

**REGIONAL TRAINING PROGRAM ON**

*Postharvest Management System   
in Fresh Horticultural Produce*

November 12–23, 2018

**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/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:** \_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **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** | **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 |
| **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** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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.   |  | | --- | | *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 Ms. Jutamas Thongcharoen (jutamas@mekonginstitute.org) |

**MEKONG INSTITUTE**

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