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###### ***in collaboration with***

###### **Faculty of Public Health, Thammasat University Rangsit Campus, Thailand**

**Health Risk Management Department, Asian Disaster Preparedness Center (ADPC), Thailand**

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

**Date: 13 May 2019 – 07 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 Ms. Janette Lauza-Ugsang at <**janette@adpc.net**>*

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

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

( ) ADPC website

( ) Online

( ) Email

( ) Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check (√) your preferred course schedule, multiple choices will apply:**

|  |  |  |
| --- | --- | --- |
| ( | * ***Full course*** *(4 weeks)*
 | from 13 May – 07 June 2019 |
| ( | * ***Modular courses*** *(1 week/module)*
 |  |
|  | Module 1: Public Health and Natural Hazards  | from 13 May – 17 May 2019  |
|  | Module 2: Epidemic Management and Control  | from 20 May – 24 May 201 |
|  | Module 3: Public Health and Conflict  | from 27 May – 31 May 2019 |
|  | Module 4: Public Health and Mass Casualty Management  | from 03 June – 07 June 2019 |

**1. PERSONAL DETAILS**

**1. Full name** *(to be used in the course certificate)* **2. Title**

 ( ) Mr.

 ( ) Ms.

 ( ) Dr.

 ( ) Other, specify:

**3. Nationality Sex Date of Birth 4. Marital Status**

 ( ) Male (dd/mm/yy) ( ) Single

 ( ) Female ( ) Married

**5. Office Address Telephone Number: 6. Mobile Number:**

 **Fax Number:** **E-mail:**

**7. Home Address** **8. Home Telephone No.:**

**9. Name and address of a person to notify in case of emergency 10. Relationship**

**Telephone Number** (country, area codes)**:**

**11.** **English Language Proficiency** **12. Food Preferences**
 **(E** – Excellent / **G** – Good / **F** – Fair)( ) Vegetarian

####  ( ) Non-vegetarian (Please check (√) where appropriate) ( ) Other, specify:

#### Reading Writing Speaking

**E G F E G F E G F**

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

*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.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name of Institution* | *Year Attended* | *Field of Study* | *Institution* | *Country*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **14. Current employment** (Please attach your CV for more information about your employment history.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Position Title* | *Duration* | *Date* | *Organization* | *Country*  |
|  |  |  |  |  |
|  |  |  |  |  |
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 **15. Memberships of professional societies** (Please use an additional sheet or indicate in your CV, if necessary.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* | *Duration* | *Date* | *Organization* | *Country*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Course Title* | *Duration* | *Date* | *Venue* | *Course Organizer* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. ***Courses in your country*** *(Give name[s] of course[s], duration and dates.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Course Title* | *Duration* | *Date* | *Venue* | *Course Organizer* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| *Purpose of Travel*  | *Duration/ Date* | *Venue/Country* | *Course Organizer* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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.**

**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 have been received for a module by 1 May 2019, the Faculty of Public Health and ADPC reserve the right to cancel that module 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.

**Account Name** Asian Disaster Preparedness Center Foundation

**Account Number** 029-1-11600-0

**Bank Name** Kasikorn Bank

**Bank Address** 1019/18, Phaholyotin road, Samsen Nai, Phayathai, Bangkok 10400, Thailand

**Swift Code** KASITHBK

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

**Who will pay for the course?**

Sponsor/employer [ ]  I will pay personally [ ]

**How will you or your sponsor/employer pay for the course?**

Via bank transfer [ ]  With cash [ ]

With a cheque [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of sponsoring organization:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone *(please include international dialing code):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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:

1. Inform course organizers within 3 weeks of the start date of the course if I am no longer able to attend.
2. 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.
3. Fully attend all scheduled study activities (provision of a certificate for the course is dependent on full attendance).
4. Refrain from political, commercial or any activities other than those covered by the study program.
5. Submit reports in accordance with my employer or sponsoring organization's requirement.
6. Return to my country of origin at the end of the training course.
7. 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*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

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