



# Workshop Application Form

**Title:** Enhancing Human Security in the Asia Pacific Region  
**Date:** October 15<sup>th</sup>~ 18<sup>th</sup>, 2019  
**Location:** Jeju, Republic of Korea

\*Application form and attachments should be scanned and submitted by email, to UNITAR CIFAL Jeju/JITC at [cifaljeju.jitc.1@gmail.com](mailto:cifaljeju.jitc.1@gmail.com) by **September 6<sup>th</sup> (Fri), 2019** with "**Human Security WS Application**" in the subject line.

## Applicant Information

*(Please type all the information as written in your passport.)*

Title <i>(tick one)</i>	<input type="checkbox"/> Mr
	<input type="checkbox"/> Ms
	<input type="checkbox"/> Mrs
	<input type="checkbox"/> Dr
	<input type="checkbox"/> Others (Please Specify): _____
Surname	
Middle Name	
First Name	
Position	
Organization	
Gender	
Date of birth <i>(yyyy/mm/dd)</i>	
Nationality	

## Postal Address

*(office)*

Detailed address	
Street	
City	
Postal Code	
Country	

## Contact Information

*(country code + regional code + phone/fax no.)*

E-mail	
Office Phone	
Mobile Phone	
Fax	



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## Organizational Affiliation

*(Choose one & please specify the name of your organization in the space provided.)*

Academia	
Government – National	
Government – Local	
Government – State	
International Organization (Non-UN)	
NGO	
Other	
Private Sector	
Regional Organization	
UN/UN system	
UN/UN system (locally recruited)	

## Reference

*(Please provide details of your supervisor/the head of your organization/government)*

Name	
Position	
Contact Details	

## How did you learn about the event?

*(Choose all that apply.)*

By mailed or faxed announcement	
By email	
By social network (Facebook, Twitter, etc.)	
By word of mouth	
By local press	
Other	

## The entire workshop will take place in English. Please indicate your ability to work and communicate in English *(choose one)*

Native speaker	
Excellent	
Good	
Need support	
Official English test score, if any:	



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## Past Participation

Have you participated in a previous CIFAL Event?

Yes →

Please Specify: \_\_\_\_\_

No

## Questionnaire

※ Please describe **as much detail as possible** below in your own words (maximum 300 words per question).

※ All the answers will be **thoroughly read** during the selection process.

**1. Please give a summary of your area of work and how it relates to the workshop theme.**

**2. Please describe your motivation to attend the workshop and how the workshop matches your professional development needs.**

**3. Please state the three key challenges for your government/agency/institution in implementing strategies and policies to address human trafficking.**

**4. Please describe the expected impact of your participation in the workshop on your personal and professional development, including your ability to work on a national, regional or local level.**

**5. Please indicate how you will disseminate the outcome of the workshop and the new knowledge, skills and network you have acquired.**

In addition to this Application Form,

※ Please attach:

- ① Letter of nomination – format of your organization with official seal
- ② Curriculum vitae (CV) – your own format
- ③ Letter of commitment
- ④ Acknowledgement, waiver and release of liability
- ⑤ Consent to collection, usage and disclosure of personal information
- ⑥ Case study description – please read the following page for your reference

**\* APPLICATIONS WITHOUT ABOVE ATTACHMENTS WILL NOT BE ACCEPTED.**



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## Workshop Application Form

※ For general information please contact:

**Ms. Sunhee CHO, Program Officer**

**UNITAR CIFAL Jeju/JITC**

227-24, Jungmungwangwang-ro,

Seogwipo-si, Jeju-do,

Republic of Korea

Phone: +82-64-735-6574

Fax: +82-64-738-4626

Email: [cifaljeu.jitc.1@gmail.com](mailto:cifaljeu.jitc.1@gmail.com)

## Case Study Description Guidelines

- **Name:**
- **Organization:**
- **City/Country:**
- **Case Study Title:**
- **Description:** (maximum 1 page in a **MS Word**)

The Description should contain:

1. Brief City Profile
2. National/Local plan or organizational strategy to combat human trafficking
3. SWOT (Strength, Weakness, Opportunity, Threat) analysis of policy/plan/strategy effectiveness of participants' government/city regarding anti-human trafficking
  - Including key opportunities and challenges
  - To analyze the issues and problems
4. Government engagement in regional/international activities regarding anti-human trafficking
5. Usage of Inter-agency coordination mechanism in combatting human trafficking (if applicable)
6. Suggest a policy alternative or a reform plan

### Note:

- **Only selected participants** after submission of Case Study Description will be asked to submit the complete case study in PPT format. (PPT format should be **no more than 10 slides**).
  - **Participants by city or country** may present a **5~10 minute case study** made in **PPT format** during the workshop, which should also contain the abovementioned six elements.
- Based on what you have presented and discussed throughout the courses, you are requested to present Action Plans on the last day of the Workshop.



## Workshop Application Form

### LETTER OF COMMITMENT

All parts of the above application form are true and verifiable. If I am selected to participate in the UNITAR CIFAL Jeju/JITC workshop, I will attend all its training activities, actively pursue my project objectives and complete any assignments given related to the training program. I am aware that I have to submit a summary of my case study, and once selected, submit the full case study within the specified dates.

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Printed name

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Signature

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Date

**ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY**



## Workshop Application Form

I FULLY ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND HEREBY ASSUME ALL OF THE RISKS AND RESPONSIBILITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people involved, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Acknowledgement, Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, and organizers.

The Acknowledgement, Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I AGREE to the Acknowledgement, Waiver and Release of Liability Statement.

\_\_\_\_\_  
Applicant name (Please PRINT)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Passport number

\_\_\_\_\_  
Date

**CONSENT TO COLLECTION, USAGE, AND DISCLOSURE**

## OF PERSONAL INFORMATION

CIFAL Jeju/JITC is required to collect personal information of the persons and entities involved in the event. According to the Personal Information Protection Law, CIFAL Jeju/JITC needs your consent to collecting, using and disclosing the following information. Please read below to confirm the articles and sign the form.

1. Purposes of collection, usage and disclosure of personal information
  - To protect the right for learning by verifying authenticity of the provided documents from you
  - To establish and maintain contact with you
  - To send you newsletters and other information mailings
  - To remind you of upcoming appointments and events
  - To communicate with other persons and entities involved including, by way of example and not limitation, the event holders, sponsors, and organizers of the activity in which you may participate, and that will govern my actions and responsibilities at said activity
  - To comply with all regulatory and statutory requirements in the case of legal events
  
2. Categories of personal information
  - Name, date of birth, professional and academic background and other personal information stated in the required documents.
  
3. Information keeping period
  - Within five years upon an event ends.

All the information collected from you will be handled responsibly. By signing this Consent to Collection, Usage and Disclosure of Personal Information Form, you have agreed that you have given your consent to your personal information outlined above.

I CERTIFY THAT I HAVE READ THIS DOCUMENT THAT EXPLAINS HOW YOUR ORGANIZATION WILL USE AND PROTECT MY PERSONAL INFORMATION.

I AGREE to the Consent to Collection, Usage and Disclosure of Personal Information Statement.

\_\_\_\_\_  
Applicant name (Please PRINT)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Passport number

\_\_\_\_\_  
Date