020  Name of Consultant:\_\_\_\_\_\_\_\_\_\_ (signature:\_\_\_\_\_\_\_)  **To: KHIDI** |

[Application Form No. 3]

**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 GPKOL Committee Members

* **Items to be Collected and Used**
* Essential Information (Name, Organization(Position, Field), Photo, Resident Registration Number, Passport Number, Fax Number, Address, Company Address, Gender, Qualification & License(Name, Date Issued, No, Issued by), Bank Name, Account Number, Contact Details, Email, Academic Background(Period, University, Major, Degree, Dissertation), Work Experience, Major Fields, Qualifications(Period, Organization, Department, Position, Main duty), etc.)
* 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 the evaluation benefit cannot be paid to you):

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

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| **Personal Details** | Name, Passport Number, Date of Birth, Employer Organization, Position, Field, Address(Home, Work, Tel No. Fax No., E-mail),, Bank Information | (□ Yes □ No) |
| **Description on field of expertise** | Major Fields, Details | (□ Yes □ No) |
| **Education and Working Experiences** | Education(Period, University, Major, Degree, Dissertation), Working Experiences(Period, Organization, Department, Position, Main Duty) | (□ Yes □ No) |
| **Qualification / License** | Name, Date Issued, Number, Issued by | (□ 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.

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| **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: Kim Cho-Il, ☎ 82-43-713-8401
* Person in Charge of Personal Information Protection: Kim Su-Young, ☎ 82-43-713-8321
* Personal Information Protection Handler: Kim Kyeonghyeon, ☎ 82-43-713-8621

\_\_\_\_/\_\_\_\_/2020

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| --- | --- | --- |
| Name | Passport No. | Signature |
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**To: KHIDI**

[Application Form No. 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 「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  \_\_\_\_/\_\_\_\_/2020  Name of GPKOL:\_\_\_\_\_\_\_\_\_\_ (signature:\_\_\_\_\_\_\_)  **To: KHIDI** |