(English)

**Consent to Provide Personal Information**

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| Purpose of collection and use | The personal information of the applicant in the application is collected for recruitment and the IBS Biomedical Mathematics Group shall not use the information for purposes other than recruitment.  I agree with the purpose of collection and use of personal information.  ☐ Yes ☐ No |
| Information to be collected and used | The Center shall collect the following information for recruitment. It will be deemed that you agree with the collection and use of the information written for the optional item.   * Mandatory: Name, date of birth, veterans’ benefits or disabilities, mobile number, e-mail address, alma mater, licenses, military service, career experience, nationality   - Optional: Phone number  I agree with the items of personal information to be collected.  ☐ Yes ☐ No |
| Duration of retention and use | The personal information of the applicant collected under the consent shall be retained and used until the abovementioned purpose is fulfilled and shall be discarded when the information is confirmed to be unnecessary unless there is an obligation to retain the information under laws and ordinances.  I agree with the duration of retention and use.  ☐ Yes ☐ No |
| Pursuant to Article 15 of the Personal Information Protection Act, I agree to provide my personal information to the IBS Biomedical Mathematics Group as described above when submitting an application for Senior Researcher and Postdoctoral Research Associate position at the Group.  Month, Day, Year  Applicant: (signature)  Respectively submitted to the CI of the Biomedical Mathematics Group  Reasons for not submitting a consent   * When the applicant or his/her guardian refuses to submit. * When the applicant is not able to express his/her intention for the consent due to reasons, such as cognitive impairment. * Those who do not submit a consent are not allowed to apply for the recruitment. | |