



The Industrial Rehabilitation Centre Region 1
Social Security Office Ministry of Labour

Attach
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(approx. 4x5 cm.)

APPLICATION FORM
for the 5th International Training Course
on Comprehensive Rehabilitation for Workers with Physical Disabilities 2018

INSTRUCTIONS

This application form is composed of four parts (part I to part IV) and should be completed in triplicate. Part I to part III should be completed by the candidate and part IV by the government authority. All parts must be filled in typewritten form. Each question must be answered clearly and completely. The detailed answers are required in order to make the most appropriate arrangements. An Official authority of the nominating Government will then forward two copies of the certified application forms to the Industrial Rehabilitation Centre Region 1. The nominee is required to attach medical report or health status certification. No consideration will be given to the late submissions or incomplete applications/documents.

Part I. PERSONAL HISTORY							
Title	Family name	Middle name	Given name		Sex		
(as shown in passport and kindly attach the copy of your passport, information will be used for travel arrangement)							
<input type="radio"/> Mr.					<input type="radio"/> Male		
<input type="radio"/> Mrs.					<input type="radio"/> Female		
<input type="radio"/> Ms.							
City and country of birth	Nationality		Date of birth (DD/MM/YY)		Age	Marital Status	Religion
Work address:				Home address:			
Telephone No: (Country Code / Area Code / Number)				Telephone No: (Country Code / Area Code / Number)			

Update email address: _____ International Airport/City for departure: _____

Contact person in case of emergency:
 Name: _____
 Telephone No: _____ Relationship of this person to you: _____
 Email: _____

Languages:	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									

Other : _____

Mother tongue: _____

English Proficiency Test (please attach) TOEFL Score IELTS Score
 Other (specify)

EDUCATION RECORD

Education Institution	City / Country	Years Attended		Degrees, Diplomas and Certificates	Special fields of study
		From	To		

Have you ever been trained in Thailand? If yes, please specify course name and duration?
 No
 Yes, please specify

Part II. EMPLOYMENT RECORD: It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

Present or most recent post: Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organization:	
Type of organization:	
Official address:	

Previous post: Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organization:	
Type of organization:	
Official address:	

Part III. EXPECTATIONS: Please describe your present work/responsibilities and the practical use you will make of this training/study on your return home in relation to the responsibilities you expect to assume. (attached paper, if necessary)

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If accepted for a training award, I undertake to:-

- (a) conduct myself at all time in manner compatible with my responsibilities as participant of the training course;
- (b) spend full time during the period of the program as directed by IRC and training instruction;
- (c) refrain from engaging in political activities, or any form of employment for profit or gain;
- (d) submit a country report, final report presentation, or any papers and make a prepared presentation as assigned;
- (e) accept the travel arrangements and financial conditions relating to the fellowship provided by the Royal Thai Government;
- (f) return to my home country promptly upon the completion of my course of training.

Signature of applicant:

Printed name:

Date:

Part IV. GOVERNMENT AUTHORISATION: To be completed by the nominating Government or the agency from whom the nomination has been invited.

I certify that, to the best of my knowledge,

- (a) all information supplied by the nominee is complete and correct;
- (b) the nominee has adequate knowledge and experience in related fields and has adequate English proficiency for the purpose of the fellowship in Thailand.

On return from the fellowship, the nominee will be employed in the following position:

Title of post

Duties and responsibilities.....

.....
Signature of responsible Government official

Official stamp:

Title:

Organisation:

Official address:

.....

Date:

MEDICAL REPORT

Name of Nominee	Age :	Sex :
Country.....		

Physical Examination (To be filled in by physician)

Height Cms. Weightkgs. Blood Pressure mm.Hg. Pulse/min.
 Vision Right Left Eyes With glasses / Without glasses

Check each item in appropriate column

Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>
Skin, Scalp	<input type="radio"/>	<input type="radio"/>
Lymph nodes	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>
Ears	<input type="radio"/>	<input type="radio"/>
Otoscopic Exam			
Nose	<input type="radio"/>	<input type="radio"/>
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>
Teeth	<input type="radio"/>	<input type="radio"/>
Thyroid gland	<input type="radio"/>	<input type="radio"/>
Lungs	<input type="radio"/>	<input type="radio"/>
Heart	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>
Liver	<input type="radio"/>	<input type="radio"/>
Spleen	<input type="radio"/>	<input type="radio"/>
Hernia	<input type="radio"/>	<input type="radio"/>
External genitalia	<input type="radio"/>	<input type="radio"/>
Rectal exam	<input type="radio"/>	<input type="radio"/>
Vertebrae	<input type="radio"/>	<input type="radio"/>
Locomotor	<input type="radio"/>	<input type="radio"/>
Reflejes	<input type="radio"/>	<input type="radio"/>
Mental health status	<input type="radio"/>	<input type="radio"/>

LABORATORY EXAMINATIONS

Blood group Blood film for malaria Hb gm%
WBC Cells/cu.mm.
Differential PMN % Lymp % Mono % Eos %
Baso % Band % Blast %
Urinalysis : Colour Sp. Gr pH Sugar
Alb Blood Ketones Blie.....
Micro : WBC/HPF., RBC/HPF., Epethelial..... /HPF.
Casts/HPD., Others
Stool examination for parasite & Ova
Chest X – Ray report
Urine pregnancy test

Is the nominee able physically and mentally to carry on intensive study away from home?
.....

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?
.....

Does the nominee have any condition or defect which might require treatment during the fellowship period?
.....

I certify that the applicant is medically fit to undertake a course in Thailand.
Full name and address of Physician signatureM.D.
Examining physician (printed) (.....)
..... Date.....
.....
.....
Telephone:
(printed)
e-mail: