|  |  |
| --- | --- |
| Attachment 3 | Consent to Collection and Use of Personal Information |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Asia-Pacific Typhoon Collaborative Research Center (AP-TCRC) collects and uses personal information required for review of the candidate’s competence, qualifications etc. Please read the following carefully and decide whether to give consent or not.   * Consent to Personal Information Collection and Use  |  |  |  |  | | --- | --- | --- | --- | | **Mandatory** | Basic particulars (Name, e-mail, contact) | | | | **Optional** | Education, certifications, research output etc. | | | | **Purpose** | Candidate review and selection during document screening | | | | **Retention period** | Up to 1 year following the termination of research fund | | | | **※ You have the right to deny consent to the collection and use of personal information; however, not giving consent may affect your eligibility for applying to the research fund.** | | | | | **Personal information collection and use consent** | | □ I consent. | □ I do not consent. |  * Consent to Collection and Use of Sensitive Information  |  |  |  |  | | --- | --- | --- | --- | | **Items** | Disability status | | | | **Purpose** | Candidate review and selection during document screening | | | | **Retention period** | Up to 1 year following the termination of research fund | | | | **※ You have the right to deny consent to the collection and use of sensitive information; however, not giving consent may affect your eligibility for applying to the position in the recruitment notice.** | | | | | **Sensitive information collection and use consent** | | □ I consent. | □ I do not consent. | |
|  |
| (Date YYYY.MM.DD.) |
| Candidate’s name (Signature or seal) |
|  |