**Consent to Collection and Use of Personal Information**

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| SMC needs your consent to the collection, use and provision of your private information to a third party as follows in accordance with Article 15, Article 17, Article 18 and Article 24 of the「Personal Information Protection Act」 | | | | | |
| **Matters Related to Collection and Use** | | | | | |
| Items to be Collected and Used | Essential Information | | | | |
| Classification | | Personal Information Items | Consent | |
| Private Information | | Photo, Address, Contact Details, Birthday, Place of birth, Gender, Medical Board License and Certificate of Specialty, Academic Background, Career, Social Security Number | □ Yes | □ No |
| Personally Identifiable Information | | Passport Number  Alien Registration Number | □ Yes | □ No |
| Sensitive Information | | Nationality, Health Status | □ Yes | □ No |
| Retention and Use Period | 5 years | | | | |
| The purpose of collection and use of personal information | Consent to the collection and use of the aforesaid personal information is essential for the operation of “SMC International Training Programs”, and the procedures can proceed only after you provide consent. You can refuse consent to the collection and use of the stated items, but please note that you cannot proceed the training program if you do so. | | | | |
| Right to Refuse Consent and Disadvantages in Case of Refusal | You can refuse consent to the provision of the stated items, but please note that you cannot proceed the training program if you do so. | | | | |
| **Matters Related to Provision to a Third Party (if applicable)** | | | | | |
| Right to Refuse Consent and Disadvantages in Case of Refusal | | * You can refuse consent to the provision of the stated items, but please note that you cannot proceed the training program if you do so. | | | |
| Recipients of​ personal information | | Purposes of using the personal information by recipients | | Items of the personal information to be provided | Recipients’ retention and usage period of the personal information |
| Ministry of Health and Welfare, Republic of Korea | | Passport Number | | Passport Number | 5 years |
| Immigration Offices or Branches, Republic of Korea | | Visa Confirmation Issuance | | Private Information, Personally Identifiable Information | 5 years |
| **I fully understand the contents written above and consent to the collection and use of my personal (credit) information as above and to the provision of my personal (credit) information as above.**  Date:  Name: (signature) | | | | | |