Application Form for Training Courses

Network of Aquaculture Centres in Asia-Pacific

Sustainable Aquaculture and Aquatic Resource Management

Education and Training Programme

*Please write clearly in black. Only completed application will be considered.*

|  |
| --- |
| *Insert your photo here* |

**COURSE INFORMATION**

|  |  |
| --- | --- |
| Course name: |  |
|  |  |
| Course schedule: |  |

**PERSONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name: |  | ⬜Mr  ⬜Ms ⬜Mrs ⬜Dr | | | |
| First name: |  | Other name: | | |  |
| Name, as required in the certificate: | |  | | | |
| Date of birth (dd/mm/yyyy): | |  | | | |
| Nationality: |  | Passport No.: | | |  |
| Place of issue: |  | | | | |
| Date of issue: |  | Expiry date: | | |  |
| Address: |  | | | | |
|  |  | | | | |
| Phone: |  | | Fax: |  | |
| Email: |  | |  |  | |

**EDUCATION**

*Last two institutions only. Year attended and degree received.*

|  |  |  |
| --- | --- | --- |
| Institution and country | Major subject | Degree/year received |
|  |  |  |
|  |  |  |

English Proficiency: Writing ⬜Excellent ⬜Good ⬜Fair ⬜Poor

Speaking ⬜Excellent ⬜Good ⬜Fair ⬜Poor

**CURRENT EMPLOYMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job title or position: |  | | Division / unit: | |  | |
| Company / organization: | |  | | | | |
| Type of organization | | ⬜Private ⬜Public ⬜Government  ⬜International organization ⬜NGO  Other, please specify: | | | | |
| Address: | |  | | | | |
|  | |  | | | | |
| Phone: | |  | | Fax: | |  |
| Email: | |  | |  | |  |

DESCRIPTION OF DUTIES AT WORK

EMPLOYMENT HISTORY

**APPLICATION**

Please give your reasons for wanting to attend the programme

Write below any special experience which you think is relevant to your application

What is your expectation for this programme?

**FINANCIAL SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| Provided by: |  | | |
| Sponsoring agency: |  | | |
| Contact name in the sponsoring agency: |  | | |
| Address: |  | | |
| Phone: |  | Fax: |  |
| Email: |  |  |  |

**CONTACT INFORMATION**

*Person to contact in case of emergency*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relationship: |  | | |
| Address: |  | | |
|  |  | | |
| Phone: |  | Fax: |  |
| Email: |  |  |  |

|  |  |
| --- | --- |
|  | Applicant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (dd/mm/yyyy)\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please complete and return to:*

|  |
| --- |
| Education and Training Programme  Network of Aquaculture Centres in Asan-Pacific (NACA)  P. O. Box 1040, Kasetsart Post Office Bangkok, 10903  THAILAND |

Tel.: +66-2 561 1728  
Fax: +66-2 561 1727

<http://www.enaca.org>

*or email to:* [yuan@enaca.org](mailto:yuan@enaca.org)

CANCELLATION POLICY

Cancellations by participants should be received at least four weeks prior to the start of the training course. For later cancellations, a cancellation fee equivalent to 20% of the training fee will be charged.

NACA reserve the right to postpone or cancel the training programme. Participants will be informed three weeks or earlier before the scheduled training starting date, in case cancellation or postpone is inevitable. Your training fee will be fully refunded in case of cancellation by NACA.

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| --- |
| For NACA use only: |