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## **Application: Nutrition in Emergencies (NIE–6)**

**Time:** 10–21 October 2016

**Venue:** Bangkok, Thailand

Please send your completed application form together with a copy of your resume to *yvonette.d@adpc.net*

Please write legibly and use black ink.

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

**How did you hear about the course?**

**( ) ADPC website**

**( ) Online**

**( ) Email**

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

**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:**

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

####  ( ) Non-vegetarian (Please tick 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.)

Institution Year(s) attended Field of study Degree

 **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 Nutrition in Emergencies (NIE) and other emergency management work.\***

**17. Previous NIE and emergency management experience.\***

**18. Special interests in the field of NIE and emergency management.\***

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

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

**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.\***

**4. COURSE PAYMENT**

**Tuition fees**

The **Course Package A** costs US$3,555 and includes accommodation, the course fee, international buffet breakfast, a daily meeting package with lunch and refreshments, a non-refundable registration fee of US$250, a training kit and course materials.

The **Course Package B** costs US$2,575 and includes the course fee, a daily meeting package with lunch and refreshments, a non-refundable registration fee of US$250, a training kit and course materials.

Please check (√) your option:

**( ) Course Package A with accommodation**

**( ) Course Package B without accommodation**

**Note:** Participants are responsible for all of their travel expenses and arrangements, daily dinner, medical/travel insurance and incidentals such as laundry, personal phone calls/fax and shipping of personal items from the course.

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 provided.
NO refunds will be available for cancellations less than 3 weeks before the start of the course.

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 on the NIE–6 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 *yvonette.d@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 19 September *2016 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:**

Dr. Yvonette Duque

Sr. Public Health Specialist, Public Health in Emergencies

Asian Disaster Preparedness Center

Tel: (66-2) 298-0681 ext. 400

Fax: (66-2) 298-0012

E-mail: yvonette.d@adpc.net

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