SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH HERE

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable.

Programme: **Singapore Cooperation Programme Training Award (SCPTA) / Small Island Developing States Technical Cooperation Programme (SIDSTEC)**
Course Title: **Vector-Borne Diseases: Emergence And Resurgence**
Course Dates: **26 to 28 February 2018**

PART ONE: APPLICANT DETAILS (TO BE COMPLETED BY APPLICANT)

Applicant's Particulars

Title	Dr/Mr/Mrs/Ms/Others (please circle accordingly)		
Family Name			
Given Name			
Gender		Date of Birth (dd/mm/yy)	
Nationality		Representing Government of	
Passport Number		Passport Expiry Date (dd/mm/yy)	
Religion		Dietary Restrictions (if any)	

Contact Details

Country/Territory		State/Province		City/Town	
Office Address					
				Postal Code	
	Country Code	Area Code	Number	Personal Email	
Telephone No.					
Mobile				Other Email	
Fax No.					

Person to be notified in case of emergency

Name		Relationship			
Address		Telephone No.	Country Code	Area Code	Number
		Email			

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country/territory. Forms which are incomplete or not endorsed will not be accepted.

Employment History

Organisation	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)
					PRESENT

Educational Qualifications

Educational Qualification Attained	Educational Institution	From (dd/mm/yy)	To (dd/mm/yy)

Professional Qualifications

Description of Qualification	Date Attained

Previous Attendance

Have you attended any courses sponsored under the Singapore Cooperation Programme previously? If yes, please state the name and date of course(s).	Yes/No

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PART TWO: DECLARATION (TO BE COMPLETED BY APPLICANT)

I, _____ of _____
Name of applicant — Representing Country/Territory

Declare that:

(a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;

(b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Singapore;

(c) **I am proficient in spoken and written English.** (The course will be conducted in English. All participants are expected to have a good working knowledge of the English language.); and

(d) I will be personally liable for **all** medical expenses incurred during my stay in Singapore, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy.

(IMPORTANT NOTE: All successful participants are covered under Group Personal Accident and Group Hospital & Surgical Insurance, which does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Singapore.)

(e) ***(For pregnant applicants)*** I am_____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Singapore;

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Singapore at my own expense.

_____ _____
Date — Signature of applicant

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PART THREE: TO BE COMPLETED BY DIRECT SUPERVISOR

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No. _____ for the training course.

_____
Name and Designation

_____
Email Address

_____
Name of Organisation

_____-_____-_____
Country code Area code Office tel no.

_____
Signature

_____-_____-_____
Country code Area code Office fax no.

Please describe why the applicant has been nominated for this course:

Please describe what skills / knowledge you would like the applicant to gain from this course:

PART FOUR: ENDORSEMENT (TO BE COMPLETED BY NATIONAL FOCAL POINT FOR TECHNICAL ASSISTANCE / MINISTRY OF FOREIGN AFFAIRS OF NOMINATING GOVERNMENT)

By signing below, I confirm that I endorse the above nominee and that I believe all the statements in this form to be correct.

_____
Name

(Ministry's Official Stamp)

_____
Designation

_____
Name of Organisation

_____
Signature

_____-_____-_____
Country code Area code Office tel no.

_____
Email Address

_____-_____-_____
Country code Area code Office fax no.

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