**Application Form**

**Nature and Divinity: Reimagining Traditions through Artistic Exchange**

\*The completed application form and all required attachments must be submitted via the Google Form by June 17, 2025. Please ensure all documents are correctly uploaded.

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| **Applicant Information**  *(Please type all the information as written in your passport.)* | |
| Title  *(tick one)* | Mr Ms  Mrs  Dr  Others (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surname |  |
| Middle Name |  |
| First Name |  |
| Artist name (if applicable) |  |
| Gender |  |
| Nationality |  |
| Date of birth *(yyyy/mm/dd)* |  |
| Address |  |
| Position |  |
| Education *※ List in order of Bachelor's, Master's, and Doctorate*  *(if applicable).* |  |
| Major Professional Activities  *※ List in reverse chronological order* | *1. Exhibition history (last 3~5 years)*  *Please list in the following format:*  ***Year\_Title of Exhibition\_Venue\_City\_Country***    *2. Awards / Selections / Residencies*  ***Year\_Name of Residency or Award\_Role\_City\_Country*** |

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| **Contact Information** | |
| E-mail |  |
| Mobile Phone  *(country code + regional code + phone)* |  |
| WhatsApp No. (if applicable) |  |
| Social Media (if applicable) |  |
| Website URL (if applicable) |  |
| Emergency Contact  *(name + phone number + relationship)* |  |

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| **How did you learn about the event?**  *(Choose all that apply.)* | |
| By mailed or faxed announcement |  |
| By email |  |
| By social network (Facebook, Instagram, etc.) |  |
| By word of mouth |  |
| By local press |  |
| Other |  |

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| **Past Participation** | |
| Have you participated in a previous CIFAL Event? | Yes 🡪 Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

**Important Application Notes:**

1. Once submitted, application materials cannot be modified or resubmitted after the application deadline.
2. Incomplete applications or those missing required documents will be excluded from the review process. No additional materials will be accepted after the deadline.
3. Applicants are strongly encouraged to thoroughly review their application form and all accompanying portfolio materials prior to submission.

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| **Questionnaire ※ Please provide an introduction that helps us understand the participant, including their creative tendencies, artistic direction, and main activities.** |
| 1. Please describe your self-introduction, artistic philosophy, and personal convictions as a participant. |
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| 2. Please describe your motivation, the purpose of your participation in this program, and what you hope to achieve through it. |
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**In addition to this Application Form,**

**\* Please attach:**

1. **Consent to Collection, Usage, and Disclosure of Personal Information (Annex)**

* File name: Applicant name\_2025 Nature and Divinity\_Consent Form
* After signing the application form, please scan it and submit separately in PDF format.

1. **Portfolio (Attachment)**

* File name: Applicant name\_2025 Nature and Divinity\_Portfolio
* Please include a Curriculum Vitae (CV) on the first page.
* Please complete the provided form freely within a **maximum of 10 pages (excluding cover page)** and convert it to **PDF format.**
* Include materials such as exhibition views, catalogs, pamphlets, posters, press releases, and video links from the past three years of activities.
* Page Orientation: **Landscape format only (Portrait format not accepted)**

**\*Applications without above attachments will not be accepted.**

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| **※ For general information, please contact:** | **Ms. Yelim Kim, Program Officer**  **UNITAR CIFAL Jeju/JITC**  227-24, Jungmungwangwang-ro,  Seogwipo-si, Jeju-do,  Republic of Korea  Phone: +82-64-735-6573  Fax: +82-64-738-4626  Email: [ylkim.jitc@cifaljeju.org](mailto:ylkim.jitc@cifaljeju.org) |

**Annex. CONSENT TO COLLECTION, USAGE, AND DISCLOSURE OF PERSONAL INFORMATION**

CIFAL Jeju/JITC is required to collect the personal information of the persons and entities involved in the event. According to the Personal Information Protection Law, CIFAL Jeju/JITC needs your consent to collect, use, and disclose the following information. Please read below to confirm the articles and sign the form.

1. Purposes of collection, usage, and disclosure of personal information

* To protect the right to learn by verifying the authenticity of the provided documents from you
* To establish and maintain contact with you
* To send you newsletters and other information mailings
* To remind you of upcoming appointments and events
* To communicate with other persons and entities involved including, by way of example and not limitation, the event holders, sponsors, and organizers of the activity in which you may participate, and that will govern my actions and responsibilities at said activity
* To comply with all regulatory and statutory requirements in the case of legal events

1. Categories of personal information

* Name, date of birth, professional and academic background, and other personal information stated in the required documents.

1. Information keeping period

* Within five years upon an event ends.

All the information collected from you will be handled responsibly. By signing this Consent to Collection, Usage, and Disclosure of Personal Information Form, you have agreed that you have given your consent to the personal information outlined above.

I CERTIFY THAT I HAVE READ THIS DOCUMENT THAT EXPLAINS HOW YOUR ORGANIZATION WILL USE AND PROTECT MY PERSONAL INFORMATION.

I AGREE to the Consent to Collection, Usage, and Disclosure of Personal Information Statement.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant name (Please PRINT) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant signature |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |