**Application Form**

Regional Training Program on Coordinated Border Management

March 25-27, 2019

Mekong Institute, Khon Kaen, Thailand

Perspective participants need to be aware of the following:

* **March 15, 2019**: deadline for application;
* **March 18, 2019**: announcement of the successful applicants to the training program;
* **March 25-27, 2019**: three-day training course at Mekong Institute’s Residential Training Centre, Khon Kaen, Thailand.

*The applicants are requested to provide information in the application form as follows*

1. Submit (i) Filled Application Form as stated below (ii) CV and (iii) Copy of Passport via email to Mr. Sokim Phang at [sokim@mekonginstitute.org](mailto:sokim@mekonginstitute.org) with cc to Mr. Quan Anh Nguyen at [quan@mekonginstitute.org](mailto:quan@mekonginstitute.org) by March 15, 2019
2. The subject of submitting email should be entitled as “**Country, Name, Application to LMC-2: Coordinated Border Management Training Program”**.
3. Only selected candidates will be contacted to attend the training program. No written information will be sent to unsuccessful applicants.

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| **Part I: Participant’s Eligibility Criteria** |
| The target participants who hold mid–to–senior positions from the following Government departments and agencies:   * Customs Departments; General Administration of Customs * Sanitation and Phyto-Sanitation Department (Ministry of Agriculture)   Qualifications:   * Government officials from the designated and concerned Ministries and Agencies as mentioned above who are involved in the trade facilitation operation, i.e. coordinated border management (CBM) functions and activities. * Hold University degree or an equivalent educational background with minimum 3 to 5 years working experience CBM-related areas. * Command of English (speaking, reading, and writing) at working level. * Familiarity with cross-cultural studying and working environment. * Full attendance at the training program.   In addition, MI encourages the participation of women and minorities. |

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| **Part II. Participants’ Statement** | | | | | | | | | | | | | | | | | | | |
| Title | | Given Name  (*As shown in Passport*) | | | | | | | Family Name  (*As shown in Passport*) | | | | | | | | | | |
| [ ] Mr. [ ] Ms.  [ ] Mrs. | |  | | | | | | |  | | | | | | | | | | |
| Nationality | | Country of Residence | | | | Passport | | | | | | | Date of Birth | | | | | | |
|  | |  | | | | Passport No.:  [ ] | | | | | | | *Day* | | | *Month* | | *Year* | |
| Date of Expiry (dd/mm/yy):  \_\_\_\_\_\_ / \_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | | | | | | |  | | |  | |  | |
| Position & Work Address (include department or section as relevant) | | | | | | | | | | Contacts | | | | | | | | | |
| Title of your position: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division, Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Tel:  Fax:  Mobile:  Email:  *[Please provide a working email address which is checked frequently]*  Website:  *[Please provide the official web portal, social media to indicate your business/ organization information]*  Social Media Account:  (Facebook | LINE | WhatsApp | WeChat | Skype) | | | | | | | | | |
| Educational History | | | | | | | | | | | | | | | | | | | |
| Years Attended | Institution Name,  City, Country | | | Degree, Diploma, Certificate, Training Courses completed | | | | | | | | Special fields of study | | | | | | | |
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| Languages Capacity | | | Read | | | | | Write | | | | | | | Speak | | | | |
| Mother Tongue: | | | Excellent | | Good | | Fair | Excellent | | | Good | | | Fair | Excellent | | Good | | Fair |
| English | | |  | |  | |  |  | | |  | | |  |  | |  | |  |
| [PLEASE SPECIFY]  Others: | | |  | |  | |  |  | | |  | | |  |  | |  | |  |
| *In the questions below, please explain your motivation for applying to the training program. Please be as specific and detailed as possible in your answers. Make sure answer to all the questions in the application in English.*   1. Please briefly mention your role (working duties and responsibilities) in your organisation [300 words maximum].   2) Personal statement and expectations: Why do you want to attend the Regional Training Program on “Coordinated Border Management”? How does this program can benefit you and your own organization? | | | | | | | | | | | | | | | | | | | |
| I certify that...………. *(please tick the box below if you agree)* | | | | | | | | | | | | | | | | | | | |
| I commit to fully attend all the activities of the program;  I have sufficient professional capacity to participate in regional event cross-culturally;  I will be interactive and participative at the training program;  I confirm that once the flight ticket is issued, any cancellation or amendment fees are born by me.  Candidate selection will be based on their compliance with the above stipulations. | | | | | | | | | | | | | | | | | | | |
| **Consent Notes from Applicant:**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I confirm that I consent to take part in the all activities of the Regional Training Program on “Coordinated Border Management” from March 25-27, 2019. I fully understand the commitment and will response to the requirements of Mekong Institute.  I am also aware of the program is designed to be an interactive platform for exchange and collaboration. Ultimately, the success of the program is dependent on my commitment and active participation.  As the program will include discussions about the strategies of participants’ organisations, I consent to keep the identities of these organisations confidential while making references in public (unless otherwise agreed by the specific organization).  Applicants’ Signature: Date: | | | | | | | | | | | | | | | | | | | |
| **Consent Notes from Nominating Organization**  We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that we nominate Mr. / Ms. / Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the “Regional Training Program on Coordinated Border Management” during the time periods as aforementioned. We consent to release her/him from work to travel to the program venues to participate the training. We are committed to support her/him to complete the program requirements successfully.  Name:  Position:  Division and Department:  Name of Organization:  Signature: Date: | | | | | | | | | | | | | | | | | | | |