

# 2022 TRAINING PROGRAM APPLICATION FORM

## Seoul Human Resource Development Center(SHRDC) Metropolis International Training Institute Headquarters

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Attach  
Your  
Scanned  
Photo

Online Only	Both (Online and Offline)

### I . PROGRAM TITLE : 2022 Training Program on Resilient City (2<sup>nd</sup> Edition)

### II . APPLICANT INFORMATION

Name			First Name	Middle Name	Last Name
Date of Birth			City/Locality		Nationality
Day	Month	Year			Gender
DD	MM	YYYY			<input type="checkbox"/> Male <input type="checkbox"/> Female
Position (job title)			<i>ig) manager, director... etc</i>		
Division/Department			<i>ig) IT infrastructure division</i>		
Organisation			<i>ig) Government of Mexico City</i>		
Term of Employment			from the year of (2010) to present		
Job Description			<i>please describe your current duties/ responsibilities</i>		
E-mail(primary)			<i>It is essential for online training operation. and active communications</i>		
E-mail(secondary)					
Contact Number (Mobile / Office)			1) Main contact : (country code) - (city code) - (number) 2) Alternative contact : (country code) - (city code) - (number)		

**Note:**

- 1) Please fill in the form in the page 1~2. To issue the certificate of course completion, the applicant's name should be identical to that of his/her passport.
- 2) Please type in the form in English alphabets or tick(✓). Do not leave any space blank.
- 3) Please have Applicant's Responsibilities in page 3 signed by the applicant him/herself.
- 4) Please have Letter of Confirmation in page 4 signed by the head of organization and stamped.

### III. LEARNING NEEDS AND MOTIVATION

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**Please state your training goals.**

- 1 How will your participation benefit your career and/or your city/organization?

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**Please specify what you would like to learn from the training**

- 2 (your learning needs, policy cases you want to know, etc.)

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**If there are pending policy issues related with the training subject in your city/organization, what are the main challenges and how do you want to change?**

- 3

# APPLICANT'S RESPONSIBILITIES

## As a participant, I agree:

- 1) To follow and prepare the online training program to the best of my ability and abide by the rules of the SHRDC/UCLG/Metropolis during the training program;
- 2) To notify SHRDC/UCLG/Metropolis three days in advance before training starts when it is impossible to attend training and to consult with SHRDC/UCLG/Metropolis where it is necessary to stop learning after training starts for justifiable reasons;
- 3) To understand that any acts of unauthorized changes, reproduction, distribution and adaptation of contents provided by the SHRDC shall be prohibited and subject to punishment in accordance with related laws and regulations;
- 4) To accept that if I fail to meet the completion criteria of SHRDC including not submitting assignment of online training or attending real-time live session, I will not be able to receive a certificate of completion and apply to training programs held by SHRDC for the next 5 years;
- 5) To accept that the SHRDC/UCLG/Metropolis shall reserve the rights for the materials that have been submitted for the training purpose;
- 6) To accept the recording on the live sessions including the photos, and open them on the related websites.

Date (dd/mm/yyyy) :

Name of Applicant :

Signature :

# LETTER OF CONFIRMATION

Dear President of SHRDC,

Upon understanding goals and objectives of your international training program and with the hope of promoting our knowledge and experience exchanges, I (on behalf of the mayor) hereby confirm the following person as our city's public official in your program.

I guarantee that our applicant will abide by all laws and rules of your program and complete the course with full sincerity.

## Applicant's Profile

- Name of Training Program :
- Applicant's Name :
- Present Job Title :
- Department / Division :
- Name of City/Local Government/Organization :
- Emergency Contact :

## Confirmer's Profile (preferably mayor or head of the organization)

- Confirmer's Name :
- Confirmer's Relation to Applicant :
- Present Job Title :
- Department/Division :
- Name of City/Local Government/Organization :
- Contact Information
  - Tel :
  - E-mail :

Date(dd/mm/yyyy) :

Signature :

Official Stamp  
Here