



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: _____

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:** _____

Address: _____ **Contact Numbers:** _____

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: _____

Name of University/School	Degree/Course	Years	Honors/Awards Received

Have you attended any program of Mekong Institute before? If yes, please specify:

Languages Used (1 - Excellent; 3 - Good; 5 - Fair)	Reading Ability	Writing Ability	Speaking Ability
English	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤
	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤
	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤

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

Position	Organization/Office	Years	Brief Description of Work Duties and Responsibilities

PROPOSED ACTION PLAN

Please briefly describe the **action plan** that you wish to implement upon your return to your home organization/country.

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

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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