

## Agreement on the Collection and Use of Personal Information for Academic Course Registration and Third-Party Provision

Le Cordon Bleu-Sookmyung Academy, in accordance with the Personal Information Protection Act, seeks permission for the collection and utilisation of your personal information.

The provided personal information will not be used for purposes other than those agreed upon by the student - you can request to view, correct, or delete it through the person in charge of personal information management.

► Consent to collect and use personal information

Category	Purpose of Collection and Use	Retention/Use Period
Name, date of birth, address (including e-mail), photo (*), contact information, English name on passport, and passport copy excluding unique identification information (passport number/resident registration number)	Identification of students, course registration, education and completion confirmation, certification	Semi-permanent

<sup>\*</sup>To verify the identities of the students, they will have their individual photos taken on the premises during the first week of semester (the photos will be uploaded and stored on the online repository).

- \* You have the right to refuse consent to the above agreement on the collection and use of personal information. However, your course registration and admission will be restricted.
- I agree, of my own free will, to consent to the collection and utilisation of personal information as described above.

Yes No
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## **▶** Consent to collect and use sensitive information

Category	Purpose of Collection and Use	Retention/Use Period		
Medical History	To view the contents of the existing medical history to ensure the safety of other students participating in the curriculum	Within one month of completion of the course		

\* You have the right to refuse consent to the above agreement on the collection and use of sensitive information. **However**, your course registration and admission will be restricted.

■ I agree, of my own free will, to consent to the collection and use of my sensitive information which I have provided for the aforementioned purpose and period.

Yes		No	
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## ▶ Providing personal information to 3rd party [Academy Liability Insurance Claims and Accidental Medical Insurance Compensation]

The academy has subscribed to liability insurance for compensation of medical expenses for any accidents that may occur during the curriculum, and would like to obtain consent from students to provide personal information to the insurance company as follows to claim medical expenses for future accidents.

Collector of Information	Samsung Fire & Marine Insurance Co., Ltd		
Purpose in use of personal	Compensation for actual expenses for liability insurance accidents		
information by the collector	(limited to cases where compensation cases occur)		
Offer criteria	Name, course information, date of birth, phone number		
Retention and Use Period	Up to 5 years after completion of the compensation process		
Right to refuse consent and	Whilst you have the right to refuse providing personal information to the		
restrictions on refusal of consent	3 <sup>rd</sup> party, your service to liability insurance will be subject to restriction.		

Purpose in use of personal	Compensation for actual expenses for liability insurance accidents			
information by the collector	(limited to cases where compensation cases occur)			
Offer criteria	Name, course information, date of birth, phone number			
Retention and Use Period	Up to 5 years after completion of the compensation process			
Right to refuse consent and	Whilst you have the right to refuse providing personal information to the			
restrictions on refusal of consent	3 <sup>rd</sup> party, your service to liability insurance will be subject to restriction.			
■ I agree, of my own free will, to th personal information as above.	e collection and utilisation of	Yes	No	

I have fully understood the contents of this document and I agree to the terms and conditions.

Name: (Signature)



## **Medial History Questionnaire**

to ense conse The a histor	sure a safe environant. cademy does not by. Therefore, plea	take any responses provide you ntracted a conta	gious disease in	disclosed or used be being the caused being the caused being the past and if since the caused or used being the past and if since the caused or used being the caused being	so, are you currently receiving
	27 011	D : 1	Current	condition	]
	Name of illness	Period		Under treatment	
	( )				
2. Have you been diagnosed by your doctor within the last three months? And if so, have you been treated, hospitalised, operated, or medicated as a result?  ① Yes (Name of illness: ② No  3. Please write down in detail any medical problems or disabilities which our academy staffs should be aware of. (e.g. food allergies, stroke, aneurysm, etc.) Please write down first-aid tips for your specific issue(s):					
To prevent from affecting the classes here at the academy, all students are obliged to take good care of their health and personal hygiene.  ** Please fill in without any blanks as submission of this document is a must for all applicants.					
I agree that providing information or documentation that is not genuine and/or correct will result in admission being denied under internal academy rules.					
	Date: / /				
		Name:		(Sig	gnature)