

Please insert
2 X 2
Photo

Application Date

		2006
--	--	------

 DD MM YYYY

**Sixth Inter-Regional Training Course
PHEMAP-6**
 Bangkok, Thailand : Venue
**Please write legibly and use black ink
when filling this form in handwriting*
**Please attached Curriculum Vitae (CV)/Resume*

1. FULL NAME (to be used in the course certificate)	2. TITLE
---	----------

	<input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> Others, specify
--	---

3. NATIONALITY	gender	birth date	age	4. MARITAL STATUS
----------------	--------	------------	-----	-------------------

	<input type="checkbox"/> female <input type="checkbox"/> male	[dd.mm.yy]		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
--	--	--------------	--	--

5. OFFICE ADDRESS	6. CONTACT NUMBERS
-------------------	--------------------

	Tel: Fax: Mobile:
Email:	

7. HOME ADDRESS	8. HOME NUMBERS
-----------------	-----------------

--	--

9. EMERGENCY CONTACT	10. RELATIONSHIP
----------------------	------------------

(name and address of person to contact in case of emergency)	
Tel:	

11. ENGLISH LANGUAGE PROFICIENCY

E – Excellent; **G** – Good; **F** – Fair

(note: proficiency in English is essential)

<p>READ</p> <p>E G F</p> <p>[] [] []</p>	<p>WRITE</p> <p>E G F</p> <p>[] [] []</p>	<p>SPEAK</p> <p>E G F</p> <p>[] [] []</p>
---	--	--

12. FOOD PREFERENCE

- [] Vegetarian
- [] Non-vegetarian
- [] Others, specify

13. ARE YOU FAMILIAR WITH THE USE OF PERSONAL COMPUTER?

- [] Yes [] No

14. EDUCATION*

Start with the last institution attended.

institution	years attended	major field of study	degree

15. EMPLOYMENT*

present title	organization	period (from- to)	responsibilities
previous titles	organization	period (from-to)	responsibilities

* Please use additional sheet when necessary

16. MEMBERSHIP TO PROFESSIONAL SOCIETIES*

17. GIVE A BRIEF DESCRIPTION OF YOUR PRESENT INVOLVEMENT IN PUBLIC HEALTH AND EMERGENCY MANAGEMENT WORK*

18. PREVIOUS PUBLIC HEALTH AND EMERGENCY MANAGEMENT EXPERIENCE*

19. SPECIAL INTERESTS IN THE FIELD OF PUBLIC HEALTH AND EMERGENCY MANAGEMENT*

** Please use additional sheet when necessary*

20. PREVIOUS COURSE(S) ON PUBLIC HEALTH AND EMERGENCY MANAGEMENT AND RELATED SUBJECTS ATTENDED*

International *(give name of course(s), duration and dates)*

In your country *(give name of course(s), duration and dates)*

21. PREVIOUS INTERNATIONAL TRAVEL ON TRAINING COURSES, SEMINARS, STUDY TOURS, ETC.*

22. DESCRIBE THE PRACTICAL USE YOU WILL MAKE OF THIS COURSE ON YOUR RETURN HOME IN RELATION TO THE RESPONSIBILITY YOU EXPECT TO ASSUME*

* Please use additional sheet when necessary

23. ARE YOU IN GOOD HEALTH?

Accepted participants will be responsible for any medical expenses they may incur while in Thailand, and should consider arranging insurance before joining the course; Course Organizers will not be responsible for any medical expenses during the training.

Yes No

24. HOW WILL YOU PAY FOR YOUR ATTENDANCE TO THE COURSE?

bank transfer (*see ADPC bank details below) cheque (to be issued in the name of ADPC)
 cash donor/sponsor will pay, please specify

*Account Name: ADPC Foundation Account Number: 381-1-00228-2 SWIFT Code: KASITHBK
Bank Name: Kasikorn Bank Address: 58/1 Phaholyothin Road, Klong Luang, Pathumtani, Thailand
(Add Note: Please include participant's name in the "Originator to Beneficiary Information (OBI) section of the wire transfer form)

DECLARATION

I certify that the above statements are true and accurate to the best of my knowledge.

If selected, I undertake to:

- a. Conduct myself at all times in a manner compatible with my status as the holder of a fellowship.
- b. Spend all my time during the period of fellowship in the study program.
- c. Refrain from political, commercial or any activities other than those covered by my study program.
- d. Submit reports in accordance with the arrangements made by my employer or sponsoring agency.
- e. Return to my home country at the end of the fellowship.
- f. Be fully responsible for any medical expenses while undergoing training.

Applicant's Signature

Date

Return the completed form to: Ms. Janette Lauza Ugsang
Project Manager
Public Health in Emergencies
Asian Disaster Preparedness Center (ADPC)
P.O. Box 4, Klong Luang
Pathumthani 12120, Thailand
Tel No. (66-2) 516-5900 to 5910 ext 351
Fax No: (66-2) 5245360/5245350

or send this completed document and CV/Resume via email to janette@adpc.net