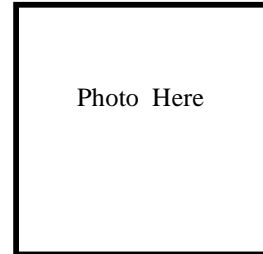




Asian Disaster Preparedness Center
 PUBLIC HEALTH IN EMERGENCIES



Course Application/Participant Bio-Data

(Please write legibly and use black ink)

Title of Course Applied For: International Training Course on
 Hospital Emergency Preparedness and Response (HEPR-4)

Venue: Bangkok, Thailand

Date of Application: _____

Family Name	First Name	Middle Initial	FULL NAME (for the course certificate)
Nationality	Sex () Male () Female	Date of Birth (DD/MM/YY)	Age
			Marital Status () Single () Married
Office Address		Telephone Number	Mobile Number
		Fax Number	E-mail:
Home Address			Telephone Number
Name and Address of Person to notify in case of emergency			Relationship
			Telephone Number
English Language Proficiency E - Excellent G - Good F - Fair (Please tick where appropriate)			Food Preference
Read E G F () () ()			() Vegetarian () Non-vegetarian () others, specify _____
Write E G F () () ()			
Speak E G F () () ()			

Note: Proficiency in English is essential.

Are you familiar with the use of Personal Computer (PC)?

Yes No

Education (Start with the last institution attended)

Institution	Year attended	Major field of study	Degree
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Employment

Present Title	Organization	from	Period	to	Responsibilities
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Previous Title/s	Organization	Period	from	to	Responsibilities
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Membership of Professional Societies

Give a brief description of your present involvement in disaster mgt./hospital and emergency management work *

Previous disaster management/hospital and emergency management experience *

Special interests in the field of disaster management/hospital and emergency management *

Previous Course(s) on disaster management/hospital and emergency management and related subjects attended *

a) International (give name of course(s), duration and dates)

b) In your country

Previous international travel on training courses, seminars, study tours, etc *

* Please use additional sheet where needed.

Describe the practical use you will make of this course on your return home in relation to the responsibilities you expect to assume. Use additional sheet, if necessary.

Are you in good health? (Accepted participants will be responsible for any medical expenses they may incur while at the training and should consider arranging insurance before joining).

Yes No

Please specify your mode of payment:

By bank transfer

By cash

By cheque payable to "ADPC"

DECLARATION

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

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

Signature of Applicant _____

Date _____

Return the completed form to:

MR. JOHN ABO
Technical Manager
Public Health in Emergencies
Asian Disaster Preparedness Center (ADPC)
P.O.Box 4, Klong Luang
Pathumthani 12120, Thailand
Tel No. (66-2) 516-5900 to 5910 ext 404
Fax No: (66-2) 5245360/5245350
Email: fjbabo@adpc.net