**Annex-2**

**NOMINATION FORM FOR TRAINING COURSE**

**\* Please fill in the first 20 questions completely by typing and submit them in the form of MS Word file.**

 **The handwritten form is not acceptable.**

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| logogreen | **Asia–Pacific Telecommunity****APT Sponsored Training Programme** | Photograph(4.5 cm x 4 cm) |
| **1. Course Title :**  |
| **2. Host and Venue :**  |
| **3. Duration: From To** |
| **4. First Name**  | **Middle Initial**  | **Family Name (Surname)** | **5. Sex** |
| Mr./Mrs/Miss/Dr./( ) |  |  |  |  |
| **6. Date of Birth** | **7. Age** | **8. Nationality**  | **9. Passport Details** |
| **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_****Date Month Year** |  |  | Passport Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_Date of Expiry : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_Place of Issue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of getting visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10. Present Position and Organization**Job Title : Department/Division : Organization : Address : Tel : Mobile no.: E-mail :  |
| **11. Smoker/Non-smoker*** Smoker
* Non-smoker
 |
| **12. Food Preference*** Muslim
* Vegetarian
* Other ( )
 | **13. Contact Person in case of emergency within your organization**Name: Relationship:Address:Tel : Email : |
| **14. English** (good/ fair/ poor) | **15. Education** |
| Reading :  | Year | Name of Institution/ Place & Country | Major Subject/ Degree |
| Writing :  |  |  |  |
| Speaking :  |  |  |  |
| TOEIC score :  |  |  |  |
| **16. Overseas training received during the last 5 years (state on the most recent) :** |
| Date : | Duration (days) :  | Host : | Course Title : |
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| **17. Career/Work Experience (*Please describe your previous positions & job experience during the last 5 years*.)** |
| Year(From/To) | Organization | Position | Duties and responsibility***(Please use separate sheets if necessary)*** |
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| ***Details of Personal data: APT will refer further to these additional details for final selection of trainees.*** |
| **Please read the offering letter and the course description carefully before filling the blanks of 19 to 21.** |
| **18.** **Please give reasons why you intend to attend this course.** |
| **19.** **Please give more details about your prior knowledge which is required/relevant to this course.** |
| **20.** **How will you utilize your knowledge gained from this course?** |

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| **\* For questions 21 to 23, please fill in the required information and submit the scanned copy.** |
| **21. I certify that the information given above is true and complete to the best of my knowledge. By affixing my signature, I hereby assure you that I don’t have any physical disability and mental problems which may hinder me to attend all activities under this training course, including site visit if it is scheduled, without special supports or preparations by the host organization.** ***Nominee:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE NAME OF NOMINEE SIGNATURE |
| **22. Please state your personal assessment of the nominee including the ability to speak and read English.*****Director Supervisor:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE NAME, TITLE OF SUPERVISOR SIGNATURE |
| **23. Endorsement By APT Member Administration/Organization** |
| **In nominating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the APT-Sponsored training programme, this Administration/Organization certifies that he/she is medically fit to travel abroad for the course. The Administration/Organization will bear the cost and take full responsibility of any medical treatment or injury of the nominee if it is necessary, during the travel and training period.****This Administration/Organization will also be responsible for any charge and expense incurred in respect of any damage to or loss of any property of any person (including those of the nominee) or belongings to the institution or other establishments.**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp:Administration/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(Revised on 14 April 2023)