NOMINATION FORM FOR TRAINING COURSE

APT	APT Sp	Pacific Toonsored	Photograph						
1. Course Title :								(4.5 cm x 4 cm)	
2. Host and Ve	nue:								
3. Duration:	From				To				
4. First Name		Middle Initial		Family Name (Surname)		5. Sex			
Mr./Mrs/ Miss/Dr./ ()									
6. Date of Birth 7. Age		7. Age	8. Nationality				9. Passport Details		
Date Month Year 10. Present Position and Organ]				Passport Number : Date of Issue : /_ / Date of Expiry : /_ /		
Job Title :							Place of Issue :		
Department/Division : Place Organization :							Place of getting v	Place of getting visa:	
						11. Smoker/No	n-smoker		
Tel: Mobile no.: E-mail:							O Smoker O Non-smoker		
12. Food Preference O Muslim O Vegetarian O Other (13. Contact Person in case of emergency within your organization Name: Relationship: Address:				r organization		
			,	Tel :			Email :		
14. English (good/ fair/ poor) 1			5. Education						
Reading:			Year Name of Institution/ Place & Country			titution/ Plac	e & Country	Major Subject/ Degree	
Writing: Speaking:									
TOEIC score :									
16. Overseas training received during the last 5 years (state on the most recent):								C T:41-	
Date :		Duration (days) :			Host:		Course Title :		
Year Org (From/To)			Please describe your prev			Position 1		nce during the last 5 years.) uties and responsibility se separate sheets if necessary)	
Details of Person	onal dat	a: AP	T will	l refer furthe	er to the	se addition	al details for fina	l selection of trainees.	

Please read the offering letter and the course description	a 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							
12. Trease give more accurs about your prior anowicage	which is required/referant 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	<u>n.</u>							
Nominee:								
DATE NAME OF NO	MINEE SIGNATURE							
22. Please state your personal assessment of the nomined	e including the ability to speak and read English.							
Director Supervisor:								
Director Supervisor.								
DATE NAME, TITLE OF SI	UPERVISOR SIGNATURE							
, , , , , , , , , , , , , , , , , , , ,								
23. Endorsement By APT Member Administration/Orga								
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								
injury of the nominee if it is necessary, during the travel	and training period.							
This Administration/Organization will also be responsible								
any damage to or loss of any property of any person (incinstitution or other establishments.	cluding those of the nominee) or belongings to the							
Name:	Signature:							
Position:	Official Stamp:							
Administration/Organization:								