*Promoting Safe Food for Everyone*

Mekong Institute-Food Safety Project

**APPLICATION FORM**

Please fill in **ALL SECTIONS** of the application form and send it to Mekong Institute on or before the published deadline.

**Training Program Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PERSONAL INFORMATION** |
| **Full Name** (*As shown in passport*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: [ ] Male [ ] Female **Birthdate** (*Month/Day/Year)*:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Passport/ID Number: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Issue** (*Month/Day/Year)*:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date of Expiry** (*Month/Day/Year)*:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Nearest International Airport:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Food Restriction(s)** (*if any*)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Work Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Home Address**: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **E-mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Person to be Notified in Case of Emergency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATIONAL BACKGROUND** |
| **Highest Educational Level Attained**: [ ] Vocational/Non-degree [ ] University Degree [ ] Advanced/Postgraduate Degree**Field of Study**: [ ] Natural Sciences [ ] Social Sciences [ ] Environmental Sciences [ ] Arts/Humanities [ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Name of University/School** | **Degree/Course** | **Years** | **Honors/Awards Received** |
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**Have you attended any program of Mekong Institute before? If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Languages Used****(1 - Excellent; 3 - Good; 5 - Fair)** | **Reading Ability** | **Writing Ability** | **Speaking Ability** |
|  English |      |      |      |
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|   |      |      |      |
| **PROFESSIONAL BACKGROUND** |
| **Title of Present or Most Recent Post**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years in the Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Type of Organization**: [ ] Government [ ] Private company [ ] Regional/International Organization [ ] Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address/Website**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Description of work/responsibilities**: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Previous Employment**  |
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| **Position** | **Organization/Office** | **Years** | **Brief Description of Work Duties and Responsibilities** |
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| **PROPOSED ACTION PLAN** |
| Please briefly describe the **action plan** that you wish to implement upon your return to your home organization/country.

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| *To utilize and demonstrate the knowledge and skills from the training program, I am going to:* |

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| **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:*a. *Carry out instructions and abide by conditions stipulated by the nominating government, scholarship sponsor, and Mekong Institute;*b. *Follow the course learning schedule and abide by the rules of Mekong Institute;*c. *Submit any progress reports, if requested;*d. *Return to my home country promptly upon completion of the learning program/workshop; and*e. *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 applications and other inquiries, kindly contact the following country coordinators:* **Cambodia**: Mr. Ra Thorng (ra@mekonginstitute.org)
* **Lao PDR**: Mr. Alounmixay Keoboualapha (alounmixay@mekonginstitute.org)
* **Myanmar**: Ms. Jutamas Thongcharoen (jutamas@mekonginstitute.org)
* **Vietnam**: Mr. Dwight Jason Ronan (dwight@mekonginstitute.org)
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