****

**PHOTO**

123 Mittraphap Road, Muang, Khon Kaen 40002 Thailand

Tel: +(66) 4320 2268 Fax: (+66) 4320 3656 Email: [dwight@mekonginstitute.org](mailto:dwight@mekonginstitute.org)

Website: [www.mekonginstitute.org](http://www.mekonginstitute.org)

**APPLICATION FORM**

Please fill in **ALL SECTIONS** of the application form and send it to Mekong Institute on or before **July 15, 2017**.

**Training Program Title: Communicating Food Safety**

**Training Duration:** **August 28-September 1, 2017**

**Full Name** (As shown in passport)**:** .............................................................. **Gender:** M  / F

**Date of Birth:** ……………………………… **Nationality:** ………………………………

[MM/DD/YY]

**Passport Number:** ……………………………… **Date of Issue:** ……………………………… **Date of Expiry:** ………………………………

[MM/DD/YY]

[MM/DD/YY]

**Nearest International Airport:** ..............................................................

**Food Restriction(s)** (if any)**:** ..............................................................

**Work Address:** ………………………………………………………………….………..

City: …………….……….. Province/State: …………….……….. Country: …………….………..

Telephone: …………….……….. Mobile Number: …………….……….. E-mail: …………….………..

**Home Address:** ………………………………………………………………….………..

City: …………….……….. Province/State: …………….……….. Country: …………….………..

Telephone: …………….……….. Mobile Number: …………….……….. E-mail: …………….………..

**Name and Contact Details of person to be notified in case of emergency:** ……..…………….…..…………….

Telephone: …………….……….. Mobile Number: …………….……….. E-mail: …………….………..

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Languages** | **Read** | | | **Write** | | | **Speak** | | |
| **Mother Tongue :** | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| English |  |  |  |  |  |  |  |  |  |
| Other (Please specify) |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATIONAL BACKGROUND** | | | | | |
| **Name of School/University** | **City/Country** | **Years Attended** | | **Degree, Diploma, Certificate, Training Courses Completed** | **Special Fields of Study** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Have you attended any program of Mekong Institute before? If yes, please specify:  ………………………………………………………………….………………… Year: …………… | | | | | |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY** | |
| **Present or most recent position**: ……………………………………………………  Name of Organization:  ……………………………………………………  Years: …………………………………………  Type of Organization:  [ ] Private corporation [ ] Government  [ ] Regional/International Organization  [ ] Others  Department: ……………….…  Division: ……………….…….. | Detailed description of your work duties and responsibilities |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous employment** | | | |
| **Position** | **Organization/Office** | **Years** | **Brief description of your work duties and responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **STORY PITCH** | |
| Have you written/produced any food safety-related story before? If yes, please list down these stories in the following table.   |  |  |  | | --- | --- | --- | | **Title** | **Date** | **Publication Name/TV Channel**  *(Web link, if available)* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Please write a **ONE-PAGE DESCRIPTION** of the local food safety story you wish to work on after the training program. Explain the local food safety issue, possible sources of information, and persons to contact/interview/meet. Describe how the regional training workshop will help you in developing and publishing/producing these stories. | |
| **CERTIFICATION** |
| I certify that my statements in this application are true, complete, and correct.  If accepted for a learning program/workshop and/or scholarship, I will:   * Carry out instructions and abide by conditions stipulated by the nominating government, scholarship sponsor, and Mekong Institute; * Follow the course learning schedule and abide by the rules of Mekong Institute; * Submit any progress reports, if requested; * Return to my home country promptly upon completion of the learning program/workshop; and * Not hold Mekong Institute responsible or liable for any act or occurrence reasonably outside of their control.   I also fully understand that to be granted this opportunity is an honor and privilege requiring the responsibility of dutifully representing my country and government.  **Signature of Applicant over Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Head of Organization over Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For more information about the program, please contact Mr. DWIGHT JASON RONAN, Program Coordinator, at dwight@mekonginstitute.org or +66 4320 2441 ext. 4091.** |