**REGISTRATION POLICY**

* **Privacy policy**

ICM values the protection and privacy of the applicant’s personal information in accordance with the related law, the Personal Information Protection Act. Please carefully read the information below.

* + **Purpose of collection and use of personal information**
		- ICM Martial Arts Summer School collects the minimum mandatory personal information of the application of the programme for the following purposes; Personal identification, Personal administration, Program registration and providing information of the program and marketing materials, etc.
	+ **Items to be collected**
		- Personal information: Name, Gender, Nationality, Contact number, E-mail address, Address, Emergency contact information
		- Educational background: Language school/Institute/University Name, Major, Status of enrollment, year attended
		- Language skills: English and Korean language skills and test results
		- Optional Items: all other items except mandatory items
	+ **Retention and use period of personal information**
* In case of the selected participants, collected personal information will be kept and used for 1 year for the purposes of issuing transcripts and certificate and academic affairs.
* The personal information of those who are not selected as final participants will be discarded immediately after the summer school finishes
	+ **Rights to disagree and its disadvantage**
* The applicant has the right to disagree with the purpose of collection and use of personal information. However, if the applicants disagree, he/she shall be restricted from applying for admission to the ICM MASS.

Do you agree with our privacy policy?

◻ Yes ◻ No

. . 2022.(dd/mm/yy)

 Name: Signature:

**APPLICATION FORM**

|  |
| --- |
| **Oath of Good Conduct*** Obey all ICM regulations and maintain the honor of both your University and country during your stay in Chungju.
* Take personal responsibility for my safety and health, while giving priority to following safety rules and sanitizing procedures(hand sanitizing and wearing masks, etc) for Coronavirus Disease 19 Guidelines. I will immediately let the representatives of the centre know if I have related symptoms (fever, etc) before or during the programme and comply with the checks and instructions given by the centre.
* At all times comport myself with manners and courtesy.
* Accept the reality of differences in culture and custom, and not discriminate against others based on their race, gender or whatsoever.
* Follow and obey all the laws of the Republic of Korea including its laws and regulations regarding immigration, alcohol, drug usage and sexual harassment.

I further agree that: If after consultation with representatives of the ICM it is concluded that I have clearly violated this oath, as outlined above, I hereby agree to accept ICM’s decision regarding any action or discipline. You’ll not be registered if the oath is not submitted I fully understand this oath and will take personal responsibility to ensure that I follow it. ◻ Yes ◻ No . . 2022.(dd/mm/yy)  Name: Signature:  |

**1. Personal Information**

|  |  |
| --- | --- |
| Name in your passport  |  |
| Date of Birth  |  |
| Gender  |  |
| Citizenship  |  |
| Cellphone Number |  |
| E-mail  |  |
| Emergency Contact Person  |  |
| Emergency Contact Number |  |
| Current Address  | Unit/Building/Street  |  |
| City/State/Region |  |
| Country  |  |
| Name of your Institution  |  |
| Enrollment status  |  |
| Year Attended  | ◻ Freshman ◻ Sophomore ◻Junior ◻ Senior ◻Graduates  |
| Major  |  |

**2. Language skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Speaking | Writing | Listening | Reading |
| English |  |  |  |  |
| Korean |  |  |  |  |
| English test scores(If applicable) | Name of the Test |  | Score(Level) |  |
| Korean test scores(If applicable) | Name of the Test |  | Score(Level) |  |

**3.** **Others**

|  |  |
| --- | --- |
| Allergies  | ◻ Foods (Please specify if any )  ◻Others(e.g. Fur, Please specify if any )  |
| T-shirt Size(cm)  | ◻ Small(85) ◻ Middle(90) ◻ Large(95) ◻ Extra Large(100)◻ 2XL(105) ◻ 3XL(110) |
| Please list any other information you’d like to include(e.g. medication)  |  |
| Preference for the accommodations | ◻ I cannot sleep without bed◻ I can sleep on the floor with mattress and beddings  |