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Please email the duly accomplished application form with an electronic passport size photograph to: tedadpc@adpc.net

Application Date

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DD MM YYYY

Title of course applied for:

Venue:

How did you hear about the course?

1. FULL NAME (to be used in the course certificate)

2. TITLE

MR MS DR

Others, specify

3. NATIONALITY

4. GENDER

female

male

5. BIRTH DATE

[dd.mm.yy]

6. AGE

7. MARITAL STATUS

Single

Married

Others

8. ORGANIZATION INFORMATION

Position/Title:
Organization Name:
Organization Address:
Country:

9. CONTACT INFO (Work)

Tel:
Fax:
Mobile:
Email:

10. HOME ADDRESS

11. CONTACT INFO (Personal)

Tel:
Email:



12. EMERGENCY CONTACT INFORMATION

(name and address of person to contact in case of emergency)

Relationship

Tel:

13. ENGLISH LANGUAGE PROFICIENCY

14. FOOD PREFERENCE

E – Excellent; G – Good; F – Fair
(note: proficiency in English is essential)

READ	WRITE	SPEAK	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-vegetarian <input type="checkbox"/> Others, specify
E G F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E G F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E G F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

13. ARE YOU FAMILIAR WITH THE USE OF PERSONAL COMPUTER?

Yes No

14. EDUCATION

Start with the last institution attended. Please use additional sheet when necessary

Institution	Years attended	Major field of study	Degree

15. EMPLOYMENT

Start with the last institution employed. Please use additional sheet when necessary

Position/Title	Organization	Period (from- to)	Responsibilities



16. MEMBERSHIP TO PROFESSIONAL SOCIETIES*

17. GIVE A BRIEF DESCRIPTION OF YOUR PRESENT INVOLVEMENT IN DISASTER MANAGEMENT-RELATED RESPONSIBILITIES*

18. PREVIOUS INVOLVEMENT IN DISASTER MANAGEMENT- RELATED EXPERIENCE*

19. SPECIAL INTERESTS IN THE FIELD OF DISASTER MANAGEMENT*

**Please use additional sheet when necessary*



20. PREVIOUS COURSE(s) ON DISASTER 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)*

21. PREVIOUS INTERNATIONAL TRAVEL ON TRAINING COURSES, SEMINARS, STUDY TOURS, ETC.*

22. DESCRIBE THE PRACTICAL USE YOU WILL MAKE OF THIS COURSE ON YOUR RETURN HOME IN RELATION TO THE RESPONSIBILITY YOU EXPECT TO ASSUME*

* Please use additional sheet when necessary



23. ARE YOU IN GOOD HEALTH?

Accepted participants will be responsible for any medical expenses they may incur while in Thailand, and should consider arranging insurance before joining the course; Course Organizers will not be responsible for any medical expenses during the training.

Yes No

24. FOOD PREFERENCE:

Any Vegetarian Others (Please specify)

25. ARE YOU A SMOKER?

Yes No

26. PAYMENT OF FEE IS SETTLED BY:

My Employer *Please specify:*

A Donor Agency *Please specify:*

Self-support

Note: If you are sponsored by your employer or donor agency, please attach recommendation letter from your sponsoring organization informing proposed arrangements for payment of fees.

27. ACCOMODATION PREFERENCE:

Single room (US\$45-50/night) Twin-shared room (US\$25-30/night)

28. MODE OF PAYMENT

Bank transfer (*see ADPC bank details below) Cheque (to be issued addressed to ADPC)
 Cash

*Account Name: ADPC Foundation Account Number: 381-1-00228-2 SWIFT Code: KASITHBK
Bank Name: Kasikorn Bank Address: 58/1 Phaholyothin Road, Klong Luang, Pathumtani, Thailand

Note: Please include participant's name in the "Originator to Beneficiary Information (OBI) section of the wire transfer form. Personal cheque and credit card are not acceptable. Fees are expected to be transferred to ADPC at least one month in advance.

29. DECLARATION

I certify that the above statements are true and accurate to the best of my knowledge. If selected, I undertake to:

- a. Spend all my time during the period of the study program.
- b. Refrain from political, commercial or any activities other than those covered by my study program.
- c. Submit reports in accordance with the arrangements made by my employer or sponsoring agency.
- d. Return to my home country at the end of the fellowship.
- e. Be fully responsible for any medical expenses while undergoing training.

SIGNATURE OF APPLICANT

DATE