



**Thailand International Cooperation Agency  
Ministry of Foreign Affairs of Thailand**

**APPLICATION FORM  
for International Workshop**

<p><b>INSTRUCTIONS</b> The application form is composed of four parts. Part A to part C must be completed by candidate and part D by central government agency*. All fields are mandatory. Application form must be filled in typed-block letter. The nomination must be supported by this application form. One (1) copy of originals of all documents duly filled out, counter-signed and stamped by the authorized person must be submitted to the Thailand International Development Cooperation Agency (TICA) through the Royal Thai Embassy/Permanent Mission of Thailand to the United Nations/Royal Thai Consulate-General accredited to eligible countries/territories. Originals of nomination documents, duly filled out, must be received no later than a specified deadline of each course. Soft file of this application form can be downloaded at <a href="https://tica-thaigov.mfa.go.th/">https://tica-thaigov.mfa.go.th/</a></p>	<p>(Please attach photograph here)</p>
<p><b>Course Name:</b></p>	

**A. PERSONAL HISTORY** (Please attach a copy of your passport)

<p>Title</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> .....</p>	<p>Family name</p>	<p>Given name</p>	<p>Other name</p>			<p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>City and country of birth</p>	<p>Nationality</p>	<p>Date of birth (DD/MM/YY)</p>		<p>Age</p>	<p>Marital Status</p>	<p>Religion</p>
<p>Work address:</p> <p>Telephone No: (Country Code / Area Code / Number)</p>			<p>Home address:</p> <p>Telephone No: (Country Code / Area Code / Number)</p>			

Email address:

Preferred International Airport of departure/arrival :

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

LANGUAGE

English proficiency	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

Mother tongue:

EDUCATION

Name of 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

**B. EMPLOYMENT (Important to give complete information)**

Name of Organization/ Institution	Period (from-to)	Title of Position	Duties and Responsibilities

**C. 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 offered the training award, I undertake to :-

- (a) conduct myself at all time in a manner compatible with my responsibilities as a participant of the training course;
- (b) spend full time during the period of the programme as directed by TICA and training institution;
- (c) refrain from engaging in in political, commercial, or any other activities except those governed by the training programme;
- (d) submit a well-researched country report or any papers and make a prepared presentation as assigned; (e) accept the travel arrangements and the financial conditions relating to the fellowship provided by the Royal Thai Government
- (f) return to my home country upon the completion of my course of training.

Signature of candidate:

Printed name:

Date:



**MEDICAL REPORT**

**INSTRUCTIONS**

*To be completed in capital letters by a registered medical practitioner after thorough clinical and laboratory examination including x-ray of chest.*

Name of Nominee:	Age :	Gender :
Nationality:		

1. Is the person examined at present in good health and able to work full time?

2. Is the person examined able physically and mentally to carry on an intensive study programme away from her/his duty station/home place?

3. Is the person examined free from infectious diseases which could present risks for both the candidate and her/his contacts during the fellowships?

4. Does the person examined have any medical conditions which might require treatment during her/his fellowships?

5. (For female nominee) Is the person examined pregnant?

I certify that the person examined is medically fit to undertake a training course in Thailand.

Physician signature (with stamp)

Full name and address of examining physician:

Place and Date:

Telephone no.:

Email: