

تونس في

الجمهورية التونسية

وزارة الصحة

وحدة التعاون الفني

05 ماي 2021

## إعلام

تنظم وزارة الصحة الكورية ومعهد تطوير الصناعة الصحية بجمهورية كوريا دورة تكوينية عن بعد تحت عنوان:

### " Medical Korea Academy MKA 2021 "

وذلك لمدة ستة أسابيع ابتداء من غرة جوان إلى غاية 16 جويلية 2021. يهدف هذا البرنامج إلى انشاء شبكة عالمية خاصة من مهني الصحة والطب بالعالم ويهم بالأساس مهني القطاع الطبي ومديري المؤسسات الصحية الاستشفائية وخبراء في مجال النظام الصحي. فعلى الراغبين في المشاركة التسجيل عبر البريد الإلكتروني التالي:

[mkaglobal@khidi.or.krm](mailto:mkaglobal@khidi.or.krm)

وانجاز الاستمارة وتوقيع المراسلة المرفقة والمتعلقة بالتصديق على استخدام بيانك الشخصية.

وقد حدد يوم 14 ماي 2021 كآخر أجل لقبول الترشيحات.

وزير الصحة  
الدكتور فوزي مهدي

# MKA e-class PERSONAL INFORMATION CONSENT FORM

(Please fill out the form below. Sign, scan and return it to [mkaglobal@khidi.or.kr](mailto:mkaglobal@khidi.or.kr))

Korea Health Industry Development Institute (KHIDI) requires your consent for collecting and using personal information to assess your application under the Article 15(1)1, 17(1), and 24(1)1 of the Personal Information Protection Act.

## Purposes of collecting and using personal information

- Manage applications and enable applicants to sign in to the program.
- Provide services for the training program.
- Analyze performance and improve effectiveness of the training program.
- Preserve evidence for selecting trainees.
- Verify the training history and recommend related services that might be of interest to trainees.
- Utilize the information for MKA e-class statistics.
- Communicate with the trainees via different channels (e.g. e-mail).

## Information to be collected and used

General information: first name, last name, contact information (e-mail), date of birth, gender, nationality, profession, affiliate, medical license, name of the applying courses, initial access to application information.

## Information retention period: 5 years

## Right to Disagree

You may disagree with the collection and use of the personal information. However, if you disagree, you may not be allowed to sign in to use our services.

I agree with the terms and conditions

2021. 4. .

Name

(signature)

# MKA e-class APPLICATION FORM

(Please fill out the form below and send it back to [mkaglobal@khidi.or.kr](mailto:mkaglobal@khidi.or.kr))

## Personal Information

First Name			
Last Name			
Gender	Choose one		
Date of Birth	Year	Month	Day
Nationality	Choose one		
Contact Information (e-mail)			

## Current Affiliation

Institution/Organization/School	
Department	
Current Position	Choose one
*If Other, please specify	

## Working Experience

Institution/Organization/School	
Department	
Total Number of Years	

## Medical License

Date of First Issuance	Year	Month	Day
Medical Specialty	Choose one		
Please specify			

## Courses (Please select all that applies)

Hepatobiliary & Pancreatic Surgery	Y/N
Gastrointestinal Surgery	Y/N
Colorectal Surgery	Y/N
Endoscopic Skill Education	Y/N
Infection control Skill Education	Y/N
Echocardiography Skill Education	Y/N
Medical ICT Education	Y/N

## How did you learn about this program?

Channel	Choose one
If other, please specify	