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-see	ction):
	•		
	E-mail:	Tel:	Fax:
(B)	YEARS OF SERVICE:	FROM:	TO:
(C)	TITLE OF POST:		
(D)	NUMBER OF YEARS IN PRESENT POS	ST:	• •
(E)	DESCRIPTION OF YOUR FUNCTIONS	AND DIRECT RESPONSIBIL	LITIES:*
			· · · · · · · · · · · · · · · · · · ·
(F)	PREVIOUS POSITION/EXPERIENCE (E	riafly describe your profession	al career):*
(")	TREMOUS POSITION/EXPERIENCE (E	sherry describe your profession	al career).
(G)	IF ACCEPTED FOR THIS TRAINING AN MAKE OF THESE STUDIES ON YOUR	CTIVITY, DESCRIBE THE PI RETURN HOME:	RACTICAL USE YOU INTEND TO
(*Ple	ase use additional sheets if necessary.)		
L			

SPECIAL CONDITIONS FOR SELF-FUNDED ACTIVITY

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

Obligations of AIBD:

- AIBD will recommend appropriate hotel accommodation to the organisations, secured at group rates.
- 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:

- Return air ticket to the location of the training activity.
- Appropriate hotel accommodation for the participant as recommended by AIBD.
- Payment of daily subsistence allowance (DSA) to the participant directly.
- Payment of passport fees, visa charges and any airport departure taxes or travel levies.
- Travel insurance to and from the venue of the activity. Participants and/or their organisations are strongly recommended to make such arrangements to cover travel 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 or other arrangements as may be appropriate to
 maintain the participant's dependants or other obligations while he/she participates in the training
 activity.
- Assuring that the participant will be employed upon his/her return in a position related to the duties for which the training 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 applicant's organisation and 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 training activity.
- To refrain from engaging in political activities.
- To return directly to his/her home country upon completion of the training activity.

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

Name of applicant:

Signature of applicant:

Date:....

Endorsement by employer/official nominating authority:

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

Name of authorised official:			
Designation:			
Name of Organisation:	 Official Stamp		
Signature:	Date:		



ASIA-PACIFIC INSTITUTE FOR BROADCASTING DEVELOPMENT P 0 BOX 1137, PANTAI POST OFFICE, 59700 KUALA LUMPUR, MALAYSIA. Phone : 603-22823719/22824618/22821046 Fax : 603-22822761 E-mail: devbroad@aibd.org.my Website: http://aibd.org.my

APPLICATION FOR PARTICIPATION IN SELF-FUNDED ACTIVITY

AIBD/DW RTC/FES REGIONAL WORKSHOP ON "PEACE JOURNALISM FOR RADIO JOURNALISTS" 11 - 20 JULY 2005 JAKARTA, INDONESIA

Please type or use capital letters for all entries.

APPLICANT'S NAME (Please underline family name)

DATE OF BIRTH

GENDER / MARITAL STATUS

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

TEL:

FULL POSTAL ADDRESS

(A) HOME:

(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 DOC	UMENT				
PASSPORT TYPE:	PASSPORT NO:	D	DATE OF ISSUE:		
DATE OF EXPIRY:	PLACE OF ISSUE:			1	

SELF-FUNDED ACTIVITY 1/3

Please affix a recent Passport photograph

here