



**Faculty of Public Health, Thammasat University Rangsit Campus, Thailand  
Health Risk Management Department, Asian Disaster Preparedness Center (ADPC), Thailand**

## **Application: Public Health and Crisis Courses 2019**

**Date:** 03 – 28 June 2019 *(for full course)\**

**Venue:** Thammasat University Rangsit Campus, Pathumthani, Thailand

*Please write legibly and use black ink. Please send your completed application form together with a copy of your Curriculum Vitae (CV) to [janette@adpc.net](mailto:janette@adpc.net)*

**Date of Application:** \_\_\_\_\_

**How did you hear about the course? Please specify options:**

- ADPC website
- Online
- Email
- Other, please specify \_\_\_\_\_

**Please indicate the preferred course schedule, multiple choices will apply \*:**

- Full course (4 weeks) from 03 – 28 June 2019**
- Public Health and Natural Hazards Module from 03 – 07 June 2019**
- Public Health and Conflict Module from 10 – 14 June 2019**
- Outbreaks and Epidemics Module from 17 – 21 June 2019**
- Public Health, Technological Hazards and Mass Casualty Management Module from 24 – 28 June 2019**

*\*final dates will be confirmed by the beginning of September 2018*

### **1. PERSONAL DETAILS**

<b>1. Full name</b> <i>(to be used in the course certificate)</i>		<b>2. Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, specify:	
<b>3. Nationality</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> (dd/mm/yy)	<b>4. Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married
<b>5. Office Address</b>		<b>Telephone Number:</b>	<b>6. Mobile Number:</b>
		<b>Fax Number:</b>	<b>E-mail:</b>

7. Home Address

8. Home Telephone No.:

9. Name and address of a person to notify in case of emergency

10. Relationship

Telephone Number:

11. English Language Proficiency

(E – Excellent, G – Good, F – Fair)

(Please tick where appropriate)

<b>Reading</b>	<b>Writing</b>	<b>Speaking</b>
E G F	E G F	E G F
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12. Food Preferences

( ) Vegetarian

( ) Non-vegetarian

( ) Other, specify:

Please note that the course is delivered in English only.  
Participants should be fluent in reading and speaking English.

## 2. EDUCATION, RELATED EXPERIENCE, AND CURRENT EMPLOYMENT

13. Education (Start with the last institution attended. Please use an additional sheet or refer to your resume, if necessary.)

Institution	Year(s) attended	Field of study	Degree
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14. Current employment (Please attach your resume for more information about your employment history.)

15. Memberships of professional societies (Please use an additional sheet or indicate in your resume, if necessary.)

16. Give a brief description of your present involvement in public health and crisis and other emergency management work \*

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17. Previous public health and crisis/emergency management experience \*

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18. Special interests in the field of public health and crisis/emergency management \*

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19. Previous course(s) on public health and crisis management/emergency management and related subjects attended \*

a) International courses (Give name[s] of course[s], duration and dates.)

b) Courses in your country

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20. Previous international travel related to training courses, seminars, study tours, etc.\*

### 3. OBJECTIVES FOR ATTENDING THE COURSE

21. Describe the practical use you will make of this course when returning home in relation to the responsibilities you expect to assume.\*

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### 4. COURSE PAYMENT

What is the cost?

- **Full course: \$1,850.00** (THB60,250.00) for 4 weeks tuition only
- **Selective package: \$500.00** (THB16,285.00) **per 1 week module** for tuition only

**Note:** Participants are expected to make their own travel arrangements and to choose their own accommodation. Options for accommodation in and near the campus will be provided and assistance given with making reservations. Participants should also ensure that they have good travel insurance cover.

Cancellation policy

Cancellation of attendance should be notified at least 3 weeks prior to the start of the course, in which case a partial refund (less 15% for banking charges and administrative costs) will be deducted. NO refunds will be available for cancellations less than 3 weeks before the start of the course.

**Each module has a requirement for a minimum number of external candidates. If an insufficient number of applications are received, the Faculty of Public Health and ADPC reserve the right to cancel the course for the current year. Candidates who have already been accepted will be informed as soon as the decision is taken, and offered a place in the following year if desired.**

Bank details

If the course fee is to be paid in advance via bank transfer to ADPC's account or deposited at the time of course registration in cash or cashier's check/bank draft payable to ADPC, please refer to the below bank details.

<b>Account Name</b>	Asian Disaster Preparedness Center Foundation
<b>Account Number</b>	029-1-11600-0
<b>Bank Name</b>	Kasikorn Bank
<b>Bank Address</b>	1019/18, Phaholyotin road, Samsen Nai, Phayathai, Bangkok 10400, Thailand
<b>Swift Code</b>	KASITHBK

(Please include participant's name in the "Originator to Beneficiary Information (OBI)" section of the wire transfer form.)

<p><b>Who will pay for the course?</b></p> <p>Sponsor/employer <input type="checkbox"/>                      I will pay personally <input type="checkbox"/></p> <p><b>How will you or your sponsor/employer pay for the course?</b></p> <p>Via bank transfer <input type="checkbox"/>                      With cash <input type="checkbox"/></p> <p>With a cheque <input type="checkbox"/>                      Other (please specify): _____</p> <p><b>Name of sponsoring organization:</b></p> <p>_____</p> <p>Contact person: _____</p> <p>Position title: _____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Email: _____</p> <p>Telephone (please include international dialing code): _____</p>
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**DECLARATION**

I certify the above statements are true and complete to the best of my knowledge. If selected to participate in the course, I commit to:

- (a) Inform course organizers within 3 weeks of the start date of the course if I am no longer able to attend.
- (b) Conduct myself at all times in a manner compatible with my status as a representative of my organization and as a participant of ADPC's course.
- (c) Fully attend all scheduled study activities (provision of a certificate for the course is dependent on full attendance).
- (d) Refrain from political, commercial or any activities other than those covered by the study program.
- (e) Submit reports in accordance with my employer or sponsoring organization's requirement.
- (f) Return to my country of origin at the end of the training course.
- (g) Be fully responsible for any expenses (including medical) not covered as part of the course fee.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **How to apply**

Save the electronic version of this form on your computer, complete your information, save the file and email a copy **together with your resume** to [janette@adpc.net](mailto:janette@adpc.net) Alternatively, if you have received this information in printed form, please return by fax or regular postal mail.

### **Application deadline**

Applications should be submitted *as soon as possible* and by **1 May 2019 the latest**. Applications will be accepted on a rolling basis until the course is full. Course organizers will review applications and inform you as soon as possible if you have been accepted to the course. Upon registration and receipt of payment, applicants will receive detailed information concerning pre-arrival preparation.

### **For more information, contact:**

Ms. Janette Lauza-Ugsang  
Senior Project Manager, Health Risk Management Department  
Asian Disaster Preparedness Center  
Tel: (66-2) 298-0681 ext. 404  
Fax: (66-2) 298-0012  
E-mail: [janette@adpc.net](mailto:janette@adpc.net)

*Thank you very much for your application and ADPC will be in touch with you soon.*