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வெளிநாட்டு வளங்கள் திணைக்களம்  
Department of External Resources

ජාතික ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය  
මහලේකම් කාර්යාලය (3 වැනි මහල), ත.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව  
தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவல்கள் அமைச்சு,  
செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00100, இலங்கை

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මගේ අංකය  
எனது இல.  
My No

TA&UN/KOICA/Gen/2016

මගේ අංකය  
உமது இல  
Your No..

දිනය  
திகதி  
Date.

02-01-2017

Secretaries of All Ministries  
Chief Secretaries of All Provincial Councils

Dear Sir/Madam

**KOICA – KUCSS Volunteer Programme for the Year 2017**

This refers to the letter no. KSO/432/2016 and dated 16<sup>th</sup> December 2016 sent by the Resident Representative, the Korea International Cooperation Agency (KOICA) on the above.

KOICA – KUCSS (Korean University Council for Social Service) conducts volunteer programme for the period of five (05) months as a team in one organization.

As per the information given by the Korea International Cooperation Agency (KOICA), KOICA – KUCSS is currently formulating 2016 KOICA – KUCSS volunteers dispatch plan and therefore, KOICA – KUCSS is seeking to identify the demands of the KOICA – KUCSS volunteers for the year 2017 to deploy the volunteers to Sri Lanka under the above programme.

Accordingly, if you wish to obtain KOICA – KUCSS volunteers to your Ministry or institutions under the purview of your Ministry under this programme, you are kindly requested to submit the details of the demands including the number of required volunteers, expected service areas with the dully filled request forms per each team; on or before 27<sup>th</sup> January 2017. Copy of the request form for volunteers is enclosed.

Your immediate response in this regard is greatly appreciated.

Yours faithfully

Noor Rizna Anees  
Addl. Director General  
For Director General

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பணிப்பாளர் நாயகம்  
Director General

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94-11-2434876

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தொலை நகல்  
Fax

94-11-2447633

# Request for Korean University Council for Social Service (KOICA-KUCSS)

## 1. Description of the requesting organization

■ Name:

■ Address:

- Telephone number:

- Fax number:

- E-mail:

- Website:

■ Function:  Administration  Education/Training  Manufacturing  Research  
 Other ( )

■ Major activities:

## 2. Description of the assignment for the KUCSS(VOLUNTEER TEAM)

■ Classification by field

■ Details of the tasks that the KUCSS(VOLUNTEER TEAM) will undertake:

■ People for whom the KUCSS(VOLUNTEER TEAM) will work

Students  Teachers  Workers  Government officials  Other ( )

Number of persons: ( )

### 3. Description of the workplace

- Address (only if the workplace is different from the requesting organization):
  
- Location of the workplace
  - \_\_\_\_\_ km from the city of \_\_\_\_\_, \_\_\_\_\_ hours by \_\_\_\_\_ (transportation)
- Available resources for the KUCSS (e.g. office, desk, PC, printer, phone, fax, etc.)
  
- Information on the co-workers who will work closely with the KUCSS
  - Title:
  
  - Name:
  
  - Areas of work:
  
  - English language skills:  Incapable  Basic  Intermediate  Advanced
  
  - Contact information (telephone number or e-mail):

### 4. Requirements for the KUCSS(VOLUNTEER TEAM)

- Sex:  Male  Female  No preference
  
- Educational background:
  - High school  Technical college  Bachelor's degree  Master's degree or above
- Technical experience:  Not required  Required: (        ) years
  
- Other qualifications (if any):  License (        )  Other (        )
  
- Language:  English  French  Spanish  Russian  Other (        )
  
- In principle, the Volunteer team of 6members will perform their task for 5Months.

### 5. Local information

- Vaccinations needed for the KUCSS before arriving (if any):

■ **Living conditions (mark all utilities commonly available at local residences):**

- Telephone                       Internet                       Television                       Mobile phone
- Electricity ( \_\_\_Volts \_\_\_Hz)

■ **Other information that may help the KUCSS adapt to the local environment**

**(e.g. religious and cultural customs)**

.....date / month / year.....

**(Date)**

.....

**(Name & Signature)**

.....

**(Title)**