REGIONAL TRAINING PROGRAM ON

*Managing Food Safety*

*Along the Food Supply Chain*



**APPLICATION FORM**

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

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| PERSONAL INFORMATION |
| **Full Name** (*As shown in passport*): **Gender**: [ ] Male [ ] Female **Birthdate** (*Month/Day/Year)*: **Nationality**:**Passport Number:** **Date of Issue** (*Month/Day/Year)*: **Date of Expiry** (*Month/Day/Year)*:**Current Address**: **Home Address**: **E-mail Address**: **Contact Numbers**:**Food Restriction(s)** (*If any*):

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| EDUCATIONAL BACKGROUND |
| **Current Degree Program** *(Exact name of degree)*: **Current University**:**Other Degrees Prior to Your Current Program**:  |

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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 the course:**

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| **Languages Used** | **Reading Ability** | **Writing Ability** | **Speaking Ability** |
| *English* | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent |
|  | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent |
|  | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent | [ ] Poor [ ] Average [ ] Good [ ] Fluent |

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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 **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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**Researches or Published Works:***Enumerate all published or ongoing researches, case studies, or other work related to food safety.*

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| **Title** | **Publication** | **Year** | **Abstract/Brief Summary** |
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| **CERTIFICATION** |
| *I certify that my statements in this application are true, complete, and correct.**If accepted for this training program, I will:**a. Carry out instructions and abide by conditions stipulated by the nominating university and/or Mekong Institute;**b. Follow the course learning schedule and abide by the rules of Mekong Institute;**c. Submit any progress reports, if requested; 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 university.***Signature of Applicant:** *Date:*  **Signature of Adviser/Head of Department or Faculty:** *Date:* For applications and other inquiries, kindly contact (dwight@mekonginstitute.org). |
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