

7. Travel insurance

The nominating administration is advised to provide a travel insurance and medical insurance for the participant covering the whole period of the training and overseas official travel. **Copy of the medical and travel insurance in favour of the participant should be forwarded to APT together with the confirmation of attendance of the trainee.** Due to procedural difficulties and budgetary constraints, neither the host organisation nor APT will be able to bear any cost of medical treatment for the participant or any expense incurred with respect to damage or loss of belongings or property of any person or organisation.

During the whole training period, including the travel period to and from the training course site, these costs will be borne by the nominating administration stated in the nomination form (Annex-2).

8. Travel to the training site

After receiving the confirmation of attendance and the copies of medical and travel insurance from your administration, APT will inform you the detail of your participant's travel to the training course site. Participants may not change the itinerary without the permission of APT.

If required, participants who transit at Bangkok for collecting airticket, per diem and would return to Bangkok after the training for considerable time, before their onward journey to their final destination, it is **A MUST** to secure a double entry visa to Thailand due to geographical reason or convenience of flights.

Participants are required to arrive in the training course site a day prior to the commencing day of the training course. As most of our training courses are of one or two week's duration, delayed participation is detrimental to the effectiveness of the course. **Hence, delayed participation is normally not permitted.**

Please be sure to make all necessary travel documents (ie. passport and entry visas for country of destination and countries of transit) available by the departure date.

9. Feedback

As you are already aware, APT organizes a number of training programmes for the benefit of its member administrations every year. APT requests your trainees' frank appraisal to evaluate the effectiveness of the training courses for further improvement in the following years.

The evaluation questionnaire (Annex-3) will be useful for receiving feedback on the training course from your trainees. Your trainees are requested to fill up the form at the end of the training and return it to the host for submission to APT later. Your trainees' responses will be kept confidential and only be revealed to the parties concerned in the form of statistical table or chart etc if necessary.

10. Follow-up

APT maintains the APT-trainees' work history after the participation to the APT sponsored training courses such as; what position he/she has been assigned to, whether he/she has been able to utilize the knowledge gained from the course, etc. in the future.

In order to update the personal history of the APT-trainees, you are requested to kindly reply to the APT questionnaire which APT will send to your administration regularly in the years following the training course. Your kind cooperation in this matter will be highly appreciated.

Information on APT-MIC(KORA) Training Course-2005

(Extra Budgetary Contribution from MIC, Republic of Korea)

Program Guideline

1. Title : Radio and Broadcasting Training Course
2. Objectives :
 This course will introduce Korea's Radio and Broadcasting policies and relevant industries, in order to promote better understanding of policies and technologies in the field of R&B.
 This course is designed for the government's officials in the Radio and Broadcasting sectors mainly consists of ;
 - Presentations on the overview of R&B development and policies
 - Detailed introduction of R&B technology and industries
 - Site Visiting
3. Training Venue : Korea Radio Station Management Agency (KORA)
 KORA Radio Training Center, 160-4. Dongkyo-dong, Mapogu, Seoul. Korea
4. Training Date : 1st Session : April 27 - May 5, 2005 (9 Days)
5. Number of Participants : 15 persons / Session
6. Training Program (Subject to change)

Program	Title / Location
Lecture	History of Radio and Broadcasting of Korea Radio & Broadcasting Policy of Korea DMB (Digital Multimedia Broadcasting) Digital Broadcasting Policy CDMA and Next Generation's Mobile Technology Emerging Telecommunication Technology Standardization In Radio communication
Organizations for Site Visiting	ETRI (Electronic and Telecommunication Research Institute) KARI (Korea Aerospace Research Institute) Ubiquitous Dream Exhibition Hall (MIC) Central Radio Monitoring Office (MIC) Satellite Radio Monitoring Center(MIC) KORA HQ SK Telecom TU Media Corps Samsung Electronics LG Electronics
Event	Welcoming Reception Discussion Presentation of Participant's Organization and Policies Seoul City Tour Korean Folk Village (Korean Culture Experience) Jung Dong Theater or NANTA Theater

7. Requirement for Application

An applicant should:

- be currently engaged in policy making or planning or wireless communication and /or Broadcasting sector of the government body.
- have sufficient command of spoken and written English
- be in good health both physically and mentally to undergo the training

Restrictions


An applicant is required;

- (1) not to bring any member of his/her family;
- (2) not to change accommodation during the training period;
- (3) to participate in the course from the beginning to the end;
- (4) to return his/her home country at the end of their training course according to the international travel schedule designated by APT

8. Correspondence

Contact Person: Mr Kim, Ho-young, Deputy Manager
KORA Training Management and R&D Team
Management Planning Division
160-4 Dongkyo-dong, Mapo-gu, Seoul 121-733 Korea
E-mail: smart@kora.or.kr
Tel: +822-2142-2126/15161 Fax: 822-3140-1569/822 -2142-2129


NOMINATION FORM

		Asia – Pacific Telecommunity APT Sponsored Training Programme			Photograph (4.5 cm x 4 cm)
* Please answer all the questions completely					
Course Title :					
Host and Venue:					
Duration: From _____ To _____					
Family Name (Surname)		Given Name		Middle Initial	
				cm	
Date of Birth	Age	Place & Country of Birth		Nationality	
____/____/____	____				
Date Month Year					
Present Position and Organization				Passport Details	
Job Title: Department/ Division: Organization: Address: Tel : _____ Fax: _____ E-mail: _____				Passport Number: Date of Issue: ____/____/____ Date of Expiry: ____/____/____ Place of Issue: _____	
Food Preference		Home Address:		Contact Person in case of emergency	
<input type="radio"/> Muslim <input type="radio"/> Vegetarian <input type="radio"/> Other		Tel: _____ Fax: _____ E-mail: _____		Name: Relationship: Address: Tel: _____ Fax: _____	
English (good/ fair/ slight)		Education			
Reading		Year	Name of Institution/ Place & Country		Major Subject/ Degree
Writing					
Speaking					
TOEFL score					
Overseas training received during the last 5 years (state on the most recent)					
Date	Duration	Host	Course Title		
Work Experience					
Please describe your previous positions & experience during the last 5 years.					
Year (From/ To)	Organization		Position	Duties and responsibility	

Details of Personal data: APT will refer further to this additional details for final selection of trainees. (Please use separate sheets if necessary)		
Please give reasons why do you intend to attend this course.		
Please give more details about your prior knowledge which is relevant to this course.		
How will you utilize your knowledge gained from this course?		
I certify that the information given above is true and complete to the best of my knowledge. Applicant:		
_____ DATE	_____ NAME OF APPLICANT	_____ SIGNATURE
Please state your personal assessment with your relationship with the applicant.		
Director Supervisor;		
_____ DATE	_____ NAME, TITLE OF SUPERVISOR	_____ SIGNATURE
In nominating _____ for the APT-Sponsored training programme, this Administration certifies that he/she is medically fit to travel abroad for the course. The Administration will bear the cost of any medical treatment of the nominee if it is necessary, during the training period. This Administration will also be responsible for any charge and expense incurred in respect of any damage to or loss of any property of any person (including those of the nominee) or belongings to the institution or other establishments. Nominating Authority:		
_____ DATE	_____ NAME, TITLE, ADMINISTRATION	_____ SIGNATURE & SEAL

Please return this form and medical certificate to the Executive Director, Asia-Pacific Telecommunity, Soi 5, Chaengwattana Road, Bangkok 10210, Thailand by fax number 66 2 5737479 or E-mail Address: <apthrd@aptsec.org>. If sent by e-mail, an accompanying letter duly certified by your administration should be Fax to APT Secretariat.

MEDICAL EXAMINATION RECORD

	Asia – Pacific Telecommunity APT Sponsored Training Programme For APT Fellowship		<p style="text-align: center;">Photograph (4.5 cm x 4 cm)</p>
* Please answer all the questions completely			
Name:		Signature of applicant:	
Birth(Day-Month-Year)	Age:	Sex:	
Nationality:	Birth Place:	Blood Type:	
Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “ Yes “ or “No” Toxicomania No / Yes Mental confusion No / Yes Psychosis Manic psychosis No / Yes Paranoid psychosis No / Yes Hallucinatory psychosis No / Yes			Past medical history:
Results of physical examination:			
Height : _____ cm		Development:	
Weight : _____ kg			
Eyes:		Color Sense:	
Vision :		Corrected Vision:	
(Left) (Right)		(Left) (Right)	
Blood Pressure:	Pregnancy:	Nourishment:	
mmHg (High) mmHg(Low)			
Neck:		Skin:	
Ears:		Nose:	
Heart:		Tonsils:	
Nervous system:		Lymph nodes:	
Lungs:		Abdomen:	
Spine:		Extremities:	
Any other diseases/ defects? 			

Chest X-ray Exam.	Result:
EGG	Result:
Urine Analysis	Result:
Stool Exam	Result:
Blood E-xam	Result of ESR: Result of Hb: Result of WBC: Comment:
Questions	<input type="radio"/> Is the applicant in good health? ___ Yes/ ___ No <input type="radio"/> Is the applicant physically and mentally able to carry on intensive study abroad? ___ Yes/ ___ No
Additional remarks	

Name of examining physician:

Address:

Date of examination:

**Signature and official stamps of
Examining physician:**
