


NOMINATION FORM FOR TRAINING COURSE

	Asia-Pacific Telecommunity APT Sponsored Training Programme * Please answer all the questions completely by typewritten			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			11. Smoker/Non-smoker	
Job Title : _____ Department/Division : _____ Organization : _____ Address : _____ Tel : _____ Mobile no.: _____ E-mail : _____			<input type="radio"/> Smoker <input type="radio"/> Non-smoker	
12. Food Preference		13. Contact Person in case of emergency within your organization		
<input type="radio"/> Muslim <input type="radio"/> Vegetarian <input type="radio"/> Other ()		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 :	
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)	
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?

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
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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
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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: _____

Please return to the Secretary General, Asia-Pacific Telecommunity via fax at +66 25737479 or email to apthrd@apt.int

(Revised on 17 April 2015)