**Welcome** **to**

**Happy Journey 2018**

**in Korea**

 October 16th ~ 24th, 2018



Holt Children's Services, Inc.

  Korea

**E-mail : holtkorea@hotmail.com**

**[www.postadoption.or.kr](http://www.postadoption.or.kr)**

**[www.holt.or.kr](http://www.holt.or.kr)**

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**“ Happy Journey 2018 ”**

"Happy Journey" is a Motherland tour program for adoptees with spouses/partners.

**I. General Information**

|  |  |
| --- | --- |
| When | October 16th ~ 24th, 2018 (9 days) |
| Eligibility | Overseas adoptees from the U.S. & Europe who have NOT previously participated in other culture camps/programs in Korea.(max. 10 participants will be selected) |
| Benefits | **All program related expenses are covered *except Airfare***Adoptees may bring his/her spouse or partner, and their program expenses will also be covered. |
| Registration Fee | $50 per person | - Payment is only due if selection has been approved - Registration fee is non-refundable |
| Application Deadline | **July 15th, 2018** | Only complete applications will be reviewed |

**\* Both Adoptees & Partners \***

|  |  |
| --- | --- |
| 1. Application form |  |
| 2. Essay *(Adoptees only)* |  |
| 3. Medical Examination by a physician |  |
| 4. Liability Insurance |  |
| 5. Copy of passport  |  |
| 6. Color Pictures of couple  *(will be used in program handbook)* |  |

* Please submit the completed application via email holtkorea@hotmail.com
and indicate [Happy Journey 2018] in the subject line of your email.

(The application will not be reviewed unless complete)

* Holt Children's Services holds the right to review and select the qualifying candidates.
* The final decision will be notified as selected.

**II. Tentative Program Outline: Oct. 16th ~24th, 2018**

|  |  |
| --- | --- |
| **Date** | **Schedule \*** |
|  16th (Tues) | Arrival & Check-In |
|  17th (Wed) | Orientation & Welcome LuncheonHolt Ilsan town, Seoul Namsan tower |
|  18th (Thurs) | Palace tour (*Changdukgung* & Secret garden),Korean traditional performance |
|  19th (Fri) | Adoption agency visit day (optional): file review/root search or Free day |
|  20th (Sat) | Group session I, Korean museum, Personal seal making |
|  21st (Sun) | DMZ & *Pamunjeon* tour: Korean war museum, Observatory |
|  22nd (Mon) | Group session II, Korean Calligraphy, *Hanok* village experience (overnight), BBQ night |
|  23rd (Tues) | Insa dong tour, *Kimchi* making // Free afternoonFarewell banquet |
|  24th (Wed) | Check-out & Departure |

 *\* Subject to change without advance notice.*

**III. Useful Information**

1. **Arrival at Incheon International Airport:**

You may directly come to the hotel by an airport bus or a cab. Holt staff will meet you at the hotel. You will be sharing a residential suite with other participants.

You may also call (+82-10-9230-8141) if you need any assistance with directions.

1. **Internet Access:**

You may bring a notebook or other electronic devices. Each room will be equipped with internet / WiFi services.

1. **Personal expenses:**Please check online for the current currency exchange rate between the Korean Won and your home currency. You are responsible for your own personal expenses during your stay in Korea.
2. **Useful Websites:** The following websites are for your resources in preparation for your trip to learn more about Korea before your arrival:

- <http://english.visitkorea.or.kr/enu/index.kto> - http://www.visitseoul.net

**HAPPY JOURNEY 2018**

**Application Form**

**1. Identifying information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Present |  | PHOTO |
| Korean |  |
| Date of Birth (yyyy/mm/dd) |  | Gender | M F |
| Adoption Agency |  HOLT   ESWS SWS   KSS Case No.(if known):  |
| Address |  |
| Telephone | Home |  | Work  |  |
| Fax |   | E-mail |  |
| Education |  |
| Occupation |  |
| Hobbies / Skills |  |
| Native Language | English   French  Norwegian  Danish FlemishOther Language(s) :  |
| English Language | Excellent  Good   Fair   Poor |
| Passport Number |  | Expiration Date(yyyy/mm/dd) |  |
| Nationality |  | Religion |  |
| Food Allergies, vegetarian, etc.(if yes, please specify) |  No Yes,   |
| Do you Smoke? |  No Yes |
| Do you drink alcohol? |  No Yes |
| Size for T-shirts | XXLX-Large    Large   Medium   Small   X-Small\*\*Please keep in mind Korean sizes are rather small |

**2. Partner’s Identifying Information**

|  |  |  |
| --- | --- | --- |
| Relationship to Adoptee |  | PHOTO |
| Name |  |
| Date of Birth (yyyy/mm/dd) |  | Gender | M F |
| Address |  |
| Telephone | Home |  | Work |  |
| E-mail |  |
| Occupation |  |
| Hobbies / Skills |  |
| Passport Number |  | Expiration Date(yyyy/mm/dd) |  |
| Nationality |  | Religion |  |
| Food Allergies, vegetarian, etc.(if yes, please specify) | No Yes,   |
| Do you Smoke? |  No Yes |
| Do you drink alcohol? |  No Yes |
| Size for T-shirts  |  XXLX-Large    Large   Medium   Small   X-Small\*\*Please keep in mind Korean sizes are rather small |

**3. Emergency contact person in your country:**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship |   | Name |   |
| Address | Home |  |
| E-mail |  |
| Phone No | Home |  |
| Work |  |

DATE :  Applicant's Signature : 

1. **Would you like to participate in Root search day?**

**If you are not participating, you can have a Free** **day.***Root Search includes Agency visit, File review, Birth search if possible.*

(If yes, please specify the service you are interested)

No     Yes 

1. **Have you participated in any other Motherland Program hosted by another agency in Korea?** No Yes

If yes, when and which agency? 

1. **Have you visited Korea before?** If yes, when and for how long?

No Yes, 

1. **Do you plan to stay in Korea before or after the program?  If yes, for how long?**

No Yes, 

1. **Write a +/-400 words long essay in which you elaborate on your motivation and expectation for participating in HAPPY JOURNEY 2018.**

Please include anything else you would like for us to know in advance.

**LIABILITY RELEASE**

(HAPPY JOURNEY 2018)

The undersigned acknowledges and agrees to the following provisions of this liability release.

1. Holt Children's Services, Inc is hereby released of any and all liability, claims, demands for damages which the undersigned presently has or may have in the future, arising out of any personal injury, emotional distress, bodily injury, sickness, death, loss of property, property damages, or any other loss, costs or expenses incurred by the undersigned, during the course of, as the result of, or in any way connected with the undersigned's participation in the HAPPY JOURNEY 2018, whether such damages, costs, or expenses may arise out of the negligence or carelessness of Holt or otherwise.

2. Holt Children's Services, Inc is further released from any claim whatsoever on account of first aid treatment, or other emergency medical or dental service rendered to or on behalf of participant during participation of HAPPY JOURNEY 2018. The undersigned agrees to bear the cost of such emergency treatment and to indemnify and hold Holt Children's Services harmless there from.

**I CAREFULLY READ AND FULLY UNDERSTAND THE CONTENT OF THIS LIABILITY RELEASE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AGREEMENT BETWEEN MYSELF AND HOLT CHILDREN’S SERVICES, INC/OR ITS AFFILIATED ORGANIZATIONS. I SIGN THIS DOCUMENT VOLUNTARILY, OF MY FREE WILL. IN DOING SO, I AM NOT RELYING ON ANY REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS OTHER THAN THOSE WHOSE NAMES APPEAR IN THE WRITING OF THIS LIABILITY RELEASE.**

|  |
| --- |
|  |
| Name of Adoptee: Name of Partner:  |
| Address:  |
| Date: Signature of Adoptee : Signature of Partner:  |
|  ***\* This release must be signed in order to participate in Holt Happy Journey 2018.*** |

**Medical Consent Form for HAPPY JOURNEY IN KOREA**

(Must be completed by your physician.)

|  |  |
| --- | --- |
| Patient's Name |   |
| Date of Birth |   | Gender |  M F |
| Date of Examination |  |

**.....................................................................................................................................................**

Above-named patient was examined for the clearance of illnesses listed below:

|  |  |
| --- | --- |
|  | Any previously diagnosed major illness and/or disability: if yes, please explain  |
|  | Please check below with any finding of the listed symptom(s): |

**......................................................................................................................................................**

|  |  |  |  |
| --- | --- | --- | --- |
| (     )  | Tuberculosis, Active | (     )  | VDRL, Positive |
| (     )  | HIV | (     )  | Hepatitis B |
| (     )  | Epilepsy      | (     )  | Skin Disease |
| (     )  | Diabetes    | (     )  | Depression |
| (     )  | Any ailments being controlled by medication : |
|   |
| For female only | Pregnant now?  | Yes  | No  |

**.....................................................................................................................................................**

Diagnosis and Recommendation:







**.....................................................................................................................................**

This is to certify that the patient above has been examined and tested.

Doctor's Name:  Signature: 

Name of Hospital:  Location: 