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| **YCAFE Application Form** | | | | | | | | | |
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| **Last Name** | *※ As indicated in your passport* | | | | | | | | |
| **First Name** | *※ As indicated in your passport* | | | | | | | | |
| **Nationality** |  | | | **Gender** | | Male / Female | | | |
| **Date of Birth** | *YYYY-MM-DD* | | | **Phone No.** | | *+Country code*  *-00-0000-0000* | | | |
| **Degree Type** | Language Program  Undergraduate  Master’s  Doctoral | | | | | | | | |
| **University** |  | | | | | | **Major** | |  |
| **E-mail** |  | | | | | | | | |
| **Current Address** | ※ For Students based in Korea Only, Write in Korean | | | | | | | | |
| **English Proficiency** | | | Fluent  Advanced  Intermediate  Basic | | | | | | |
| **Official Language Test Score**  (\* Write Highest Score Only) | | | *Test Name(TOEIC, TOFEL etc.) / Score* | | | | | | |
| **Related Experiences**  ※ List up within 5 representative activities.  ※ Submit proof of participation (Certificate of completion, testimonial, confirmation, etc.)  ※ Activity experience is only recognized for which documentary evidence has submitted. | | | | | | | | | |
| **Date** | | **Program** | | | **Role** | | | **Specific Information** | |
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| **1. Why do you want to take part in YCAFE? (Times New Roman, 11pt, within 300 words, in English)** | | | | | | | | | |
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| **2. What “image” comes to your mind when you think of “ASEAN”, “ASEAN-Korea Partnership” and “Indo-Pacific Region”? Please explain your answer in relation to your past experience, if applicable. (Times New Roman, 11pt, within 500 words, in English)** | | | | | | | | | |
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| **3. What are your suggestions for further promoting exchanges among ASEAN, Korea and US youths? Please share your thoughts and ideas. (e.g.student exchange programs, scholarships, job opportunities, etc.) (Times New Roman, 11pt, within 500 words, in English)** | | | | | | | | | |
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| **4. Please describe how you will contribute to YCAFE and how you intend to make use of this program in your future endeavors. (Times New Roman, 11pt, within 300 words, in English)** | | | | | | | | | |
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| **5. Confirmation of documents submission**  ※ All documents in Korean/English are accepted,  Please make sure to delete the last digit of the resident registration number before submission | | | | | | | | | |
| Privacy Waiver, Certificate of enrollment, Documentary evidence of experience | | | | | | | | | |

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| **Privacy Waiver** |
| The Asia Exchange Association(AEA) intends to collect and use personal information as follows in accordance with the 「Personal Information Protection Act」. Please read the contents carefully. We promise that the collected personal information will be destroyed in a non-recoverable way when the retention and use period ends, and will not be used for any other purpose.  **1. Collection and usage of personal information**   |  |  |  |  | | --- | --- | --- | --- | | **Subject** | **Collected Information** | **Purpose** | **Retention Period** | | **Applicants** | Name, Gender, Date of Birth, Affiliation (Univ., Major), Address, Mobile Phone Number, E-mail, Related Experience  (Only Participants) Emergency contact, dietary habits, etc. | Participants Selection and program running, notice information | Until 5 years after the end of the program. |   ※ You may exercise your right to privacy and refuse to give permission to AEA to utilize your personal information. However, if you disagree, there may be limitations to the participation of the program.  **Do you agree to provide personal information? Agree Disagree**    **2. Collection and usage of unique identification information**   |  |  |  |  | | --- | --- | --- | --- | | **Subject** | **Collected Information** | **Purpose** | **Retention Period** | | **Participants** | Resident registration Number (All Participants),  Account information (Residents outside the metropolitan area) | Travel insurance enrollments for participants’ safety,  Inter-city transportation cost supports | Until 5 years after the end of the program |   ※ You may exercise your right to privacy and refuse to give permission to AEA to utilize your personal information. However, if you disagree, there may be limitations to the participation of the program.  **Do you agree to provide unique identification information? Agree Disagree**  **3. Portrait Rights Use**   |  |  | | --- | --- | | **Purpose** | Program report and Online/Offline Promotion | | **Collecting Range** | All photos and videos taken during the program | | **Retention Period** | Until 5 years after the end of the program |   ※ You may exercise your right to privacy and refuse to give permission to AEA to utilize your personal information. However, if you disagree, there may be limitations to the participation of the program.  **Do you agree to provide portrait rights? Agree Disagree**  **4. Personal information and portrait rights provision to a third party**   |  |  |  |  | | --- | --- | --- | --- | | **Recipient** | **Purpose of Collecting** | **Collected**  **Information** | **Retention Period** | | Ministry of Foreign Affairs | Participant selection and Program operation | All personal information collected in Paragraph 1, unique identification information in Paragraph 2, and portrait rights in Paragraph 3 | Until 5 years after the end of the program | | The Wise | Program operation | | Insurance company,  Media,  Promotional material producer | Subscription to domestic insurance,  Program promotion,  Producing promotional materials | Name, Gender, Affiliation, Photos and videos, Resident registration number (Only for insurance company) | Until the end of the program |   ※ You may exercise your right to privacy and refuse to give permission to AEA to utilize your personal information. However, if you disagree, there may be limitations to the participation of the program.  **Do you agree to provide personal information and portrait rights to a third party?**  **Agree Disagree**  2022 . . .  Name: (Signature)  **Asia Exchange Association** |