



ASIA-PACIFIC INSTITUTE FOR BROADCASTING DEVELOPMENT

P O BOX 12066, 50766 KUALA LUMPUR, MALAYSIA.

Phone : 603-22823719/22824618/22821046 Fax : 603-22822761

E-mail: rabi@aibd.org.my, hamidah@aibd.org.my Website: <http://www.aibd.org.my>

APPLICATION FOR PARTICIPATION IN PARTLY FUNDED ACTIVITY

AIBD/FES Regional Workshop on Media Law

16 - 18 July 2014

Kuala Lumpur, Malaysia

Please type or use capital letters for all entries.

APPLICANT'S NAME (Please underline family name)

Please affix a
recent
Passport
photograph
here

DATE OF BIRTH

GENDER / MARITAL STATUS

- MALE / FEMALE
 - MARRIED / SINGLE
- (Delete whichever is not applicable)

FULL POSTAL ADDRESS

(A) HOME:

TEL:
E-MAIL:

(B) OFFICE:

TEL:
FAX:
E-MAIL:

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN AN EMERGENCY

(Relation of that person to applicant): Tel:

PARTICULARS OF TRAVEL DOCUMENT

PASSPORT TYPE:

PASSPORT NO:

DATE OF ISSUE:

DATE OF EXPIRY:

PLACE OF ISSUE:

EDUCATION

(A) HIGHEST QUALIFICATION HELD/INSTITUTION/DATE:

(B) OTHER RELEVANT STUDIES (Include previous AIBD courses/seminars and other fellowships awarded):

COMPETENCE IN THE ENGLISH LANGUAGE

READ			UNDERSTAND			SPEAK			WRITE		
EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR

Number of years you have studied English Please note: The training activity will be conducted in English.

PRESENT POSITION

(A) NAME AND ADDRESS OF EMPLOYER (Include department or sub-section):

E-mail:

Tel:

Fax:

(B) YEARS OF SERVICE:

FROM:

TO:

(C) TITLE OF POST:

(D) NUMBER OF YEARS IN PRESENT POST:

(E) DESCRIPTION OF YOUR FUNCTIONS AND DIRECT RESPONSIBILITIES:*

(F) PREVIOUS POSITION/EXPERIENCE (Briefly describe your professional career):*

(G) IF ACCEPTED FOR THIS TRAINING ACTIVITY, DESCRIBE THE PRACTICAL USE YOU INTEND TO MAKE OF THESE STUDIES ON YOUR RETURN HOME:*

(*Please use additional sheets if necessary.)

SPECIAL CONDITIONS FOR COLLABORATIVE ACTIVITY

The following conditions relate to the activity offered by the Asia-Pacific Institute for Broadcasting Development (AIBD).

Obligations of AIBD:

- Suitable hostel or hotel accommodation and daily transportation from hotel to venue.
- Appropriate course materials will be provided.
- Where applicable, a Certificate of attendance at the conclusion of the training activity provided the participant has achieved eighty percent attendance.

Obligations of the applicant's Organisation:

- Provide return economy ticket, visa fee and any airport departure taxes or travel levies and airport transfers at the location of the activity.
- Payment of daily subsistence allowance, visa fee and any airport departure taxes or travel levies and airport transfers at the location of the activity.
- Travel and Medical insurance to cover the duration of the activity. Participants and/or their organisations are strongly recommended to make such arrangements to cover travel and medical risks.
- Expenses to cover any en-route costs (accommodation, meals, taxis, excess baggage, handling charges, selection of participant etc.) in travelling to and from the activity.
- Ensuring the continuation of the participant's salary and other obligations.
- Assuring that the participant will be employed upon his/her return in a position related to the duties for which the activity was awarded.

Applicant's declaration:

- To carry out such instructions and abide by such conditions as may be stipulated from time to time by the Asia-Pacific Institute for Broadcasting Development (AIBD).
- To follow the course of study and abide by the rules and regulations of training institutions and other establishments during the activity.
- To refrain from engaging in political activities.
- To return directly to his/her home country upon completion of the activity.

I have read, understood and agree to abide by the conditions listed above.

Name of applicant:

.....

Signature of applicant: Date:

Endorsement by employer/official nominating authority:

The nominee's application has been examined and I nominate him/her as physically and medically fit to follow this activity. I have also read the conditions listed above, particularly those relating to the obligations of the applicant's organisation, and understand and agree to abide by these conditions.

Name of authorised official:

Designation:

Name of Organisation:

Official Stamp

Signature: Date: