**Application Form**

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| **Course Title:**  | Disaster Resilience Leadership |
| **Venue:**  |  Workshop 1 – Bangkok, Thailand Workshop 2 - Bangkok, Thailand |
| **Application Date:** |

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| DD | MM | YYYY |

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***Please return the completed form to …………………………………………………………………………………………………………………………………………***

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| 1. FULL NAME *(to be used in the course certificate)* |  | 2. TITLE |
|  First Name Middle Name Last Name  |  | [ ] MR [ ] MS [ ] MRS[ ] Others, specify\_\_\_\_\_\_\_ |
| *(full as to appear on the course certificate)* |

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| 3. NATIONALITY |  | 4. PASSPORT |  | 5. GENDER |  | 6. DATE OF BIRTH |  | 7. AGE |
|  |  | *Passport Number*:*Passport Expiry*: |  | [ ] female[ ] male |  | [ dd.mm.yy ] |  |  |

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| 8. ORGANIZATION INFORMATION |  | 9. CONTACT INFO (Work) |
| Position/Title:  |  | Tel:Fax:Mobile:Email: |
| Organization Name:  |
| Organization Address: |
|  Country: |

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| 10. HOME ADDRESS |  | 11. CONTACT INFO (Personal) |
|  |  | Tel:Email: |

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| 12. EMERGENCY CONTACT INFORMATION |  | 13. FOOD PREFERENCE |
| *(name and address of person to contact in case of emergency)* |  | [ ] Vegetarian[ ] Non-vegetarian[ ] Others, specify |
| Relationship:  |  |
| Tel: |  |

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| **14. ENGLISH LANGUAGE PROFICIENCY**  *Note: proficiency in English is essential****E*** *– Excellent;* ***G*** *– Good;* ***F*** *– Fair* |  | 15. ARE YOU FAMILIAR WITH THE USE OF PERSONAL COMPUTER? |
| **READ****E G F**[ ] [ ] [ ] | **WRITE****E G F**[ ] [ ] [ ] | **SPEAK****E G F**[ ] [ ] [ ] |  |   [ ] Yes [ ] No |

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| 16. EDUCATION  |
| *Start with the most recent institution attended. Please use additional sheet when necessary* |
| Institution  | Years attended  | Major field of study  | Degree |
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| 17. EMPLOYMENT |
| *Start with the most recent institution employed. Please use additional sheet when necessary* |
| Position/Title  | Organization  | Period (from- to)  | Responsibilities |
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| 18. MEMBERSHIP TO PROFESSIONAL SOCIETIES\* |
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| 19. GIVE A BRIEF DESCRIPTION OF YOUR PAST AND PRESENT INVOLVEMENT IN DISASTER RISK MANAGEMENT-RELATED RESPONSIBILITIES\* |
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| 20. SPECIAL INTERESTS IN THE FIELD OF DISASTER RISK MANAGEMENT\*  |
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| 21. PREVIOUS COURSE(s) ON DISASTER RISK 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)* |

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| 22. PREVIOUS ATTENDANCE AT INTERNATIONAL WORKSHOPS AND TRAINING COURSES\* |
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| 23. DESCRIBE THE PRACTICAL USE YOU WILL MAKE OF THIS COURSE ON YOUR RETURN HOME IN RELATION TO THE RESPONSIBILITY YOU EXPECT TO ASSUME\* |
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