


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.				

