

SEOUL METROPOLITAN

# 2023 ONLINE TRAINING PROGRAM APPLICATION FORM

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

Nambusunhwan-ro 340-gil 58, Seocho-gu, Seoul, Korea Phone: +82-2-3488-2059~2060 Fax: +82-2-3488-2346 Web : <u>http://hrd.seoul.go.kr/shrdc</u> E-mail: 2023caringcity@gmail.com Attach Your Scanned Photo

#### I. PROGRAM TITLE :

2023 Online Training Program on Caring City

#### **II. APPLICANT INFORMATION**

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



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III.	<b>LEARNING</b>	NEEDS	AND	MOTIV	ATION

	Please state your training goals.
1	How will your participation benefit your career and/or your city/organization?
	Please specify what you would like to learn from the online training
2	(your learning needs, policy cases you want to know, etc.)
•	If there are pending policy issues related with the training subject in your
3	city/organization, what are the main challenges and how do you want to change?

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# 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 :