

**Please affix**

**passport**

**photograph**

**FOR OFFICIAL USE ONLY**

Reference no:………………………

Received:…………………………….

Checked:…………………………….

Thailand-Colombo Plan Cooperation Programme, 2018

**APPLICATION FORM** (typewriting or block letters)

|  |  |
| --- | --- |
| **TITLE OF COURSE:**  **Training Programme on “Sustainable Community Based Eco-tourism Development”, at Chonburi, Thailand** | **Course Duration:**  **24 April – 9 May, 2018** |
| **NAME OF TRAINING INSTITUTE:**  The Ministry of Industry of the Republic of Indonesia, in coordination with the Ministry of State Secretariat of the Republic of Indonesia and the Colombo Plan | (Application in soft copies should be sent to Colombo Plan on or before 25 March 2018) |

**1. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name (surname) | Date of birth | | |
|  | Day | Month | Year |
| First Name | Nationality (citizenship): | | |
| Other names | Gender:  Male/Female # | | |
| City and country of birth | Marital status  Single/Married/Divorced/Widowed # | | |
| Passport No: | Religion: | | |

*#Delete accordingly*

**2. COMMUNICATION AND MAILING ADDRESS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant's Office Address: | | | | | | Applicant's Postal/ Home Address: | | | |
|  | | | | | | Home telephone | | | |
|  | | | | | |  | Country | Area | Number |
| Office telephone | | | Telefax | | | Email | | | |
| Country | Area | Number | Country | Area | Number | Mobile | | | |
| Person to be contacted in case of emergency, name, telephone and address | | | | | | | | | |

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**3. EDUCATION** (list in order of time, starting with last institution attended)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution and place of study | Major field of study | Years of study:  from - to | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Please attached a copies of the certificates)

**4. EMPLOYMENT RECORD**

|  |  |
| --- | --- |
| **A. Present or most recent post** | **B. Previous positions held** |
| Employer: | Employer: |
| Years of service (from - to): | Years of service (from - to) |
| Title of your post/position: | Title of your post/position: |
| Present salary per month (US Dollars): | Salary per month (US Dollars): |
| Name of supervisor and title: | Name of supervisor and title: |
| Type of organization:  Government /Semi Government/ Private/ NGO # | Type of Organization  Government/ Semi Government/ Private/ NGO # |
| Main functions of organization: | Main functions of organization: |
| Total number of employees: | Total number of employees: |

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|  |
| --- |
| **Description of your work including your responsibility:**  *Please continue on supplementary pages if necessary* |

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**5. REASONS FOR APPLYING THIS COURSE**

|  |
| --- |
| Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.  *Please continue on supplementary pages if necessary* |

|  |  |  |
| --- | --- | --- |
| Have you participated in any Thailand- Colombo Plan Collaboration Programmes before: YES/ NO # | | |
| Name of course | Name of Training Institute | Year |

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**6. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY (PARTICIPANTS MUST FILL ALL THE INFORMATION IN THIS SECTION)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | | | **Fair** | **Basic** | **Remarks** |
| **Listening** |  |  | | |  |  |  |
| **Speaking** |  |  | | |  |  |  |
| **Writing** |  |  | | |  |  |  |
| **Reading** |  |  | | |  |  |  |
| Mother tongue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Language test administered by | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Title | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Address | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Tel. Number | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| E mail | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date and signature | | | : |  | | | |

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**7. MEDICAL REPORT (to be completed by an authorized physician, All the fields must be filled)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applicant:** | | | | | | | | | | | | | |
| **Age:** | | | | **Sex:** | | | | **Height: cm** | | | | | **Weight Kg** |
| **Blood Group:** | | | | | | | | | | | | | |
|  |  | **A** | | |  | **B** |  | | **AB** |  | | **O** | |
|  | | | | | | | | | | | | | |
| **Blood Pressure:** | | | | | | | | | | | | | |
| **Is the person examined at present\ in good health?** | | | | | | | | **Is the person examined physically and mentally able to carry out training away from home?** | | | | | |
| **Pre-prandial Blood Sugar** | | | | | | | | **Post-prandial Blood Sugar** | | | | | |
| **Is the person free of infectious diseases (Tuberculosis, Trachoma, Yellow Fever, Hepatitis A, B and skin diseases etc.)?** | | | | | | | | **Does the person examined have any condition or defect (including teeth) which might require treatment during the course?** | | | | | |
| **List any abnormalities indicated in the chest X ray.** | | | | | | | | **Pregnancy Test (for women): (optional)** | | | | | |
| **I certify that the applicant is medically fit to undertake this course.** | | | | | | | | | | | | | |
| **Name and the registration No. of the Physician** | | | **:** | |  | | | | | | | | |
| **Address of Clinic**  **(printed)** | | | **:** | |  | | | | | | | | |
| **Telephone**  **(printed)** | | | **:** | |  | | | | | | | | |
| **E mail** | | | **:** | |  | | | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Signature of Physician** | | | **:** | |  | | | | | | **Seal of Clinic:** | | |

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**8. FOOD PREFERENCESS IF ANY:..............................................**

**9. DECLARATION**

|  |
| --- |
| **Have you ever been convicted by a Court of Law of any country? Yes/ No #**  **If yes, please give brief details:** |
| I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.  If accepted for a training award, I undertake to:-   1. *Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;* 2. *Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;* 3. *Refrain from engaging in political activities, or any form of employment for profit or gain;* 4. *Submit any progress reports which may be prescribed; and* 5. *Return to my home country promptly upon the completion of my course of study or training.*   I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.  **Signature of applicant: ………………………………………………………**  **Name: ………………………………………………... Date:……………………………………….** |

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**10. OFFICIAL DECLARATION (to be completed by the nominating government. All the fields must be filled)**

|  |  |
| --- | --- |
| The Government of: ……………………………………………………………………………………………….  nominates …………………………………………………………………………………………………………  (name of applicant)  For the course under the Colombo Plan Joint Programme with the Government of Thailand and certifies that:   1. all information supplied by the nominee is complete and correct; 2. the nominee had adequate knowledge and was appropriately tested for English Language proficiency.   Remarks: …………………………………………………………………………………………………. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Designation)  Official Seal/ Stamp:  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of responsible Government Official)  Address of Department/ Ministry:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **E mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please note: This application form must be duly completed **and endorsed by the Ministry of Foreign Affairs or the Relevant Agency responsible for the CPS programme in your country**. Application should be submitted to Colombo Plan Secretariat through the respective National Focal Point **ONLY**. INCOMPLETE AND/ OR UNENDORSED FORMS WOULD NOT BE PROCESSED. **Page 5 of 5**